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The Psychological Significance of Cultural and Religious Values Among the Arab Population

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Graduate Studies

The Psychological Significance of Cultural and Religious Values Among the Arab Population

A THESIS SUBMITTED BY

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in partial fulfillment of the requirements for the degree of Master of Arts in Counseling Psychology

Declaration of Authorship

I, Michel Sherif, declare that this thesis titled, "The Psychological Significance of Cultural and Religious Values Among the Arab Population" and the work presented in it are my own. I confirm that:

- This work was done wholly or mainly while in candidature for a research degree at this University.
- Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated.
- Where I have consulted the published work of others, this is always clearly attributed.
- Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work.
- I have acknowledged all main sources of help.
- Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself.

Signed:

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Abstract

Introduction: Values, which are the guiding principles and beliefs of our lives, have an influence over one's psychological health. This study aims to investigate how Schwartz's four higher-order values (conservation, openness to change, self-transcendence, and self-enhancement) and religious values influence psychological health among the Arab population. **Methods**: A total of 1,023 respondent from nine Arab countries aged 18 to 71 filled an online survey with measures of the following constructs: Schwartz's four higher-order values (Portrait Value Questionnaire-21), religious values (Sahin's Index of Islamic Moral Values), and general psychological health (General Health Questionnaire-28). **Results:** Two models of multiple regression were conducted to investigate the relationships between values and psychological health. Higher conservation, self-enhancement, and religious values were significantly associated with better psychological health, with conservation losing significance after adding religious values to the model. All Schwartz's four values were found to have significant relationship with religious values. More of self-enhancement and conservation values was associated with higher identification of religious values, and the opposite was true for the other two values. **Conclusion:** The findings challenged existing assumptions that conservation values relate negatively to psychological health. This finding could be explained by the congruence of conservation values and the Arab culture. The most powerful relationships were those of self-enhancement and religious values, both of which were positively associated with psychological health. As such, therapists should be aware to reconsider biases against religious or conservation values, and rather pay attention to their potential positive influence over one's psychological health.

Introduction

Values, the guiding principles and beliefs in our lives, are core to how individuals carry out their everyday behaviors, make decisions, and interact with others and themselves. As such, values have a profound impact on psychological health. The present study conducted an exploration of how values interacts with psychological health. The significance of this inquiry extends beyond academic curiosity and research utility; it has direct connection to how psychotherapists care for clients of Arab nationalities.

Values such as benevolence (caring for the people around one's self), universalism (concern and care for all people), and self-direction (independently choosing one's own goals and decisions in life); may be emphasized in some groups over others depending on contextual factors (Schwartz, 2012). These contextual factors include cultural norms, social environments, religion, and personal experiences— these all are areas in which values are created and played-out. Values are reciprocally influential with their context; meaning that values also play a pivotal role in shaping individuals' perceptions of themselves, their communities, and the world at large.

Central to the study of values is religion and religiosity. Alongside an emphasis on faith, religion encourages a whole array of values, such as conformity, tradition, and benevolence (Saroglou et al., 2004). In cultures where religiosity holds a place of significance, such as the Arab world, religious values and cultural values converge to a considerable degree (Al-Kandari & Gaither, 2011). This particular aspect of religion (i.e., as a source of values) and its relationship with psychological health has not yet been thoroughly investigated in the psychotherapy literature. The broad influence of religion as a coping method on psychological health, however, has been more remarkably studied.

The role of religion and religious coping on psychological wellbeing have been well-studied over the last couple of decades. Religion may act as a shield against depression, nurturing mental and emotional resilience. It fosters growth amidst adversity, offering solace and reducing mortality rates (Koenig et al., 2012; Moreira-Almeida et al., 2006). Recent studies conducted during the COVID-19 pandemic continue to underscore the positive impact of religiosity on mental health (Thomas & Barbato, 2020). However, the precise mechanisms underpinning this phenomenon remain complex and not thoroughly understood. There has been a production of studies that suggest many factors that may account for that influence, such as spiritual connection, social support, and feelings of meaning (Thomas & Barbato, 2020). The present study attempts to study another aspect, which is cultural and religious-based values. In trying to understand the influence of values on psychological well-being, the study integrates an examination of the closely-knit relationship between religion and culture, particularly within the Arab population.

Within the Arab identity, the closely knit relationship between religion and culture significantly shapes how religious-based values, through culture, are pronounced and, by extension, how they influence wellbeing. The interest of the current study is underpinned by the belief that values are key to psychological health in the Arab population (Schwartz & Sortheix, 2018).

Thus, the study of values emerges as an essential lens through which one can gain a nuanced understanding of the intricate relationships that exist among cultural values, Islamic moral values, and psychological health. The significance of this study is to understand the psychological influence of values in the Arab population, while it may also offer guidance to therapists engaged with Arab communities by shedding light on the psychological significance of prevalent values, particularly when these values are different from the Western paradigms typically informing psychotherapy (Bergin, 1980).

Literature Review

In order to understand the multi-layered relationship between religion, values, and psychological health, it is important to consider each of these concepts separately, and then understand how they relate to each other. This review will start with some background about how values may conflict in the counseling room, moving to an understanding of values in general, Arab values in particular, and how religion is central to Arab values. Then it will examine the relationship between values and psychological health. Lastly, to understand the role of religious values, it will look into religion and its influence on wellbeing.

Historical Background

As Allen E. Bergin, a scholar on integrating psychotherapy with values, puts it: "Values are an inevitable part in psychotherapy" (1980, p. 97). Even Carl Rogers, the pioneer of non-directive psychotherapy, was not able to fully operate without his values (Bergin, 1980). One of the main points that Bergin makes is that the values adopted by the psychotherapy practice, and hence implemented by the therapists, are not derived from religious/theistic sources, but are rather non-religious. The contrast between religious and non-religious values, as demonstrated by Bergin, is found in Table 1. Bergin's article is from more than four decades ago, and since then there have been significant efforts to enhance cultural and religious competence in counseling psychology and other psychotherapy traditions (Sue et al., 2021; Pargament, 2011; Sue, 2001; Sue, 1998).

Table 1

Theistic Versus Non-Theistic Values

Theistic/Religious	Non-theistic/Non-religious
God is supreme. Humility, acceptance of divine authority, and obedience (to the will of God) are virtues.	Humans are supreme. The self is aggrandized. Autonomy and rejection of external authority are virtues.
Personal identity is eternal and derived from the divine. Relationship with God defines self-worth.	Identity is ephemeral and mortal. Relationships with others determine self-worth.
Self-control in terms of absolute values. Strict morality. Universal ethics.	Self-expression in terms of relative values. Flexible morality. Situational ethics.
Love, affection, and self-transcendence are primary. Service and self-sacrifice are central to personal growth.	Personal needs and self-actualization are primary. Self-satisfaction is central to personal growth.
Commitment to marriage, fidelity, and loyalty. Emphasis on procreation and family life as integrative factors.	Acceptance of open marriage or no marriage. Emphasis on self-gratification or recreational sex without long-term responsibilities.
Personal responsibility for own harmful actions and changes in them. Acceptance of guilt, suffering, and contrition as keys to change. Restitution for harmful effects.	Others are responsible for our problems and changes. Minimizing guilt and relieving suffering before experiencing its meaning. Apology for harmful effects.
Forgiveness of others who cause distress (including parents) completes the therapeutic restoration of self.	Acceptance and expression of accusatory feelings are sufficient.
Knowledge by faith and self-effort. Meaning and purpose derived from spiritual insight. Intellectual knowledge inseparable from the emotional and spiritual. Ecology of knowledge.	Knowledge by self-effort alone. Meaning and purpose derived from reason and intellect. Intellectual knowledge for itself. Isolation of the mind from the rest of life.

Note. Adapted from Bergin, 1980, p. 99.

It is worth noting that religious values are relevant to the vast majority of the world population. According to a 2015 report by the Pew Research Center, about 84% of the global population identified with a religion (Pew Research Center, 2015). Though that does not necessarily mean that this percentage abides by religious values, it is an indication of the possible relevance of religious values. The problem that Bergin highlighted is that there would be an inevitable value conflict between the clients whose vast majority identify with a religion, and hence are affected by its values, and the therapists, whose practice is based on non-religious values. Although the two systems of values (non-religious/religious) are not in clear opposition, the difference between both is still noticeable, and in some cases, problematic.

The question of what values to integrate in psychotherapy touches a broader debate of cultural relativism and objective morality, which is wider than the scope of this thesis. However, certain aspects of this debate are worth mentioning and are relevant to this research. For example, the universal belief that "human life is sacred", or in secular terms, *valuable*, has traditionally guided the practice of psychology (Bergin, 1991). This might resonate with the core motivation behind values of benevolence, self-transcendence, and universalism, which will be further explained in the following section. Such values were found to be in the top values in importance cross-culturally (Schwartz & Bardi, 2001).

The issue of integrating religious/spiritual values in psychotherapy has been a topic of discussion in multiple studies. In a meta-analysis done by Walker et al. (2004), the authors reviewed 26 studies of 5,759 counselors, including counselors, clinical psychologists, psychiatrists, social workers, and pastors. The study highlights differences between therapists and clients in their religious activity, measuring that through commitment to religious practices (e.g., prayer, reading the scripture, etc.) The meta-analysis confirmed the religiosity gap between practitioners and the general population in the religious cultural background, with practitioners endorsing much lower rates of religious commitment compared to the populations

that they serve. A recent study done by van Nieuw et al. (2018) with 35 clients and 18 professionals in the Netherlands. Through conducting interviews with both groups, clients who attached importance to religiosity reported feeling uncomfortable, judged, or disrespected in relation to therapists with low religiosity, and positive experiences (e.g., safety, familiarity) with more religious ones. gap between them and the therapists. Studies also confirmed that ways to integrate religion/spirituality in therapy are not sufficiently addressed in graduate programs (Walker et al., 2004; Vieten & David, 2022). Therefore, this integration is often done based on the counselors' background, and not necessarily in a systematic, or a methodological way (Walker et al., 2004). This creates the potential for value imposition by the counselors on the clients, which could possibly create more harm than good.

