

The Mediating Role of Irrational Beliefs in the Relationship between Values and Life Aspirations with Mental Health in Students

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Abstract

Entering the university is a challenging life event for young adults; because students encounter changes in social communication, expectations, and roles. As a result, they are susceptible to experiencing stress and anxiety that could affect their functions. The present study was done to present a causal model as to the effect of intrinsic and extrinsic aspirations on mental health and the mediating role of irrational beliefs. The research method was descriptive correlational. To do this, 250 students from Allameh Tabatabaei University were selected via available sampling and then they answered a self-report questionnaire consisting of four Factors of Irrational Beliefs Test-Ahvaz (4IBT-A), General Health Questionnaire (28- GHQ), and Aspiration Index (AI). Data analysis was carried out in two parts of latent and observed variables via structural equation modeling using AMOS software. The results showed that extrinsic aspirations positively predict irrational beliefs while intrinsic aspirations negatively predict irrational thoughts; intrinsic aspirations, directly and indirectly, affect mental health; but extrinsic aspirations have no direct effect on mental health; Instead, they can reduce students' mental health mediating irrational beliefs. Also, irrational beliefs had a causal and immediate impact on mental health.

Keywords: Aspirations, Irrational Beliefs, Mental Health.

Introduction

About 75% of all severe mental health problems develop before the age of 24 (Fried, Papanikolaou & Epskamp, 2022), and many studies have documented that students report consistently higher levels of mental health problems than the general population (Mortier et al., 2018; Williams, Dziurawiec & Heritage, 2018; Tran et al., 2017). Paired with the fact that student samples are convenient to recruit, this has led to a considerable body of research on understanding, predicting, and preventing stress and mental disorders in students.

Mental health problems in students are related to considerable impairment of functioning, decreased academic performance, life satisfaction, higher levels of physical comorbidities, increased college dropout, and increased levels of smoking, alcohol, and drug abuse (Ebert et al., 2019; Ribeiro et al., 2018). Two international World Health Organization surveys documented 1-year prevalence rates of mental illness among students of between 20% and 31%. Anxiety and mood disorders are among the most prevalent problems, often starting in early to middle adolescence, and persisting into higher education (Auerbach et al., 2016, 2018). The North-American College Health Intervention Project estimated that 25% of college students experience symptoms of depression and that 10% experience suicidal thoughts (Mackenzie et al., 2011). In data of more than 2,500 college freshmen collected in Belgium, the 1-year incidence rates were about 7% for major depression (Ebert et al., 2019), 5% for suicidal thoughts and behaviors (Mortier et al., 2018), and 10% for nonsuicidal self-injury (Kiekens et al., 2019). The U.S.-based National Epidemiological Study on Alcohol and Related Conditions used face-to-face interviews to assess mental health conditions in 5,092 young adults ages 19 to 25 (Blanco et al., 2008; cited in Fried et al., 2022). The authors concluded that “almost half of college-age individuals had a psychiatric disorder in the past year” (Blanco et al., 2008; cited in Fried et al., 2022) and identified no overall differences when comparing college students and their non-college-attending peers.

The positive psychology movement seeks to harness human strengths as a shield against mental illness (Robbins, 2008).; .Therefore, the factors that cause the adaptation and satisfaction of human beings with the needs and threats of life are the essential variables studied by this movement (Seligman & Csikszentmihalyi, 2014). Meanwhile, since the 1980s, there has been a shift in psychological research into life goals. Researchers from different perspectives began to study extensively the processes and dimensions of activities and aspirations that people often pursued (Pervin, 1989).

Studies in the theory of autonomy have shown that aspirations and goals, not just achieving them, are associated with positive and negative psychological consequences (Sabze Araey Langeroodi, Sarfarazi & Ghorbani, 2015). The importance of life goals and aspirations to enjoy a healthy and fun life is undeniable and obvious (Merkaš, Raboteg-Šarić & Miljković, 2011; King, Hicks, Krull & Del Gaiso, 2006). In the field of psychology, the motivational theory of "autonomy" (Deci & Ryan, 1985) has explained the life goals of young people (Grouzet, Kasser, Ahuvia, Fernandez-Dols, Kim, 2005). The theory of autonomy has introduced the values emphasized in the American dream and the philosophy of hedonism as defenses against psychological insecurities (Kasser & Ryan, 1996). According to the above points, the personal aspirations of individuals who

are divided into two categories inherent and external in the theory of autonomy (Kasser & Ryan, 2001) also pursue goals for reasons or motives who follow (intrinsic motivations, matched Describe cohesive) and of those who do not (external and internal impulses). Innate desires (personal growth or self-acceptance, communication or bonding, social cooperation or social feeling, and maintaining health) often include behaviors and goals that, due to the environmental 's support for the unconditional satisfaction of basic needs by satisfying the psychological needs of the worthy. Being, having a close relationship with others, and doing the behaviors you like and approve of are valued and pursued. In contrast, external desires (fame, wealth, and appearance or physical attractiveness) often include behaviors and goals followed by external and internal coercion and pressures (Kasser & Ryan, 1996). Shallow aspirations are also referred to as "material aspirations" or "American dreams" (Sagiv, Roccas & Hazan, 2004).

Studies have shown that external desires, both because of the content they emphasize, which is far from the triple psychological needs, and the process of their spontaneous acquisition (external and internal motivations), impede the growth of well-being and cohesion. (Hope, Holding, Verner-Filion, Sheldon & Koestner, 2019; Duriez, Meeus & Vansteenkiste, 2012; Verstuyf, Vansteenkiste & Soenens, 2012; Auerbach, Webb, Schreck, McWhinnie, Ho, Zhu & Yao, 2011; Henderson-King & Mitchell, 2011). In contrast, inner desires, both because of the content they emphasize and their autonomous acquisition process (intrinsic motivations, assimilated and cohesive), cause life satisfaction, mental health, the satisfaction of inner needs, and well-being (Bradshaw, 2019; Zhang, Chen, Chen, & Schlegel, 2019; Martela, Bradshaw, & Ryan, 2019; Nishimura & Suzuki, 2016; Martos & Kopp, 2011; Sheldon, Gunz, Nichols & Ferguson, 2010).

According to Kasser and Ryan, prioritizing inner goals and aspirations causes more vitality and self-fulfillment and more minor physical symptoms and depression in individuals; . But prioritizing external goals and aspirations will lead to less vitality and self-actualization and more physical symptoms, anxiety, and depression in individuals (Kasser & Ryan, 2001). External goals and aspirations undermine the basis of well-being (Sagiv & et al., 2004). Research has also shown that people with shallow solid ambitions and plans have more difficulty meeting their attachment, independence, and self-efficacy needs (Kasser, Ryan, Couchman & Sheldon, 2004). Economic success and fame are usually external goals and aspirations. Research has shown that these two types of plans (internal and external) are related to individual well-being, social behavior, and activities related to lifestyle and skills in various ways (Saunders, S., & Munro, 2000). Bad body image is a risk factor for psychological and health-related problems (Gillen & Markey, 2016; Laus, Costa & Almeida, 2015); . Also, a positive body image has significant positive consequences for the health and well-being of individuals (Gillen, 2015). In their 2015 study, Shabby and Karimi concluded that increasing body image satisfaction could reduce irrational beliefs. Less and more negative satisfaction with body image is also associated with higher irrational thoughts (Hosseini, Karbalaeei, Meigouni & Geramipor, 2018).