Recent efforts have emphasized religion/spirituality in psychotherapy. Religion is mentioned as one of the diversity components that therapists are obligated to be aware of and respect in the American Psychological Association (APA) ethical code (2017). Sue et al. (2021) state that therapists are encouraged to be open and welcoming to clients so that clients feel comfortable enough to bring up topics related to religion or spirituality in the counseling room (p. 424). The authors highlight the research-supported positive influence of religion and spirituality over wellbeing, as well as the therapists' increasing welcoming of these benefits, and including them in the treatment process. People, as the authors highlight, are not only thinking, feeling, behaving, and cultural beings; they are also spiritual beings. Therapists are encouraged by Sue et al. (2021) to understand this aspect of human life, and embrace it in the therapy room.

Studies have found that incorporating religious values into treatment helps develop meaning, purpose, and hope, all of which contribute to psychological resilience and recovery (Worthington et al., 2015). Captari et al. (2023) revealed in a recent meta-analysis that therapies that integrated religious or spiritual approaches into therapy were more successful than purely

psychological interventions for individuals whose religious or spiritual attachments are significant. Such approaches were quite diverse. Some examples mentioned in the metanalysis inclusion criteria were religiously integrated CBT for depression (RCBT); spiritual self-schema therapy for addiction; and religious cultural psychotherapy for anxiety. Notably, another review of literature reveals that adapting CBT techniques to incorporate religious beliefs and practices has shown promise in enhancing treatment outcomes for clients with depressive and anxiety disorders (de Abreu Costa & Moreira-Almeida, 2022). It highlighted the efficacy of spiritually adapted CBT in reducing symptoms, with particular emphasis on the utilization of religious coping strategies such as forgiveness, meaning and purpose, gratitude, and social engagement.

The concept of incorporating religious values into treatment was further explored in a mosque-based intervention program for drug addiction (Cucchi et al., 2022). This program highlights the possible advantages of incorporating Islamic spiritual practices that are aimed primarily at religious values. Regular prayer was emphasized in the program to stay connected to God, find solace, and withstand cravings. Furthermore, participating in weekly communal prayer (i.e., Friday prayer) promoted a feeling of belonging and community while encouraging social support. Lastly, the program discussed how addiction goes against Islamic principles of moderation and self-care. These practices gave patients a sense of responsibility and a moral foundation for healing, which reflected on visible progress in their recovery. This finding implies that adapting therapy to a client's belief system could significantly improve outcomes. It means that therapists are encouraged to clearly capitalize on these belief systems, even if it goes against the seemingly purely secular tone of therapy.

Potential Conflicts Between Western Psychotherapy and Arab Culture

The integration of religious values in therapy is an important element of offering culturally competent care, especially for Arab communities. As part of the present study

exploring cultural values among Arab populations and its links to psychological health, understanding potential value conflicts in psychotherapy is relevant. Delivering therapy within a Western secular framework may adversely impact religious Arab clients due to conflicting cultural value priorities (Dwairy & Van Sickle, 1996). For example, when the individualistic values underpinning psychotherapy—heavily relying on talking and self-disclosure—clash with collectivist values of family, honor, and faith; therapy might be hindered.

The qualitative findings of Mayers et al. (2007) and Worthington's observations (2008) elucidate why religious Arab clients may be wary of secular therapy. Prior to starting therapy within the UK's National Health Service, devout Christian, Muslim, and spiritual clients employed religious coping methods and support from faith leaders to handle psychological distress. While open to secular treatment, they feared it could weaken their faith by disregarding or pathologizing religious beliefs. This aligns with Worthington's (2008) observation that highly religious clients interpret life events through a spiritual lens. Their strong adherence to religious values and beliefs means secular therapy may be viewed as threatening. Trust and openness only occurred for the clients in Mayers et al.'s (2007) paper after finding respect, understanding, and religious sensitivity within the therapeutic relationship.

Dwairy & Van Sickle (1996) outlined many possible harmful outcomes when Western psychotherapy is applied within Arab populations with little sensitivity, disregarding the conflict of values that exists there. The authors base their examples on the basic individual identity, and how differently the process of its formation occurs between traditional Arab societies, and the west. This is demonstrated by the individual's separation from their family in the west that occurs in early adulthood, which is not paralleled by a similar process in Arab societies, where individuals live with their families until their marriage—and even longer in

some cases. This contrast, as the authors explain, is exemplified in three main axes: First, orientation towards groups and interdependence rather than independence, which is also supported by Barakat (1993); secondly, acceptance rather than active achievement; and lastly, restrained communicative style rather than personal and overt.

Another prominent cultural feature that may disturb the therapy process in the case of a culturally insensitive therapist is the weight placed upon secrecy and privacy in Arab communities. A study done by Grey et al., (2020) showed that 70% of a sample of United Arab Emirates Muslim women chose “confidentiality” as the top priority in their preferred therapist. This emphasis on privacy may hinder self-disclosure, which could be misinterpreted as a form of resistance. Common proverbs in Arabic highlight this emphasis on privacy, such as: “Complaining to anyone other than God is a disgrace…The walls can hear…your tongue is like your horse, if you watch over it, it will watch over you" (Dwairy, 2009, p. 9). The very notion of self-exploration and introspection may be seen by some Arab population as the main cause of problems, not the solution. And hence, a thorough understanding of the importance people might place on secrecy and non-disclosure is of paramount importance to the success of therapy.

Thus, values – whether cultural or religious – are relevant to the practice of psychotherapy and counseling. They operate through the personal values of the therapist, the client, and the cultural competence of the therapist (or lack thereof). This cultural competence allows for a healthy integration of the client’s diverse background, such as valuing religion/spirituality; otherwise if this is not done, the counseling process may discourage core values; or worse, the counselors’ own personal values may be imposed on clients.

Values

Many different types of values were mentioned above. To have a more coherent approach to studying the influence of values on psychological health, it is useful to turn to well-known cultural value models. These models offer frameworks for understanding how cultures prioritize certain values, and how these values affect psychological health. In this section, we will explore Schwartz's model of values.

What Are Values?

One of the leading scholars of frameworks of basic human values is Shalom Schwartz. Schwartz's theory posits four higher-order values: openness to change, conservation, self-enhancement, and self-transcendence. Each one of the four values encompass two or three other more specific values, for a total of 10 values which were later further extended to 19 ones. Refer to Table 2 for the definitions of these original 10 values. Schwartz developed this framework through deriving the motivational bases of the ten values from universal requirements of human existence. He determined the structure empirically through methods such as multidimensional scaling and confirmatory factor analysis of value surveys across cultures (Schwartz, 1992; Schwartz et al., 2012). Since its introduction, Schwartz's theory has become one of the most widely adopted approaches to studying values across disciplines including cross-cultural psychology, political psychology, sociology, anthropology, and more specifically, the influence of values on psychological wellbeing. His framework has demonstrated validity, reliability and applicability across 82 countries (Schwartz, 2012).

Schwartz (2012) operationalized values as the "beliefs or concepts that pertain to desirable behaviors or end states; they transcend specific situations and guide the selection or evaluation of events and behavior" (p.7). He then conceptualized values in a comprehensive framework that encompasses six key features characterizing any value. First and foremost, of these features is that values are seen as deeply ingrained beliefs held by individuals. Secondly,

these beliefs are intrinsically tied to the pursuit of desirable goals, reflecting what people consider important in their lives. Thirdly, values transcend specific actions and goals, functioning as overarching guiding principles that provide a sense of direction in one's life. Fourthly, they also serve as a criterion for evaluating what is deemed good or bad, helping individuals make moral judgments and choices based on their value system. Furthermore, values are not uniform in their significance; they are prioritized by importance, with some values taking precedence over others. And lastly, this prioritization plays a pivotal role in guiding individuals' actions and decisions, making values an integral aspect of human behavior.

The ten basic values emerge repeatedly across cultures as distinct motivational constructs. However, analysis of conceptual and empirical relations between them reveals two0key polar dimensions of motivational oppositions. These two dimensions give rise to four higher-order values. On one dimension, openness to change values emphasizing independence and readiness for change oppose conservation values emphasizing self-restriction, order and resistance to change. On the other axis, self-enhancement values emphasizing pursuit of self-interests conflict with self-transcendence values emphasizing concern for the welfare of others (Schwartz, 1992; Schwartz, 2012).

As shown in Table 2, the ten basic values, grouped under the four high-order values of conservation, self-enhancement, self-transcendence, and openness to change reveal diverse motivations. The conservation values include "conformity," which underscores adherence to social norms for maintaining order, "security" which pertains to the desire for safety, stability, and harmony, and "tradition," centered on preserving cultural and religious traditions. In the category of self-enhancement values, we find values such as "achievement," which signifies the pursuit of personal success and competence, as well as "power," reflecting the aspiration for control or influence. Self-transcendence higher-order values encompass "universalism," emphasizing concern for the welfare of all, social justice, and equality, and "benevolence,"

rooted in empathy and kindness. Lastly, openness to change values include "stimulation" values in the openness to change category are driven by a desire for novelty and excitement, while "self-direction" values focus on autonomy and independence, and "hedonism" represents the pursuit of pleasure and gratification.

In a cross-cultural exploration of the significance of values across nations, Schwartz and Bardi's (2001) study revealed a nearly universal assignment of importance of values—meaning, which values are more important than the others. Out of 54 nations surveyed in that review, Arab countries were not included in any of them. Respondents rated each value for importance as a guiding principle in their own life on a 9-point scale from –1 (opposed to my principles) to 0 (not important) to 7 (of supreme importance). The study sought to examine the similarities among 56 nations regarding the importance of the ten values that stem from the main four values discussed earlier. Their examination showed that the hierarchy of perceived importance of values is almost universal. The researchers demonstrated that benevolence consistently emerges at the top of the value hierarchy, followed by self-direction and universalism. These are followed by security, conformity, and achievement. And lastly, hedonism, stimulation, tradition, and power are at the bottom of the hierarchy of importance. Similar results were found by Vauclair et al. (2014) who did a qualitative study asking participants to mention the top six traits (in bullet points) of a moral person in Brazil, Germany, New Zealand, and The Philippines. The results were then compared to Schwartz's value categorization. The authors found that the order of traits of honest, friendly, good, then just were shared in all four samples. Even though their research is specifically focused on moral values, and not values in general; the main finding of universal value hierarchy (with some values universally given more importance than others) is fairly similar to Schwartz and Bardi's (2001) finding.