Proper mental health and cognitive system depend primarily on having satisfactory goals and progress towards achieving them in life. Research on well-being and meaning

in life has shown that mental health and well-being are associated with people's perception of having important goals and satisfactory progress in achieving them (Myers, 1999). The results of Halisch and Geppert longitudinal studies have also shown that well-being depends on having achievable goals, a sense of progress towards the goals, and a commitment to pursue them. Pursuing an appropriate plan to achieve mental health is essential (Halisch, F., & Geppert, 2001). Under normal circumstances, people can choose and pursue goals that make their lives meaningful and satisfying, and they can also avoid goals that lead to psychological harm (Cox & Klinger, 2011). Elliot and Thrash concluded in a study that there is a strong correlation between attentional mood and experiencing positive emotions and being active in goal pursuit, avoidant mood and neurotic behaviors, experiencing negative emotions, and being passive in goal pursuit. (Elliot & Thrash, 2002). Therefore, to plan to improve the health of students, which is the cause of improving the situation of educational environments, it is necessary to pay attention to their goal setting.

On the other hand, health psychologists believe that beliefs play a pivotal and significant role in physical and mental health. According to Ellis, we have a powerful tendency that we are emotionally upset by the intrinsic sizing of our beliefs, that is why it is complicated to achieve mental health and maintain it (2001). Beliefs can be reasonable and irrational. Rational beliefs are beliefs that are desirable, useful, and flexible. These beliefs are based on reality and confirmed in practice. Urgent beliefs are not consistent with fact and are based on suspicion and personal opinions. These beliefs are associated with coercion, commitment, and absolutism (Hamidi & Shirazi Motlagh, 2010). Urbanic beliefs include "the need for approval and support of others, high expectations, tend to blame itself, the response to failure, emotional misery, deep concern, with anxiety, avoidance, dependence, disappointment towards change and perfectionism." Such beliefs in dealing with foreign events and stimuli create emotional consequences such as fear, anxiety, anger, sin, sadness, and depression. They determine affection and behavior type, status, and severity (Fayyaz & Kiani, 2008) (Fayyaz and Kiani, 2008). Research has also emphasized the effect of increasing the level of irrational beliefs on reducing mental health (Moalemi, 2014; Jibeen, 2014; Barlow & Durand, 2009; Gordon, Flet, Hewitt & Blankstein, 2008). In other words, because of irrational thoughts, individuals deal with the world in negative ways, which leads to poor health in individuals, indicating the relationship between irrational thoughts with health (Abhyankar, Nair & Ram, 2003). Therefore, irrational beliefs are one of the essential factors affecting mental health, influenced by life's goals and aspirations.

If we want to name a motivational factor that leads to increased academic performance and well-being, we can point to goals and aspirations. Along with the old family institution, spread any particular value, which causes an unplanned deal in the values and objectives of the community's life, especially the student's cortex. Therefore, it is essential to examine the phenomenon of life expectations and their impact on irrational beliefs and mental health. The measurement of wishes can explain one of the factors affecting well-being. This research tries to fill this gap in this area. Accordingly, due to the limited analysis of research in this area and as a result of the impossibility of generalizing results

in a wide area, the present study seeks to answer the question of whether any structural model is assumed about mental health.

Methods

The research method was descriptive and correlational, and the statistical population in this study included all students of Allameh Tabatabaie University in Tehran. To select the sample group, according to (Loehlin & Beaujean 2016), 15 sample people (250 people in total) were considered for each variable, which was selected using the available sampling method. Demographically, 96 were male (44%), 120 were female (56%), 110 (51%) undergraduate students (37 males, 73 females), and 106 (49%) were graduate students (59 males, 47 females). Inclusion criterion was: 1- Willingness to participate in the study and exclusion criterion was a defect in completing the research questionnaires. Necessary explanations were given to the participants before completing the questionnaires about observing ethical principles of research, including informed consent, discretion to withdraw from the research and confidentiality of the information provided. After initial data analysis and removal of distorted and violated samples, including missing data, the data collected from 216 people were finally analyzed. Data analysis was performed using the Structural Equation Modeling (SEM) statistical method and by the SPSS-22, and AMOS-24 software.

Instrumnet

Wish Index of Groze et al. (2005): This version of the Wish Index is based on early versions (Kasser & Ryan, 1996, 1993) and has 47 articles and respondents with 11 wishes in two dimensions: intrinsic-external aspirations and aspirations of self-exaltation. Miran evaluated the importance and chance of achieving any goal on a 9-point scale (1 = not at all, 9 = strongly). In the study by Grouzet et al. (2005), the mean and median of Cronbach's alpha factors in 15 countries in financial success were 0.84 and 0.83, beauty 0.74 and 0.76, conformity 0.67 and 0.62, reputation 0.73 and 0.71, self-acceptance 0.79 and 0.73, transplantation 0.81 and 0.75, social feeling 0.75 and 0.71, physical health 0.72 and 0.74 pleasure was 0.70 and 0.72, security was 0.71 and 0.70 and spirituality was 0.90 and 0.87. In a study by Langroudi, Ferguson, Sarafraz, and Mohammadi (2014), in addition to examining the factor structure and convergent and divergent index validity in Iranian culture, the internal consistency of importance, probability of achieving and achieving intrinsic desires 0.86, 0.87 and 0.88, respectively, and the importance, probability of achieving and the extent of achieving external aspirations were reported as 0.87, 0.84 and 0.84, respectively. Also, Karshaki, Garavand and Dehghani Neyshabouri (Karshaki, Garavand & Dehghani Neyshabouri, 2012) conducted the questionnaire after translating and verifying the content and cultural, linguistic, and psychological appropriateness. They reported the reliability of the questions using Koranbach's alpha method and used confirmatory factor analysis for the validity of the construct; indicating appropriate validity rate (rmsea= 0/09, GFI= 0/92, AGFI= 0/90, CFI= 0/93, NFI= 0/94,

$\chi^2= 1850/92$, $DF=815$). In this study, the dimensions of intrinsic aspirations (self-acceptance, bonding, social feeling, and physical health) and external (financial success or wealth, physical attractiveness, and social reputation) were used. The internal consistency of total intrinsic goals was 0.88, and that of total external goals was 0.84.

Ahvaz Irrational Beliefs Questionnaire (4 IBT - A): According to Motamedin and Ebadi (2008), Ahvaz Irrational Beliefs Questionnaire (4 IBT - A) has 40 questions based on 10 Belief Factors Irrational which was constructed and validated by through factor analysis by Jones (1969). Its scoring method is based on the Likert scale from 1 (strongly disagree) to 5 (strongly agree). Helplessness equals change, including questions (1 to 15), expecting approval from others (16 to 25), avoiding problems (26 to 30), and emotional irresponsibility (31 to 40). Ebadi and Motamedin (2005) used Cronbach's alpha coefficient and split-half method to estimate the reliability of the tested coefficients, which are 0.75 and 0.76 for the whole scale, and 0.80 and 0.82 for the helplessness sub-factors, respectively. Expect others to approve 0.81 and 0.84, for problem avoidance 0.73 and 0.74, and emotional irresponsibility showed 0.75 and 0.72, respectively. In the present study, Cronbach's alpha coefficient for irrational beliefs was 0.92, which indicates the reliability of the questionnaire.

General Health Questionnaire 28 questions (GHQ - 28): Goldberg and Hiller General Health Questionnaire (Goldberg & Hiller, 1979) has 28 4-choice questions (0-2-2-3) in four areas of physical symptoms (questions 1 to 7 anxiety (questions 8 to 14), social dysfunction (questions 15 to 21) and depression (questions 22 to 28). The score range is from 0 to 84. In this study, a high score indicates general health, and a low score indicates the presence of disease. Chiong and Spirese (1994) reported the reliability coefficient of the public health questionnaire by test-retest method as 0.47, which is significant at the level of $p < 0.05$. In addition, the alpha coefficient for the whole scale was 0.88, and for the subscales of physical symptom, anxiety, social dysfunction, and depression were 0.66, 0.72, 0.79, and 0.85, respectively. Molavi (2004) reported the validity and reliability of the retest of this test as 0.86. Researchers have repeatedly confirmed the validity of the General Health Questionnaire, with Goldberg and Hiller (1979) reporting the validity of the questionnaire as 0.89. For the purpose of this study, confirmatory factor analysis was used to check the construct validity of the Mental Health Scale. The mentioned indicators indicate the validity of the appropriate factor construct (RMSEA= 0/074, GFI= 0/91, AGFI= 0/90, CFI= 0/93, NFI= 0/91). Also, Cronbach's alpha for the total score of mental health was 0.92, physical symptoms was 0.84, anxiety and insomnia was 0.83, social dysfunction was 0.81 and depression was 0.86.