Table 2

Schwartz's Four Higher Order Values and the Ten Basic Values

Four Higher Order Values	Ten Values
Self-transcendence	Benevolence: preservation and enhancement of the welfare of people with whom one is in frequent personal contact.
	Universalism: understanding, appreciation, tolerance, and protection for the welfare of all people and of nature.
Conservation	Conformity: the restraint of actions, inclinations, and impulses that are likely to upset or harm others and violate social expectations or norms.
	Tradition: respect, commitment, and acceptance of the customs and ideas that traditional culture or religion provides.
	Security: safety, harmony, and stability of society, relationships, and self.
Self-enhancement	Power: control or dominance over people and resources.
	Achievement: personal success through demonstrating competence according to social standards.
Openness to change	Hedonism: pleasure and sensuous gratification for oneself.
	Stimulation: excitement, novelty, and challenge in life.
	Self-Direction: independent thought and action, choosing, creating, and exploring.

Note. Cited from Schwartz & Cieciuch, 2022, p. 3

This shared terminology of Schwartz serves as a shared ground for many scholars to discuss and analyze the role of values in various contexts. This is especially in the context of psychological health. Schwartz's theory was validated by a number of research studies around the world. He used Schwartz Value Survey (SVS) and Portrait Values Questionnaire (PVQ) for measurement and validation. Across his analyses, the consistent presence of distinctions between self-transcendence and self-enhancement values, as well as openness to change and conservation values, is evident. Moreover, each of the ten core values is statistically identifiable in a minimum of 90% of the samples. Instances where a value is statistically indistinguishable (determined through factor analysis) involve the inclusion of covarying measurement items with those of a neighboring value.

It is worth noting that in the original study in which Schwartz validated the model, samples drawn from 20 countries and representing 13 different languages did not include a single Arab sample (Schwartz, 1992). Other updated studies also had similar problems. A study done by Fontaine et al. (2006) had samples coming from 38 countries, none of which is Arab. In a book chapter written by Schwartz (2007), the value orientation for Israeli population were interpreted by the author as representing the Jewish and Arab populations, with more representation for the latter (p. 178). Another study was done by Schwartz et al. (2012) on the refined theory of values, including 19 instead of 10 values. The theory was assessed in 15 samples, from 10 countries, with a sample size of 6,059. Seven out of those countries were European countries, the rest are Israel, United States, and New Zealand. Thus, once again Arab samples were not included. Another major study validating Schwartz's value structure was based on evidence from three rounds of the European Social Survey (ESS), which are also devoid of Arab countries (Bilsky et al., 2011).

The lack of inclusion of adequate Arab samples is alarming, and it questions the sensitivity and relevance of the model. The model is assumed to be universal, covering all sorts

of values cross-culturally. How it could be so when it did not include a major population such as the Arab population remains a question. According to Harb (2015), Schwartz's Israeli identity, with the absence of normalized relations between the Arab states and Israel may explain that lack of collaborative work (p. 14). While Schwartz's value theory claims universal applicability across cultures, the lack of adequate representation from Arab populations in the studies used to validate the model raises concerns about its sensitivity and comprehensiveness, especially given the profound influence of religion on shaping values in the Arab world, which may not be equally paralleled in other cultures.

Close connection between values and religious beliefs is particularly salient in the Arab world, where religion plays a significant role in shaping individuals' value systems and influencing their everyday behavior. Schwartz's (2012) framework, which highlights values as deeply ingrained beliefs that guide actions and priorities, is relevant in this context. Religion, being a central aspect of many people's lives in the region, often serves as a primary source of values. These values encompass not only beliefs but also concepts that are intrinsically linked with religious practices and traditions.

Values and Religion

Sizeable research reaffirms the high levels of religiosity in the Arab world. According to a recent article by Michael Robbins (2023) published in the Arab Barometer (a research network and survey project that conducts public opinion research on the social, political, and economic attitudes and behaviors of people in Arab world), even though levels of religiosity seemed to decline in the last decade (2010-2020), the trend is reversed in the most recent Arab Barometer survey (2020-2022). The increase in religiosity was reflected in an increase in practices such as reading the Qur'an or the Bible at least once a day. It is worth noting, however, that the level of religious commitment varied greatly across countries. For example, the survey

found that Tunisians were the least religious sample with 31% of the population saying they are not religious, followed by Libyans at 25%. Countries with highest percentages of respondents saying that they are religious or somewhat religious were Mauritania (100%), Jordan (97%), Palestine (96%), and Egypt (95%).

One would be mistaken to think that religious values operate in isolation of more secular ones. Even spiritual and religious-based values do not only operate in a religious/spiritual space (Amer & Kayyali, 2015); they are, instead tightly connected with reality, personality, and are reflected meaningfully in real behaviors. There has been a rising interest in the relationship between religion and values in the last decade. A highly cited meta-analysis of findings in 21 samples from 15 countries including Muslims, Jews, Catholics, Protestants, and Orthodox Christians, found that religiosity was positively associated with benevolence and conservation values (mainly tradition, and conformity), and negatively associated with the values of openness to change, hedonism, and stimulation. The association was the least significant for universalism, achievement, and power (Saroglou et al., 2004).

Arab Values

Even though the values framework used in the current study is based on Schwartz's theory, a brief review of other value conceptualizations of the Arab world is relevant. A study done by Al-Kandari and Gaither (2011) reviewed Arab cultural values. Relevant to the premises made earlier in the review, religion and tradition were seen as the cornerstone of Arab population values, exemplified in Arab population attitudes, behaviors, actions, and goals. Furthermore, the authors highlighted the salience of community values, such as prioritizing family, groups, and social obligation. Other common values include honor, hospitality, family ties, cooperation, obedience, and patience (Harb, 2016; El-Islam, 2008; Barakat, 1993), all of which may also be considered to overlap with religious principles.

In addition to identifying specific values that have been found to be characteristic of Arab culture, on a global level large-scale studies have been done to compare broader value dimensions across cultural groups. Examples of frameworks that have been used to investigate Arab countries' levels on value dimensions comparative to other countries is the World Values Survey. This is a global research project that explores people's values and beliefs, how they change over time, and what social and political impact they have. It is conducted in over 100 countries and provides a cross-cultural perspective on human values. This survey highlights a strong emphasis on tradition, characterized by a high regard for religion and family ties.

Values and Wellbeing

There has been considerable research in the psychological health literature investigating the influence of certain values on wellbeing. In many studies, values are clearly categorized with the simplistic terms of "healthy vs. unhealthy" (Sagiv & Schwartz, 2000). This categorization was first proposed by Jensen & Bergen (1988) with "healthy" values exemplified in:

> one's sense of being a free agent; having a sense of identity and feelings of worth; being skilled in interpersonal communication, sensitivity, and nurturance; being genuine and honest; having self-control and personal responsibility; being committed in marriage, family, and other relationships; having orienting values and meaningful purposes; having deepened self-awareness and motivation for growth; having adaptive coping strategies for managing stresses and crises; finding fulfillment in work; and practicing good habits of physical health (p.6).

"Healthy values", sometimes referred to as "growth needs", according to an early theory by Bilsky and Schwartz (1994), include *stimulation, self-direction, universalism, benevolence, and achievement*. "Unhealthy values", or "deficiency" needs, are *conformity, security, and*

power. Refer to Table 2 for the definitions of each of these values. In a recent review done by Schwartz & Sortheix (2018), the authors reviewed cross-cultural research studying the relationship between values and wellbeing and documented the following: (a) values that negatively influence wellbeing are: *Security, Tradition, and Conformity* (all of which fall under the Conservation higher-order value); (b) values of positive influence on wellbeing are: *Hedonism, Stimulation, and Self-direction*; and (c) values of both positive and negative influence in research: *Power, Achievement* (self-enhancement)*, Benevolence, and Universalism* (self-transcendence).

Some factors have been proposed by researchers to moderate the relationship between values and wellbeing. The most prominent of these are: environmental congruence (the values that are endorsed by the environment around the individual), and Human Development Index (HDI: which is exemplified in affluence, health, and education). *Environmental congruence* moderation refers to the fact that sharing values (congruence) with those in close social contexts enhances wellbeing. Sagiv and Schwartz's (2000) results provide evidence for the validity of this hypothesis. Business students who strongly identified with the value of power had more positive well-being, while psychology students identifying with the same value had negative wellbeing because the environment around them emphasized different values; business school emphasizes power, whereas psychology emphasizes benevolence. Similar results were found by Bobowik et al. (2011).

The second explanation, *HDI*, was investigated in research done by Sortheix and Lönnqvist (2014). The study was about associations between different values and individuals' Life Satisfaction (LS) in the context of varying levels of Human Development Index (HDI) in countries. The findings suggest that individuals who prioritize benevolence and hedonism tend to report higher life satisfaction. On the contrary, those who place a high value on power and security tend to have lower life satisfaction. The relationship between achievement

values and life satisfaction varies depending on the HDI of the country. In countries with lower HDI, prioritizing achievement is linked to higher life satisfaction. However, in countries with higher HDI, the association is negative, indicating that, in more developed nations, a strong focus on achievement might be linked to lower life satisfaction. This pattern is reversed for universalism values. In countries with higher HDI, valuing universalism is associated with higher Life Satisfaction, while in lower HDI countries, the relationship is not as positive. These findings highlight the complex interplay between individual values and life satisfaction, influenced by the overall development context of the country.

What was discussed so far is how individual values, as defined by Schwartz's theory, influence psychological health, and wellbeing. It is also important to recognize that in many cultures, particularly in the Arab world, religious beliefs and practices are a significant factor in shaping an individual's value system and worldview. As the next section will explore, religiosity itself has been found to have a positive influence on various aspects of psychological wellbeing, especially in cultures where religion plays a central role in daily life.

Religion and Wellbeing

The past couple of decades have witnessed an increasing interest in investigating the relationship between religiosity and wellbeing. Although an earlier review by Koenig (2001) documented some potentially harmful influences of religion on mental and physical health, subsequent reviews have found much more evidence supporting the beneficial influence religion has on mental health (Koenig, 2009; Kim-Prieto & Miller, 2018).