Results

Descriptive statistics, zero-order correlation matrix, and Cronbach's alpha coefficients are presented in Table 1. Findings show that there is a significant relationship between the whole index of innate desires and sub-components of self-acceptance and social feeling with mental health ($p < 0.01$), but there was no meaningful relationship between communication subcomponents and physical health with mental health ($p < 0.05$). There was no significant relationship between the total index of external desires and its sub-components with mental health ($p < 0.05$). There was no meaningful relationship between the complete index of innate desires and its sub-components with irrational beliefs ($p < 0.05$). But there was a significant relationship between the whole index of external desires and the sub-components of fame and physical attractiveness with irrational beliefs ($p < 0.01$). There was also a significant negative relationship between irrational beliefs and mental health ($p < 0.01$).

To test the hypothetical model, statistical assumptions were tested. The results showed that all study variables had an absolute value of skew coefficient less than three and a total value of elongation coefficient less than 10; therefore, according to Kline (Kline, 2015), no violation of the normality of the data was observed. Two indices of tolerance statistics and variance inflation factor were calculated to determine the degree of overlap of exogenous variables. All these coefficients were at an acceptable level such that the tolerance index for all predictor variables was less than 0.529, and the variance inflation index was less than 2.91. If the tolerance index is less than one and the inflation index is less than ten, it can be said that the regression assumptions have not been violated. The results showed that the initial model did not have the necessary fit. The fit indices of this model are reported in Table 2.

Table 1- Mean, standard deviation, validity coefficient, and zero-order correlation between research variables

Variables	1	2	3	4	5	6	7	8	9	10	11
1. Intrinsic desires	0/88										
2. Accept yourself	0/83**	0/85									
3. Communication	0/72**	0/59**	0/83								
4. Social feeling	0/73**	0/69**	0/51**	0/86							

5. Physical health	0/81**	0/56**	0/53**	0/45**	0/80						
6. External desires	0/65**	0/55**	0/62**	0/41**	0/67**	0/84					
7. Wealth	0/56**	0/52**	0/45**	0/40**	0/60**	0/81**	0/78				
8. Reputation	0/53**	0/44**	0/56**	0/35**	0/49**	0/88**	0/56**	0/76			
9. Beauty	0/60**	0/47**	0/60**	0/32**	0/63**	0/91**	0/56**	0/76**	0/75		
10. Irrational beliefs	0/003	-0/095	0/127	-0/09	0/08	0/19**	0/11	0/21**	0/151*	0/92	
11. Mental health	0/159*	0/22**	0/06	0/20**	0/03	-0/012	-0/002	-0/041	0/027	-0/54**	0/92
Average	7/53	7/98	6/54	7/83	7/72	6/91	7/52	6/51	6/77	2/71	2/06
The standard deviation	0/872	0/982	0/927	1/14	1/31	1/26	1.39	1/45	1/61	0/534	0/442
Skew	-1/43	-1/66	-0/696	-1/75	-1/34	-0/614	-1/13	-0.545	-0/678	-0/08	-0/792
Elongation	2/41	3/49	0/657	0/77	1/81	-0/08	1/31	-0/337	0/081	0/512	-0/869

The values on the diameter are the Cronbach's alpha coefficient. *p<0/05 **p<0/01

Table 2 - Fitness indicators of the initial and final model

Indicator	χ^2	Df	p	χ^2/df	RMSEA	GFI	AGFI	CFI	NFI	IFI	TLI
primitive	279/6	84	0/001	3/33	0/078	0/89	0/85	0/90	0/89	0/88	0/87
Final	244/1	83	0/001	2/94	0/079	0/93	0/88	0/92	0/91	0/90	0/90

After implementing the structural equation model, an experimental and usable model was obtained. Of course, it should be noted that this initial model did not fit some of the indicators. Therefore, the model was manipulated with the help of the proposed correction indicators. Accordingly, adjustments were made based on theoretical and experimental principles. Bilateral relationships were established between the sub-components of problem avoidance and expectation of approval from others. As Table 2 shows, the proposed model has a perfect fit concerning the fit indices.