The healthy influence of religiosity on wellbeing is well-documented (Koenig, 2005; Moreira-Almeida et al., 2006; Vishkin et al., 2019), especially in cultures that value religiosity, such as the Arab culture (Gebauer et al., 2012). In fact, the association between religiosity and

subjective wellbeing is highest in the Arab world compared to other international samples (Abdel-Khalek, 2019), which is consistent with Gebauer et al.'s (2012) finding that the influence of religiosity on wellbeing is highest in the Arab world. Moreover, among groups of minorities and individuals facing life-threatening situations, such as wars, religion is the most frequently used resource for coping (Pargament et al., 1998, 2000; Shai, 2022).

Religion may influence several domains of psychological wellbeing. Pargament et al. (2000) cites different studies documenting the variety of manifestations of the beneficial influence of religion. These include lower depression rates, better mental and physical health, stress-related growth, and reduced mortality rates. A cardinal work done by Koenig et al. (2012) which reviewed 3,300 studies done prior to 2010, and was then updated by Koenig (2015), showed that the variety of positive influences of religion on psychological health was demonstrated in lower rates of depression, anxiety, suicide and substance use.

More recent studies have similarly shown that religious or spiritual beliefs are associated with lower levels of depressive symptoms, fewer symptoms of posttraumatic stress, fewer eating disorder symptoms, less perceived stress, lower risk of suicide, less personality disorder, and increased subjective happiness (Ding et al., 2022; Mihretu, 2019; Santero et al., 2019). Examples moreover include better coping with distress during COVID-19, including for Muslim residents in Saudi Arabia and Kuwait (Thomas & Barbato, 2020).

A meta-analysis by Yaden et al. (2022) further explored the link between religion and psychological wellbeing, trying to analyze specific factors in religion that are psychologically beneficial. Other than demonstrating a positive relationship between religious/spiritual values and life satisfaction, their study indicated that personal spirituality and religious experiences were more significantly associated with well-being than religious attendance or practices. Another study by Fatima et al. (2018) emphasizes the positive impact of the social

aspect of religiosity on the well-being of both religious and non-religious people, focusing on how religious people benefit from being surrounded by others who share their faith, fostering happiness.

A relatively recent review done by Kao et al., (2020) summarized the proposed mechanisms through which religion positively affects wellbeing. The summarized mechanisms are social factors, including the communal strength associated with certain religious affiliations, which have been linked to lower depression rates. Relational spirituality, meaning the individual's relationship to a higher power, may also mediate the effects of spirituality on mental health. This works in both directions (positive and negative); with negative views about God (e.g., as harsh) harming wellbeing, and positive views enhancing it. Moral beliefs, such as religious prohibitions against suicide, and its encouragement towards prosocial behavior are also proposed as one of the mediators of this influence. One particularly relevant aspect to the present study is moral virtues (such as humility, altruism, gratitude, and forgiveness) and how they positively relate to mental health. Spiritual practices, such as prayers and meditation, are also found to be positively correlated with mental health.

On the other hand, detrimental influences of some aspects of religious experience are also documented, such as negative religious coping. An example of this type of coping is the negative beliefs one holds about God. The influence of negative religious coping has been documented within a few different populations, such as patients with chronic pain who found it hard to forgive, or felt abandoned by God (Cohen et al., 2009) and patients in rehabilitation (after stroke, amputation, etc.) who felt angry at God, or lacked spiritual rituals (Fitchett et al., 1999). These attitudes towards God were related to worse mental health.

Religious Coping

Religious coping, as defined by Abu-Raiya and Pargament (2015), encompasses a specific set of strategies used to cope with stress that are derived from religious beliefs, practices, experiences, emotions, or relationships. Pargament et al. (1998) identified and categorized five main theoretical functions of religious coping, and distinguished between positive and negative religious coping activities. The five main theoretical functions of religious methods of coping are: meaning making, gaining control, gaining comfort and closeness to God, intimacy with others, and achieving life transformation. The authors furthermore delineated two different categories of religious coping: positive and negative. Positive religious coping activities reflect a positive relationship with God, which is related to a greater sense of meaning, connectedness with others. Negative religious coping, on the other hand, reflects a pessimistic view of the world and a religious struggle to find and preserve meaning in life (Abu-Raiya & Pargament, 2015).

There have been some attempts to try and explain how exactly religious coping affects mental health. An empirical, "reductionist" view is that religious coping functions through non-spiritual mediators (e.g., cognitive restructuring, social support, etc.). A non-reductionist perspective is that there is primarily a spiritual component at play (Abu-Raiya & Pargament, 2015.

The universality of religious coping and its diverse expressions across cultures are examined in Abu-Raiya and Pargament's (2015) comprehensive review of Christian and non-Christian samples. In their review, they identified valuable cross-cultural comparisons. Across Muslim, Christian, Buddhist, Hindu, and Jewish populations, religious coping seemed a universal phenomenon—across cultures, many people may turn to their religion in times of distress. The healthy and unhealthy influence of positive and negative religious coping,

respectively, also seem universal. Notably, however, the precise forms of religious coping behaviors may differ. For example, as described by Abu-Raiya and Pargament (2015), in times of distress Muslims may read the Qur'an, Jews may consult their Rabbis, Hindus may seek a spiritual awakening, and Buddhists may focus on mindfulness.

Religion and Cognitive Framing

McIntosh (1995) was the first to theoretically conceptualize the cognitive element of religious coping as one of the mediators of the psychological influence of religion. The cognitive dimension of religious coping is introduced and explored through his pioneering concept of "religion-as-schema," emphasizing the role of schema as a mediator in shaping the psychological impact of religion. In his paper, he acknowledged the multidimensionality of the religious experience, and defined schema as:

> a cognitive structure or mental representation containing organized, prior knowledge about a particular domain, including a specification of the relations among its attributes…A God schema might include, for example, assumptions about the physical nature of God, God's will or purposes, God's means of influence, and the interrelations among these beliefs. (p.2)

As individuals draw on religious schema to cope with distressing incidents through positive meaning, religiosity is connected to the frequent and effective use of cognitive appraisal. The effective use of cognitive appraisal regulates emotion and behavior by changing the meaning of emotional events to a better, more positive emotional experience carrying less negative emotion. Individuals high in religiosity tend to use cognitive appraisal more frequently across the three major religions of Christianity, Islam, and Judaism (Dolcos et al., 2021; Vishkin et al. 2016; Vishkin et al., 2019). Examples of these include acknowledgement of God's presence in the distressing incident, acting on God's push to growth, or the belief that

everything is in God’s hands. This is particularly effective with religious schema as it provides a positive framing of suffering, promise of continuity after death, and a link to an omnipotent being; this results in less feelings of anxiety and more feelings of security, awe, and gratitude (Dolcos et al., 2021; Vishkin et al., 2016;). Notably, the term “cognitive” does not mean that the appraisal is exclusive at the intellectual level. In fact, it affects emotions, as well as behaviors. The term “cognitive” primarily refers to the way this mechanism functions, which is through a cognitive schema of religion.

McIntosh (1995) illustrated how religious schema shapes the recall of messages, with participants distorting content to align with their beliefs and better remembering information consistent with those beliefs. Newton & McIntosh's (2010) examination of beliefs in a wrathful versus benevolent God further explores this influence, revealing that individuals' perceptions of control, whether internal or external, are linked to their varied coping strategies in response to religious challenges. For instance, those viewing God as benevolent may be more prone to surrender control and trust in divine guidance, leading to diverse outcomes in their religious experiences. While religious schemas provide a cognitive framework for appraising and coping with stressful circumstances through the lens of religious beliefs, values represent a broader set of guiding principles that shape how individuals perceive and respond to various situations across all domains of life. Both religious schemas and values act as influential factors in shaping an individual's worldview, priorities, and behaviors.

Aims

The cognitive framing role of religious schemas, as discussed in the previous section, highlights the potential influence of religious beliefs and values on shaping individuals' perceptions and coping strategies, affecting their psychological health. Building on this foundation, the present study aims to explore the relationships between cultural and religious

values with psychological health among Arabs. The hypotheses of this study are based on insights from existing literature that religiosity relates to more valuing of *conformity, security, tradition, and benevolence*; and negative valuing of*: stimulation, self-direction, universalism, power, and achievement.* (Roccas et al., 2002; Roccas & Schwartz, 1997; Saroglou et al., 2004). At the same time, as discussed above, the existing body of research points to the negative influence of certain values on mental health, the most relevant of which are: *conformity, security, tradition (i.e., conservation)*. Because of the reasons above demonstrated in the review of literature, the conclusion that conservatism values are associated with worse mental health is hence questioned. Methodological flaws, inconclusive results, and unrepresentative "Arab" samples all have contributed to the possibly misguided conclusion of the influence of these values.

Hypotheses

What so far has been explored is the intricate relationship between religion, values, and psychological health within the context of the Arab culture. To further understand this complex interplay, the present study examined the relationship between Schwartz's four higher-order values (self-transcendence, openness to change, self-enhancement, and conservation) and psychological health. It was hypothesized that traditional cultural values that align with religious values (i.e., c*onservation* and *self-transcendence)* would be associated with better psychological health, when compared to openness to change and self-enhancement. These expectations are influenced by the congruence effect demonstrated by Sagiv and Schwartz (2000), in that identifying with these values in the Arab world should have a positive relationship with psychological health since the environment is in alignment with these values.

A more specific focus is further be directed to the role of religious values. It was expected that people who identify with moral values stemming from the Islamic religion will

also have higher scores in conservation values. It is worth noting here that even though they are called “Islamic” values, they apply to Christian Arabs, too. This might be either due to the fact that both religions do share a lot of commonalities, or that the values are ingrained in the culture so that it resonates with both religions. Christians who adopt these religious moral values were expected, therefore, to also experience better psychological health. Study hypotheses are as follows:

Hypothesis 1: Conservation and self-transcendence values will exhibit a more positive relationship with psychological health when compared to openness to change and self-enhancement. The influence on positive psychological health will be the strongest for the conservation value.

Hypothesis 2: Higher levels of identification with religious values will be positively associated with both increased conservation values and enhanced psychological health.

This research is important because it will help guide psychological health clinicians and advocates working with Arab population on the influences of specific values on psychological health. This shall be achieved through the possible delineation of the psychological effect of certain values, whether healthy or unhealthy. Thus, the clinician is to be sensitive in looking in either capitalizing on healthy ones, or managing the unhealthy impacts of the others. This also adds to appreciating the richness of the Arab identity and values, adding a critical perspective to the Western-value-based psychotherapy. And secondly, the study aims to challenge the claims in literature on the harmful influence of traditional values.

Methodology

The study employed a cross-sectional online survey design to gather data on the Arab population in nine different countries. A quantitative approach was used to measure variables related to cultural values, religion, and psychological health.

Participants

There was a total of 1,543 (both valid and invalid) respondents from nine Arab countries: Algeria, Egypt, Jordan, Lebanon, Morocco, Saudi Arabia, Tunisia, UAE, and Libya. The number of valid responses after exclusion criteria and invalidity was 1,023. Refer to Table 3 for sample characteristics. The respondents' ages range from 18 to 71 years old, with a mean age of 37.35, *SD* = 12.34. In terms of sex, the male subsample size was 608 (59.4%), and female sample size 415 (40.6%). More than half (58%) of the sample were married (*n*= 592), followed by 348 (34%) single, and the rest chose other answers, such as being separated, engaged, widowed, or divorced.

Regarding education level, the sample did not closely match the demographic data of the countries involved. In the current study, half the sample, 528 (51.6%) participants had a bachelor's degree, and 214 (21.5%) had a graduate degree (e.g., master's or doctoral). These numbers were followed by high-school certificate holders 124 (12.2%), diploma (6%), technical training (5.3%), and the rest are other options such as middle school and preparatory school. According to the most recent report by The World Bank (2023), the percentage of tertiary education (i.e., bachelor's or higher) holders among the nine sampled countries is 51%. Meaning that the percentage of the tertiary education holders is 73.1%, which is 22% higher than what's reported by The World Bank. This suggests that the sample of the current study are more educated than the average demographics of their corresponding countries. The number was calculated as the average of the nine countries' individual data. es.

Regarding income level, 454 participants (54%) had a monthly income of the equivalent of 500 USD or less. A total of 144 (17%) had a monthly income between 500-1000 USD. A number of participants 64 (7.7%) had incomes ranging between 1001-2000 USD per month. A total of 43 (5.4%) had a monthly income of 2001-3000 USD. A total of 29 (4%) had an income of 3001-4000, and 39 (4.6%) had an income of 4001-5000. While 20

respondents (2.5%) of the sample preferred not to answer, a total of 48 (5.7%) reported more than 5000 USD per month.

The sample was almost exclusively Muslim (94.4%) (n= 966), with 48 Christians (4.7%), and less than 1% selecting “Other” (e.g., agnostic, atheist). Four countries had no Christian respondents at all, which are Algeria, Libya, Morocco, and Saudi Arabia. Jordan, Tunisia, and UAE had 1-2 participants. Lastly, Egypt had 10 Christian participants, and Lebanon had 33.

It is likely that the present sample is similar to the Arab world. According to Johnson and Zurlo (2014), the Christian population in the Middle East and North Africa (MENA) was surveyed to be 4.2% in 2010, and was expected to go down to 3.6% by 2025. Another percentage was offered by the Pew Research Center report (2012), where the Muslim population of the MENA region was estimated to be 93%, leaving 7% including all other religions or those without religious affiliation. Based on Central Intelligence Agency (CIA) Factbook data, by averaging the data for the nine countries, the percentage of Christians would be expected to be 6.9% (Central Intelligence Agency), which is also not so far from the current study.

In terms of specific countries, according to the CIA Factbook, only Egypt and UAE had percentages that were different than their estimated demographic data. In the present sample, 6% of the Egyptian sample were Christian (as opposed to 10% in the demographic data), and UAE had 1.2% (as compared to 12.9%). It is worth noting that it is likely that the majority of the12.9% of Christian population in the UAE are not Arabs. For the four countries that had no Christian respondents, they are close to the demographic reported by the CIA factbook, which is estimated to be less than 1%. Jordan, and Lebanon also match the corresponding demographic data.

Table 3

Sociodemographic Characteristics of Participants (n = 1,023)

Variable	*N*	*%*
Gender		
Male	608	59.4
Female	415	40.6
Marital Status		
Single	348	34.0
Engaged	22	2.2
Married	592	57.9
Separated	8	0.8
Divorced	33	3.2
Widowed	13	1.3
Prefer Not to Answer	7	0.7
Education		
No education	1	0.1
Primary school	6	0.6
Middle/Prep school	37	3.6
Vocational/Technical	54	5.3
High school	125	12.2
Diploma	60	5.9
Bachelor Degree	528	51.6
Master's Degree	175	17.1
Doctoral Degree	33	3.2

Variable	*N*	*%*
Other	4	0.4
Country (Residence)		
Algeria	102	12.1
Egypt	114	13.6
Jordan	100	11.9
Lebanon	81	9.6
Libya	53	6.3
Morocco	87	10.3
Saudi Arabia	109	13.0
Tunisia	96	11.4
UAE	97	11.5

Procedures

To be eligible to join the study, participants were required to have an Arab nationality, be residing in their country of origin (mentioned below) and be of any religion. To investigate the study's hypotheses across cultural and geographical diversity within the region, this study targeted a demographically diverse sample. To achieve this, a sample of participants was taken from the following countries: Algeria, Egypt, Jordan, Lebanon, Morocco, Saudi Arabia, Tunisia, UAE, and Libya.

The chosen countries are the top nine populous countries in the Arab world according to the World Bank data, excluding those that are currently categorized as going through either high-intensity and/or major armed conflicts according to Stockholm International Peace Research Institute (SIPRI) 2023 report. The exclusion criterion of war conflict is because the association between values and psychological health may not be captured with acceptable

accuracy in such times of great distress. The countries also cover the four geographical divisions of the Arab world as described by Harb (2016), which are Nile Valley, Maghreb, Fertile Crescent division, and Gulf.

Participant recruitment was conducted by an international research agency. This research firm has existing participant panels in countries around the world. It was chosen based on its wide reach in the Arab population, as well as previous experience in academic research. Participants were paid by the company in return for their filling in the study materials.

The study was hosted online through Qualtrics, in Arabic, and it started with a consent form, indicating the broad content of the study and eligibility criteria. The order of administered scales was randomized to avoid order and fatigue effects.

From the 1,543 respondents, 58 did not consent to move forward with the study, 70 were younger than 18 years old, 163 did not have an Arab nationality. 104 participants were living in a different country than their country of origin, 14 closed the survey even though they did consent to participate, and 36 did not fill the GHQ (which is the main outcome variable). 23 did not fill the PVQ, and 52 were counted as speeders. The speeders threshold, based on Greszki et al., (2014)., was calculated as those who filled the survey faster than 30% of the median duration taken. The median duration was 173 seconds. The total valid number of responses, thus, was 1023 responses.

Measures

The study included questions regarding socio-demographics, and a series of scales assessing identification with Schwartz's values, Islamic values, and psychological health. All measures were administered in Arabic. The specific dialect was Modern Standard Arabic. Refer to the Appendix section for copies of the measures used.

Socio-Demographic Data

Participants were asked to answer close-ended questions regarding their age, sex, and marital status. They were then asked about nationality, and religious affiliation. Lastly, they provided socio-economic information, like income, and education.

Portrait Value Questionnaire-21 (PVQ-21)

The Portrait Value Questionnaire-21 (PVQ-21; Schwartz, 2012) is the most widely used tool in research investigating the relation between values and psychological health, and one of the most used tools in value research generally. It captures multiple dimensions of human values, reflecting different goals and aspirations that guide behavior (Schwartz et al., 2012). Even though there is a refined version of the PVQ-21 developed (i.e., PVQ-RR), the older version is remarkably more widely used, especially in association with values and psychological health.

Participants are presented with 21 various personal goals representing the ten values and are asked to rate how important each goal is to them on a scale ranging from 1 ("Not at all important") to 6 ("Extremely important"). Each of the ten values is represented by two items, except for universalism, which is represented by three items. Measuring the four higher-order values was done through combining the scores for the values that correspond to them. For example, self-transcendence was measured through combining mean scores for universalism and benevolence. Higher scores indicate more of the construct.

The PVQ-21 demonstrates strong construct validity, as it effectively captures different dimensions of human values. The Survey has been validated with more than 60,000 respondents from more than 200 samples in 67 nations. Research has shown that the seven-factor structure of the PVQ-21 aligns well with the theoretical framework of Schwartz's value theory, confirming its ability to assess distinct value types (Schwartz et al., 2012). It also

exhibits good internal consistency, with Cronbach's alpha coefficients generally ranging from 0.66 to 0.86 for the different value types. For example, Schwartz et al. (2012) reported Cronbach's alpha values of 0.66, 0.75, 0.79, 0.86, 0.76, 0.79, and 0.82 for Self-Enhancement, Openness to Change, Self-Transcendence, Conservation, Hedonism, Achievement, and Power value types, respectively.

The PVQ-21 is particularly useful to be used in the Arab context for different reasons. Firstly, there is an Arabic translated version of it published by Schwartz himself (Schwartz, 2021). The original development of the survey used a sample size of 240 Jordanian, and 420 Israeli Arabs (Schwartz & Cieciuch, 2022). Moreover, the instrument has been used and validated within the Iraqi population, among a sample of Muslim and Christian population (Fischer et al., 2008). The validated Arabic version of the PVQ-21 that was used is available on Schwartz's website with the coding guide for it. Cronbach's alpha for the present study was .89.

The Sahin Index of Islamic Moral Values

The Sahin Index of Islamic Moral Values is a well-established measurement tool designed to assess adherence to Islamic moral values and principles among individuals within Islamic cultures (Francis et al., 2008). This index is specifically tailored to evaluate the moral dimensions emphasized by Islam. It was constructed around the key Muslim ethical concept of *akhlaq*— an individual's value orientation in the world.