The tested structural model and research measurement models are shown in Figure 1.

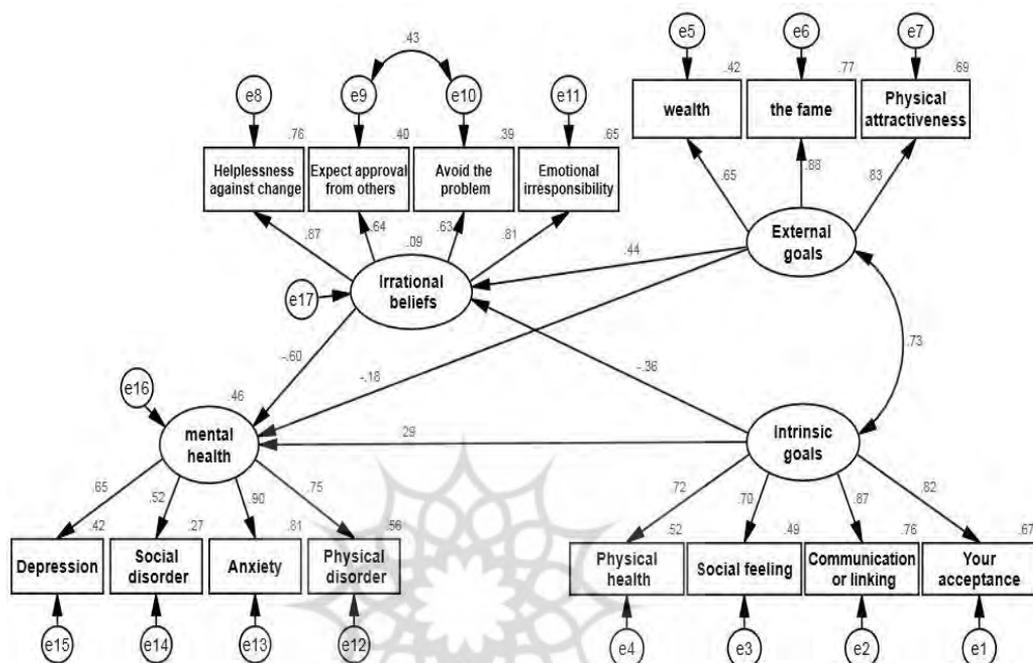


Figure 1- The final tested model of the effect of intrinsic and external desires on mental health mediated by irrational beliefs in students

Table 3 shows the direct effect coefficients and the significance level between the research variables.

Table 3: Estimates of the direct effects of independent variables on dependents

independent variable	Path	Dependent variable	The coefficient of determination	Non-standard estimation	Standard estimate	Critical ratio	Significance level	Hypothesis
Intrinsic desires	→	Irrational beliefs		-0/259	-0/36	-2/76	0/006	Confirm
			0/09					

External desires	→		0/284	0/44	3/25	0/001	Confirm
Intrinsic desires	→		0/136	0/29	2/51	0/012	Confirm
External desires	→	mental health	-0/076	-0/18	-1/54	0/123	Reject
			0/46				
Irrational beliefs	→		-0/396	0/60	-7/09	0/0001	Confirm

As the results of Figure 1 and Table 3 show, innate desires have a negative effect on irrational beliefs ($P = 0.006$, $\beta = -0.36$); But external desires have a positive effect on irrational beliefs ($P = 0.001$, $\beta = 0.44$). Intrinsic desires have a positive effect on mental health ($P = 0.012$, $\beta = -0.29$); But external desires do not have a significant effect on mental health ($P = 0.123$, $\beta = -0.18$). Irrational beliefs also have a negative effect on mental health ($P = 0.001$, $\beta = -0.60$).