The Sahin Index of Islamic Moral Values comprises 17 items that reflect various dimensions of Islamic moral values, including compassion, honesty, humility, integrity, and respect for others. Participants are asked to rate the extent to which they agree with each statement on a Likert scale, ranging from 1 ("Strongly Disagree") to 5 ("Strongly Agree"). The

scores for all items are summed to create a total score ranging from 17 to 35, with higher scores indicating a stronger alignment with Islamic moral values.

The scale has demonstrated good validity and reliability. The scale's construct validity is evidenced by its ability to differentiate between distinct moral values within the Islamic context. Furthermore, the authors (Francis et al., 2008) provided good support for the internal consistency reliability (the alpha coefficient is established at 0.80).

This tool is a culturally sensitive, relevant value-assessment scale. Since the scale has been validated and normed within Kuwaiti population, it is a good fit for this study. Although the scale was designed for Muslims, it has the potential to be validly applied to Christian Arab samples as well. This is because from an Islamic perspective, “values are not sharply divided as religious and moral but both are recognized to be essential aspects of a faithful personality” (Francis et al., 2008, p.7). This is of importance given the inseparable relationship of culture and religion mentioned earlier in the review. Cronbach’s alpha for the present study was .76.

General Health Questionnaire (GHQ-28)

The General Health Questionnaire (Goldberg & Hillier, 1979) is a widely used measurement tool designed to assess psychological distress and mental health symptoms among individuals. It consists of 28 items that capture psychological symptoms and distress across four subscales: Somatic Symptoms, Anxiety and Insomnia, Social Dysfunction, and Severe Depression. Each subscale is represented by 7 items. Participants are asked to indicate the extent to which they have experienced certain feelings and behaviors over the past two weeks. Participants rate the frequency of experiencing symptoms over the past two weeks with options of “better than usual; same as usual; worse than usual; much worse than usual”. It can be scored from 0 to 3 for each response. An overall total distress score can be obtained by summing the scores for all 28 items, with a total possible score ranging from 0 to 84 and higher

scores indicating greater distress. Using this method, a total score of 23/24 is the threshold for the presence of distress (Sterling, 2011).

The GHQ-28 has demonstrated robust construct validity in measuring psychological distress. Factor analysis has confirmed the distinct subscales, offering evidence for the questionnaire's ability to assess different aspects of mental health (Goldberg & Williams, 1988). Moreover, it exhibits good internal consistency, with Cronbach's alpha coefficients varying depending on the population and context of use. Studies have reported Cronbach's alpha values ranging from 0.70 to 0.94 for the different subscales, indicating strong interitem reliability (Hankins, 2008; Sterling, 2011).

The GHQ-28 has been extensively validated in assessing mental health and psychological well-being across various populations (Goldberg et al., 1997; Javanmard & Mamaghani, 2013; Lobo et al., 1986). Most importantly, it has been used before among Arab populations, with validated Arabic translations (Farhood & Dimassi, 2015; Alhamad & Al-Faris, 1998; Daradkeh et al., 2001). The Arabic translation that was used in the current study is the one done by Farhood & Dimassi (2015), given its recent date, and being done in Lebanon. Cronbach’s alpha for the present study was .8.

Data Analysis

To investigate the stated hypotheses, two models of multiple regression were done. First, a hierarchical multiple regression analyses was done. The first step had Schwartz’s four values as independent variables (IV), and psychological health as the outcome variable. The second step of the hierarchal multiple regression added religious values. Second, to test the relationship between Schwartz values and religious values, a linear multiple regression was done between the four high order values (IV), and religious values as the outcome variable.

Results

The study seeks to investigate the relationship between Schwartz values, Islamic moral values, and psychological health. Before running analytic procedures, a descriptive statistical analysis was done for all scales (Table 4). Multicollinearity diagnostics was done for all multiple regression and there was not any multicollinearity found for any of the models (VIF < 10). A bivariate correlation analysis table for all values could be seen in Table 5.

Table 4

Descriptive Statistics for Study Variables

Variable	N	Minimum	Maximum	Mean	SD
Sahin	1020	17.00	73.00	34.05	7.46
Self-Transcendence	1023	5.00	30.00	24.56	3.99
Conservation	1023	12.00	61.00	29.41	12.32
Self-Enhancement	1023	6.00	36.00	26.74	5.16
Openness to change	1023	4.00	24.00	18.73	3.48

Note. Sahin = Sahin's Islamic Moral Values Scale.

Table 5

Intercorrelation between Schwartz's four values, Islamic values, and GHQ sum score

Variable	M	SD	1	2	3	4	5	6
1. Self-enhancement	24.56	3.99	1					
2. Self-transcendence	29.41	12.32	.54**	1				
3. Conservation	26.74	5.16	-.46**	-.66**	1			
4. Openness to change	18.73	3.48	.62**	.60**	-.41**	1		
5. Islamic values	34.05	7.46	-.29**	-.54**	.50**	-.36**	1	
6. GHQ sum	57.08	15.01	-0.05	.08*	-.09**	0.02	-.17**	1

** Correlation is significant at the 0.01 level, *Correlation is significant at the 0.05 level

First Hypothesis

The first hypothesis anticipated that conservation, self-transcendence, and religious values will have positive relationships with psychological health, with conservation being the strongest predictor. In contrast, it was expected that openness to change and self-enhancement would show lower or negligible significance in influencing psychological health. A hierarchal multiple regression (refer to Table 6) was done with psychological health, measured by GHQ-28 as the outcome variable. The first step included Schwartz's four higher-order values (self-transcendence, conservation, self-enhancement, and openness to change), and the second step introduced religious values. In the first step, the dependent variable (psychological health) was regressed on predicting variables of the four higher-order values of Schwartz. The first model significantly predicted psychological health with $p < .001$. Moreover, the $R^2 = 0.025$ indicates that the independent variables explain 2.5% of the variance in the outcome. Coefficients were further assessed to investigate the relationship between each of the factors and the outcome. The results revealed that both self-enhancement (B = -. -0.475, $p < .001$)

and conservation values (B = -0.117, p = 0.027) have significant relationship with psychological health. This means that higher levels of both values are correlated with higher levels of psychological health. The negative relationship is with the GHQ score, which is interpreted as following: the higher the GHQ, the worse subjective psychological health is. A negative relationship with the GHQ, thus, means a positive relationship with psychological health.

When adding religious values to the multiple regression, the model remains significant with ($p < .001$), and the R^2 increases up to 0.043, explaining close to 4.3% of the variance in the outcome. Furthermore, conservation value is no longer significant in the model. Identifying with religious values, as depicted through Sahin Index's score, had a significant relationship with psychological wellbeing ($B = -.329$, $p < .001$). This goes in alignment with the second hypothesis as well. Even though this is a low number, indicating that the model accounts for a small proportion of the variance in GHQ scores, the individual predictors of each subscale still provide valuable insights into the relationships between the variables.

Given that the sample was highly educated, a bivariate correlation was made between self-enhancement and education level; as well as self-enhancement and income level. Neither was shown to have a significant relationship.

Table 6

Hierarchal Multiple Regression Analysis of Values and Psychological Health

Model	Variables	*B*	*SE*	*β*	*p*	*Adjusted R^2*	*R^2 Change*
Step 1					.000	0.021	
	Self-Transcendence	0.331	0.183	.088	.071		
	Conservation	-0.117	0.053	-.095	.027		
	Self-Enhancement	-0.475	0.124	-.164	.000		
	Openness to change	0.143	0.191	.033	.455		
Step 2					.000	0.038	0.018
	Self-Transcendence	0.110	0.188	.029	.558		
	Conservation	-0.065	0.054	-.053	.228		
	Self-Enhancement	-0.443	0.123	-.153	.000		
	Openness to change	0.093	0.190	.022	.624		
	Islamic Values	-0.329	0.077	-.164	.000		

Note. *Dependent Variable: Psychological Well-being (GHQ score).*

Second Hypothesis

To investigate the relationship between religious values and Schwartz's values model, Sahin's index score was regressed as the dependent variable using linear multiple regression, with Schwartz's four high-order values entered as predictors (refer to Table 7). The model significantly predicted religious values, with R^2 =.043, and $p < .001$. As hypothesized, conservation value was significantly associated with Sahin's score ($B = .164$, $p < .001$). The other values all had a significant influence, with different degrees of strength, and directions

(i.e., positive/negative). Self-transcendence had the strongest, negative relationship with religious values (B = -.650, p < .001), followed by openness to change (B = -.169, p = .028), and the weak, positive influence of self-enhancement (B = 0.099, p = .049).

Table 7

Linear Multiple Regression Analysis of Schwartz Values and Islamic Values

Model Variables	*B*	SE *B*	β	*p*	Adjusted R^2
(Constant)	45.756	2.160		<.001	.326
Self-Transcendence	-.650	.074	-.348	<.001	
Conservation	.164	.021	.270	<.001	
Self-Enhancement	.099	.050	.068	.049	
Openness to change	-.169	.077	-.079	.028	

Note. Dependent Variable: Islamic Values (Sahin's score).

Discussion

The main aim of the study was to investigate how different values influence psychological health. The values examined were Schwartz's main four higher-order cultural values (conservation, self-transcendence, openness to change, and self-enhancement) and religious values. The relationship between these values and each other was also examined.

The first hypothesis stated that conservation, self-transcendence, and religious values will exhibit a positive relationship with psychological health when compared to openness to change and self-enhancement, and the influence will be the strongest in conservation value. This hypothesis was partially supported, and partially refuted. Conservation values had a positive relationship with psychological health before adding religious values. This finding

supports the hypothesis and opposes the meta-analytic review and theoretical prediction by Sortheix and Schwartz (2017) in which conservation values showed a negative relationship with wellbeing.

The positive effect conservation values had over psychological health in this study could be explained by environment congruence effect, meaning that since the environment endorses such conservation values, their effect on psychological health might be more positive (Sortheix & Schwartz's, 2017). This finding opposes the findings of Sortheix and Schwartz's review (2017), which may be due to the absence of Arab samples in the review, mirroring previous invisibility of Arabs in earlier model development. The assumption that the model would not be culturally sensitive to Arab population, since it did not adequately represent them in the first place, was validated by the findings of this study. This contrast might call for a revision of how conservation values are perceived in the literature around values and psychological health among Arab population.