To investigate the mediating role of irrational beliefs between desires and mental health, the bootstrap command in Emus was used, the results of which are shown in Table 4.

Table 4- Estimation of indirect paths in the model using bootstrap

Path		Estimated Value	High limit	Low limit	Meaningful	
Predictive variable	Intermediate variable	Criterion variable				
Intrinsic desires	Irrational beliefs	mental health	0/22	0/082	0/404	0/004
External desires	Irrational beliefs	mental health	-0/27	-	-	0/004
				0/451	0/118	

As it is seen, irrational beliefs were able to mediate between intrinsic and external desires and mental health.

Discussion & Conclusion

This study aimed to provide a causal model of the effect of intrinsic and external desires on mental health concerning the mediating role of irrational beliefs. The results showed that innate desires directly affect irrational beliefs. This finding is somewhat consistent with the results of the studies done by (Bradshaw, 2019; Zhang et al., 2019; Martela et al., 2019; Hope et al., 2019; Nishimura and Suzuki, 2016). The personal aspirations of the individuals divided into intrinsic and external categories in the theory of autonomy (Kasser & Ryan, 1996) are also pursued goals for reasons or motives like selfish (intrinsic, assimilated, cohesive) and non-self-motivated (external and intrinsic motivations). Intrinsic aspirations in this study include four aspirations of personal growth (autonomy in choosing and performing actions and gaining as much insight into the activities and tasks of interest), communication or seeking (having intimate and committed relationships with others), social cooperation (trying to improve society and help others improve their lives), and maintain health, often include behaviors and goals that, due to the environment's support of unconditional satisfaction of basic needs, by satisfying psychological needs for competence, intimate communication. Having and performing behaviors of interest in and approval of others are valued and pursued. On the other hand, external desires often involve behaviors and goals followed by external and internal coercion and pressures (Kasser & Ryan, 2001).

The results of this study showed that external desires directly affect irrational beliefs. This finding is consistent with the research results by Hope et al., 2019; and Kasser & Ryan, 1996, 2001). According to the theory of autonomy, the constant emphasis of the environment (family, friends, school, etc.) on specific values and behaviors (for example, beauty) and the satisfaction of basic psychological needs depend on the fulfillment of these values and expectations (admiring and establishing sincere relationships with Beautiful people), causes people to obey and fulfill these expectations or the same compulsions to gain kindness, approval, and admiration of others, and the same satisfaction of their need for communication and merit and avoidance of their behavioral troubles (ridicule of ugly people), and taking external action (external motivation). On the other hand, over time, these accentuated expectations and values of the environment are partially internalized due to a lack of choice, reasoning, thinking, and cognition. Subsequently, the individual gains external rewards or the same praise and encouragement from others. It acts based on these values, but to gain inner approval and have a positive attitude towards oneself or maintain one's self-respect (to have a valuable feeling when one is beautiful and vice versa to have a bad feeling towards oneself when one does not have physical attractiveness). And s/he will value these external expectations (internalized motivation), but what is neglected in this way is the need to follow oneself or choose and do things at one's own will. In fact, from the moment that a person evaluates and pursues external emphases and expectations for external and internal reasons, s/he

overcomes the need for self-obedience. Thus, according to the theory of autonomy studies, even when one achieves these values or superficial desires, s/he often pursues non-autonomous reasons.

The results showed that external desires do not directly affect mental health. Other findings with emphasis on the model of this study show that external desires has an indirect effect on mental health through the mediation of irrational beliefs; . In other words, irrational beliefs plays a mediating role in the relationship between the variable of external desires and mental health. The lack of direct impact of external desires on mental health is inconsistent with the research results reported by Hope et al., 2019; Deci & Ryan, 2000; Kasser & Ryan, 1996, 2001, who concluded that there is a negative and significant relationship between external desires and mental health.