In the second step of the model, religious values seemed to also have a significant influence over psychological health. In the second step of the model, when religious values were accounted for, religious and self-enhancement values had a significant relationship with psychological health whereas conservation values did not. The positive relationship between religious values and psychological health goes in alignment with the general trend in research of the healthy influence of religion over wellbeing (Koenig, 2009; Kim-Prieto & Miller, 2018; Shai, 2022). To note, the addition of Islamic values cancelled out the impact of conservation values, which suggests that there is significant overlap between both values, which was also statisticaly significant using Pearson's correlation. The values encompassed under conservation are: conformity, tradition, which is defined as the respect, and commitment, of ideas that tradition or religion provides, and security. The fact that conservation values did not have a significant relationship in the second model (after adding

religious values) might suggest that such values overap with Islamic religious values. That being said, further exploration is needed to determine what aspects of religious or Islamic values are not encompassed or conflated by conservation values.

Aside from conservation, self-transcendence was the second value from Schwartz's model that was anticipated to relate to positive psychological health. Results did not match the literature predictions. The finding that self-transcendence had an insignificant influence on psychological health needs further examination in light of the existing predictions (Sortheix & Schwartz, 2017). Self-transcendence, encompassing both benevolence and universalism, presents a complex interplay between growth orientation and social focus. Universalism, with its focus on broader societal issues, has the potential to result in less positive psychological health. As Sortheix and Schwartz (2017) suggest, the societal, large-scale problems could lead to frustration.

Benevolence, on the other hand, emphasizes helping close others might lead to more frequent positive outcomes and social interaction, potentially "neutralizing" the negative effects of the concern for needs (Sortheix & Schwartz, 2017). This might explain the insignificant influence of self-transcendence in the present sample (having both values encompassed), suggesting that the potentially negative influence of universalism might be masked by the positive effects of benevolence, and hence both canceling out each other.

A significant relationship in the model was self-enhancement values, which was shown in the regression model to predict higher psychological health. This was not aligned with the present study's first hypothesis. The result does not match previous research either, which showed that self-enhancement has no relationship with psychological health (Sortheix & Schwartz, 2017). There are a few ways this result could be interpreted. Firstly, according to Gruszczyńska et al. (2020), self-enhancement values (i.e., power, achievement, and

hedonism) are sometimes valued by those who are unable to fully achieve them. In their study, participants were evaluated considering subjective well-being, depression, and subjective health. Polish women formed a group with the least pronounced socioeconomic and psychological resources, while German men were in another group, with the best socioeconomic and psychological resources. It was found that self-enhancement values were higher for the worst well-being group (Polish women), with lower socioeconomic status, and poorer psychological resources and wellbeing compared to German men. The authors interpretation was that the values of self-enhancement compensated for the lack of resources. This interpretation could apply to the sample of the present study given that over 54% of the sample had a monthly income of less than 500 USD, which is, according to the United Nations Statistics Division (2023), below the global poverty line.

Another way to look at it the relationship between self-enhancement values and psychological health is the effect of Human Development Index (HDI) theorized by Sortheix and Lönnqvist, (2014). The effect of HDI is pronounced as such person-focused values (i.e., self-enhancement and openness to change) would promote life satisfaction in low HDI countries because "the context of underdevelopment and neediness makes investing in personal advancement and coping with change necessary to adapt successfully" (Sortheix & Schwartz, 2017, p. 3). Notably, this theory was challenged when applied to data from 25 national representative samples from the 2006–2007 round of the European Social Survey (ESS), and Sortheix's predictions were refuted. What the present study proposes is that the countries included in the ESS survey are all classified as high-income or upper-middle income countries at that time, according to the 2008 World Bank report, which might not have been the best fit to test such theory.

According to the United Nations Development Program (UNDP) 2006 report, all of the ESS countries included in Sortheix's survey were classified as high in HDI except for

Russia and Ukraine, which were classified as middle in HDI (UNDP, 2006). When looking at the 2024 report, it is not easily comparable to the 2006 one because the UNDP recently divided countries into four divisions instead of three. The old division was three categories: high, middle, and low in HDI. The current division is: very high, high, middle, and low in HDI. When looking at the ESS countries participated in Sortheix's study; they were then classified as high in HDI and are now classified as very high (UNDP, 2024). Whether they grew economically, or the level is still proportional is beyond the capacity of the present study. In the sample of the current study, according to the 2024 UNDP report, all countries are categorized as high in HDI, except for Morocco (middle), and Saudi Arabia and UAE (very high). Furthermore, according to the World Bank 2023 report, six out of the nine countries are low-middle income countries, with one country categorized as upper-middle income country (Libya), and only two countries that are high income: Saudi Arabia, and UAE. (Hamadeh et al., 2024).

More than half of present study sample (54%) had a monthly income less than 500 USD, which is below the global poverty line. Moreover, the sampled countries are less developed according to HDI UNDP reports than the ones included in the ESS, with the exception of Saudi Arabia, and UAE. It is safe to thus propose that the significant positive relationship self-enhancement values had with wellbeing in the current study could be attributed to the low HDI. And hence supporting the claim that self-enhancement will be related to better wellbeing in less developed countries.

Although in the literature, openness to change was found to have a positive influecne over psychological health, in the present study it was shown to have no significant influence over psychological health. In Sortheix and Schwartz's review (2017), openness to change was seen as having a positive influence over wellbeing across all countries (p.12), whereas in the current study, there was no significant influence of openness to change values on

psychological health. This finding could be also interpreted through congruence effect, where in this incident, identifying with openness to change values might have been incongruent with the environment, and hence did not result in a better psychological health.

The second hypothesis anticipated that higher identification with conservation values will be associated with higher levels of Islamic religious values. This was fully supported by the results. On the other hand, self-transcendence and openness to change had a negative relationship with religious values, with self-transcendence having a more powerful relationship. These findings match what Schwartz & Huismans (1995) predicted, and which was later supported by a meta-analsyis done by Roccas (2005). The relationship between conservation values and religious values is as explained above, relevant to the value of tradition (under conservation). Openness to change conflicts with the conservative, religious attitude of preserving religious traditions. Moreover, the value hedonism (encompassed under openness to change), and its emphasis on material gratification may conflict with religios values. A more counter-intuitive relationship is the one between self-transcendence and religious values. The values under self-transcendence are benevolence, and universalism. While both values should intuitively relate with religion, their emphasis in Schwartz's model on accepting diversity may conflict with religious attitudes towards certain behaviors (Roccas, 2005). This is why Schwartz & Huismans (1995) and as supported by Roccas's review, self-transcendence had a negative relationship with religiosity. And hence, the present study's finding of a negative relationship with religious values.

Limitations

Even though the present study had a relatively large sample size, different sample characteristics may have affected representativeness and generalizability of the results. The sample was mostly university-level educated, and predominantly Muslim. Regarding the

level of education, this might have affected the relationship between self-enhancement and psychological health. Even though self-enhancement values have been linked to entrepreneurial attempts (Fongtanakit et al., 2017), there is no direct relationship that has been established between self-enhancement and education level. However, it could be hypothesized that since such values encourage opportunity seeking, and achievement; this results in a better socioeconomic level, and hence reflects better on psychological health.

The majority of the sample was Muslim, and Christian percentages from Egypt did not match the demographic proportions of Christians. This proportion relatively aligns with the reported demographic for Christians in the Arab world, reported as 4.2% by Johnson and Zurlo (2013), and and <7% Pew Research Center (2012). This suggests that our sample may be reasonably representative of the Arab population in this context. However, given the small Christian sample proportion in the present study, it is not clear whether the results are influenced by Muslim experience, and whether they may be different for Christians.

Another major limitation is that the study did not include a measure of Arab cultural identity to tease apart the differences between culture and religion. Moreover, this study analyzed the four higher-order values, not the extended 10 (or refined 19) values. In the area of psychological health, it is expected that specific values may have different, and sometimes opposing, influences over psychological health. Further research would benefit from including a more diverse sample in terms of religious affiliation, education level, and a measure of Arab cultural identity.

Implications for Research and Counseling Practice

The implications of the findings in the present study are two-fold, with implications for research and practice. Firstly, it rightfully questions the cultural sensitivity and applicability of Schwartz's framework, which is assumed to be universal. There was an

evident lack of inclusion of Arab population in Schwartz's studies, and it is therefore not surprising to have different results when applied to such population. This study tested the accuracy of the literature on the relationship between values on psychological health, among the Arab population. Since these predictions were not supported, it may be encouraged to test Schwartz's value model itself withing representative Arab population, and validate the level of conclusion and thoroughness of the model.

The findings of this study add to the research on values generally, and the relationship between values and psychological health more specifically within the Arab population. Findings highlight the need for a more culturally sensitive conceptualization of values that involves the Arab population and culture. Moreover, since the cultural and religious values accounted for a small amount of variance in psychological health, further research might benefit by testing alternative value models other than Schwartz's and Sahin's index.

Research is also encouraged to look further into the relationship between religious values and conservation values. The correlation between both was moderately positive, which suggests that despite the overlap, there is a considerable aspect of religious values that are not included within conservation values, which might assume that there are culturally specific values not captured by Schwartz's model that might be relevant to the study population. This could involve collaborating with local researchers to identify these values. Analyzing the specific influence of each of the 10 values of the model, rather than the four higher-order ones, is expected to provide more specific results. It has been the case in some studies that under the same higher-order value (e.g., self-transcendence), values had different effects (e.g., benevolence having a positive influence over psychological health, as opposed to universalism).

Further research is encouraged to look further into moderating factors over the relationship between values and psychological health. Factors of socioeconomic status, gender, nationality, and education level are all relevant factors that are worth investigating, especially since research on values has shown how context is important to their effect on psychological health (e.g., influence of HDI).

Another issue relates to minority representation. While a larger sample size of Christian participants would always be ideal for more generalizable conclusions, the current size offers some initial insights. Oversampling Arab Christians might be beneficial for future research to look into, to be able to analyze whether the relationship between Islamic religious values and psychological health would still remain, and to determine if there are any unique trends related to the relationships between values and psychological health for Christians.

On the practical front, it is important for therapists working with Arab clients to understand what sorts of values affect them in what ways. This should not be reflected in blind generalizations, and imposition of religious values for everyone, even though the study shows that such values have been found to be beneficial. The finding should rather be incorporated in the never-ending clinician's efforts towards cultural sensitivity. The current research points towards the positive relationship between religious, conservation, and self-enhancement values with psychological health, therefore, these values might be capitalized on with clients who already identify with and prioritize these values.

Moreover, therapists and practitioners using Schwartz's model of values for value assessment, conceptualization, or treatment planning should use it more sensitively with Arab community. The original model did not include Arab samples in its development and validation. Furthermore, the predictions of the relationship the values had over psychological health based on previous literature were not consistent with the findings of the present study.

Designing psychotherapeutic interventions might also deepen our understanding of how these values operate in counseling. For example, designing culturally-sensitive interventions that promote beliefs about self-enhancement, conservation, or Islamic values might be beneficial and can be empirically tested for any impacts on therapeutic outcomes.

Conclusion

This study investigated the relationship between cultural and religious values (Schwartz and Islamic values) and psychological health. The findings point towards the importance of cultural sensitivity, and considering cultural context when deciding on the impact of values over psychological health. Contrary to the previous literature regarding the relationship between values and wellbeing, conservation values were associated with better psychological health, and openness to change had no significant influence. Conservation values might have overlapped with religious Islamic values in relating to better psychological health, which may suggest a need for a more holistic conceptualization of the local values of the Arab culture.

Interestingly, self-enhancement also emerged as a highly significant predictor of psychological health. One way this finding could be harmonized with previous research is through the HDI theory proposed by Sortheix, which predicts that countries with lower HDI will tend to identify more with self-enhancement values. In other words, identifying with self-enhancement values might have compensated in coping with lack of resources and the relatively low socioeconomic status of the sample.

The study findings sheds light on the cultural sensitivity of Schwartz's value conceptualization in two ways. Firstly, it questions the applicability of the conceptualization itself of Schwartz within Arab population, and whether it is not comprehensive enough, given how minimal the Arab sample was in his cross-cultural research. Secondly, if the

conceptualization itself is applicable, then the generalized predictions of the influence of certain values and subjective wellbeing might also be in question. Given how complicated the relationship is, and the number of potential moderating factors existing in different contexts, generalizing the influence of certain values as “healthy” or “unhealthy” may cause more harm than benefit.

The counseling field has gone through a significant shift in its approach towards imposing certain values on clients. Historically, counselors might have imposed their own values, societal norms, or specific cultural narratives on clients. Recognizing this potentially negative impact, the field has embraced a more client-centered approach, prioritizing the exploration and integration of the client's own unique value system as part of the ethical code of the profession. Similarly, the findings of this study suggest the need for a reevaluation of Schwartz's value model in its application to counseling. Just as counselors have moved away from imposing values on clients, our understanding of value structures may need to evolve beyond a one-size-fits-all model, that clearly excludes a major population like the Arab population.

Future research should explore alternative value models other than Schwartz’s, examine potential moderating factors such as socioeconomic status, gender, and education level, and investigate the overlap between religious and conservation values. Additionally, more diverse samples that include adequate representation of different religious affiliation, especially the Christian population, would be valuable.

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Appendix: Study Measures

Consent Form

Project Title: Religious-Based Values and Psychological Wellbeing in Arab Culture

Principal Investigator: Michel Sherif: michelsherif@aucegypt.edu

You are being asked to participate in a research study. The purpose of the research is to understand how religious-based values and beliefs in the Arab culture affect psychological wellbeing. The findings may be published, presented, or both. The expected duration of your participation is 10-15 minutes.

The procedures of the research will involve answering a series of questions about your values, beliefs, and overall psychological wellbeing. The expected duration of your participation is approximately 10-15 minutes

There will not be certain risks or discomforts associated with this research.

There will not be direct benefits to you from this research. However, the results may contribute to the body of research and clinical practice by enhancing our understanding in this area

The information you provide for purposes of this research is anonymus.

Questions about the research, my rights, or research-related injuries should be directed to Michel Sherif at michelsherif@aucegypt.edu.

Participation in this study is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or the loss of benefits to which you are otherwise entitled.

Confirmation on agreement to participate

Do you confirm that you are at least 18 years of age?

__ Yes

__ No

Do you have at least one Arab nationality?

__ Yes

__ No

Are you currently living in an Arab country, which is the SAME as your nationality?

__ Yes

__ No

By clicking “next”, you agree that you have read and understood the information presented in this form and that you agree to participate in this project:

[Next]

Sociodemographic Data

Personal Information:

Age: _____

Gender: [ ] Male [ ] Female [ ] Other; please specify _____

Nationality:

- Algeria
- Egypt
- Jordan
- Lebanon
- Libya
- Morocco
- Saudi Arabia
- Tunisia
- UAE
- Other: please specify

Country of Residence:

- Algeria
- Egypt
- Jordan
- Lebanon
- Libya
- Morocco
- Saudi Arabia
- Tunisia
- UAE
- Other: please specify

Highest level of education completed:

What is the highest level of education you have completed?

- No education
- Primary school
- Middle/preparatory school
- Vocational or technical certificate (alternative to high school)
- Mahw el ommeya
- High school diploma
- Associates degree or trade diploma
- Bachelor's degree
- Master’s degree
- Doctoral degree or medical doctor degree
- Other, please specify _____

Marital status:

Single; Engaged; Married; Separated ; Divorced; Widowed

Religious affiliation:

Islam; Christianity; Judaism; Other (please specify) _____

Language(s) spoken at home:

- Arabic
- French
- English
- Hebrew
- Persian
- Turkish
- Amazigh
- Berber
- Others: please specify

What is the best estimate of your monthly household income in USD, including the total combined income of all persons living in your household?

Below 100$ monthly

100-200

201-300

301-400

401-500

501-600

601-800

801-1000

1001-1200

1201-1400

1401-1600

1601-1800

1801-2000

More than 2000 monthly

Portrait Value Questionnaire (PVQ-21)

Here we briefly describe some people. Please read each description and think about how much each person is or is not like you. Choose how much the person in the description is like you.

How much like you is this person?

Very much like me; Like me; somewhat like me; A little like me; Not like me; Not like me at all

1. Thinking up new ideas and being creative is important to him. He likes to do things in his own original way.
2. It is important to him to be rich. He wants to have a lot of money and expensive things.
3. He thinks it is important that every person in the world be treated equally. He believes everyone should have equal opportunities in life.
4. It's important to him to show his abilities. He wants people to admire what he does.
5. It is important to him to live in secure surroundings. He avoids anything that might endanger his safety.
6. He likes surprises and is always looking for new things to do. He thinks it is important to do lots of different things in life.
7. He believes that people should do what they're told. He thinks people should follow rules at all times, even when no-one is watching.
8. It is important to him to listen to people who are different from him. Even when he disagrees with them, he still wants to understand them.
9. It is important to him to be humble and modest. He tries not to draw attention to himself.
10. Having a good time is important to him. He likes to “spoil” himself.
11. It is important to him to make his own decisions about what he does. He likes to be free to plan and not depend on others
12. It's very important to him to help the people around him. He wants to care for their well-being.
13. Being very successful is important to him. He hopes people will recognize his achievements.
14. It is important to him that the government insure his safety against all threats. He wants the state to be strong so it can defend its citizens.
15. He looks for adventures and likes to take risks. He wants to have an exciting life.
16. It is important to him always to behave properly. He wants to avoid doing anything people would say is wrong.
17. It is important to him to get respect from others. He wants people to do what he says.
18. It is important to him to be loyal to his friends. He wants to devote himself to people close to him.
19. He strongly believes that people should care for nature. Looking after the environment is important to him.

20. Tradition is important to him. He tries to follow the customs handed down by his religion or his family.
21. He seeks every chance he can to have fun. It is important to him to do things that give him pleasure.

Sahin Index of Islamic Moral Values

Please rate your agreement/disagreement with these statements:

Agree strongly; Agree; Not certain; Disagree; Disagree strongly

1. I believe honesty is always good regardless of the consequences
2. I try hard to be a good role model for others
3. I do not hide my mistake if I knew it would hurt me
4. I feel bad when someone damages other's properties
5. I do not think that I am a good role model for others*
6. I admire friends who listen to their parents' advice
7. I do not attempt to lie when I face a critical situation
8. I feel happy when others are satisfied with my conduct
9. I do not like to follow the advice given by the elderly*
10. I hate watching movies with low negative moral values
11. I avoid friendship with people who smoke
12. I do not attempt cheating in exams
13. I hate to listen to my parents' advice*
14. I like to participate as a volunteer
15. My freedom should not conflict with others' freedom
16. I feel pain when moral crimes increase in society
17. I encourage equal opportunities among people

* reverse-scored

The General Health Questionnaire (GHQ-28)

Please rate how you feel in relation to each question, according to the following criteria:

Better than usual; Same as usual; Worse than usual; Much worse than usual

1. Been feeling perfectly well and in good health?
2. Been feeling in need of a good tonic?
3. Been feeling run down and out of sorts?
4. Felt that you were ill?
5. Been getting any pains in your head?
6. Been getting a feeling of tightness or pressure in your head?
7. Been having hot or cold spells?
8. Lost much sleep over worry?
9. Had difficulty in staying asleep once you are off?
10. Felt constantly under strain?
11. Been getting edgy and bad-tempered?
12. Been getting scared or panicky for no good reason?
13. Found everything getting on top of you?
14. Been feeling nervous and strung up all the time?
15. Been managing to keep yourself busy and occupied?
16. Been taking longer over the things you do?
17. Felt on the whole you are doing things well?
18. Been satisfied with the way you've carried out your tasks?
19. Felt that you are playing a useful part in things?
20. Felt capable of making decisions about things?
21. Been able to enjoy your normal day-to-day activities?
22. Been thinking of yourself as a worthless person?
23. Felt that life is entirely hopeless?
24. Felt that life isn't worth living?
25. Thought of the possibility that you might make away with yourself?
26. Found at times you couldn't do anything because your nerves were too bad?
27. Found yourself wishing you were dead and away from it all?
28. Found that the idea of taking your life kept coming into your mind.