Reviewing the relevant background, no research has been observed specifically addressing the indirect effect of external aspirations on mental health through the mediation of irrational beliefs, but this finding is partly in line with the results of research by Dudău, Sfeatcu, Funieru, Dumitrache (2015) and Ahmad & Bagheri (2013). Dudău et al. (2015) found that an increase in irrational beliefs was associated with increased stress, depression, and anxiety. In their research, Ahmadi and Bagheri (2013) showed that a negative body image is a positive predictor of social anxiety. Cognitive distortions also positively predict social anxiety. In this study, cognitive distortions played a mediating role in the relationship between body image and fear of evaluation as components of social anxiety. The researchers concluded that adolescents experience more social anxiety due to negative attitudes toward their physical characteristics and cognitive distortions. Adolescents experience a lot of anxiety and negative thoughts when they conclude that others cannot positively evaluate their physical appearance.

People who have a negative body image feel less self-esteem and are more likely to suffer from feelings of inadequacy. When people compare their appearance to some irrational belief, they rely on minor or imaginary defects in their appearance and ignore the positive features. People's dissatisfaction with their body image under the influence of personal and environmental factors can lead to incorrect assessments, negative thoughts, and emotions in them. One of the important aspects of shaping people's health is their physical appearance and body image. Lower mental health in people with a negative self-image results in low self-esteem, low self-esteem, and irrational attitudes and beliefs about their appearance, which can lead to poor mental health and emotional disorders such as depression and anxiety. Emotional disorders are characterized by a tendency to make absolute and inflexible assessments of people's perceptions of events. These absolute cognitions form the core of irrational beliefs (Craciun, 2013).

External aspirations often include behaviors and goals pursued by external and internal coercion and pressures (Kasser & Ryan, 2001). According to these explanations and in line with the results of this study, external aspirations can be assumed as one of the important aspects of forming irrational beliefs in young people; because, as mentioned,

external desires (wealth, fame, and physical attractiveness) often include behaviors and goals that are pursued by external and internal compulsions and pressures. External desires will hinder the growth of well-being, both because of the content they emphasize, which is far removed from the three psychological needs, and because of their process of non-autonomous acquisition (Hope & et al., 2019; Deci & Ryan, 2000; Kasser & Ryan, 1996, 2001). According to Kasser and Ryan (2001), prioritizing external goals and aspirations will lead to less vitality and self-actualization and more physical symptoms, anxiety, and depression in individuals.

The results of this study showed that innate desires, directly and indirectly, affect mental health; The direct effect of innate desires on mental health is consistent with the results of some research (Nishimura & Suzuki, 2016; Martos & Kopp, 2011; Sheldon & et al., 2010); as they have shown that inner desires lead to the satisfaction of innate needs, well-being and mental health due to the process of their autonomous acquisition and also due to the content they emphasize. Some other researchers (Brdar, Rijavec & Miljković, 2009) explain the differences between the two types of inner and outer desires, stating that the content of inner desires is naturally compatible with nature and human needs. Goals arising from inner desires emerge from natural tendencies that lead individuals to self-awareness and deeper connections with others and society, and increasing mental health.

Regarding the indirect effect of innate desires on mental health through the mediation of irrational beliefs, it can be said that inner desires are pursued both because of the content they emphasize and because of the process of their autonomous acquisition (innate and assimilated motivations often drive these desires). Psychologically, they satisfy inner needs and well-being (Nishimura & Suzuki, 2016; Sheldon & et al., 2010). In other words, by affecting a person's beliefs, innate desires lead to a positive attitude and, consequently, more significant mental health. Reviewing the relevant background did not reveal any research that expressly referred to this relationship; , but this finding is somewhat consistent with the results of research reported by Duriez & et al.(2012), Verstuyf et al.(2012), Auerbach et al. (2011), Henderson-King and Mitchell(2011). In the same vein, they have focused on inner goals and aspirations, paying attention to the satisfaction of basic psychological needs, mental health, the happiness of internal needs and well-being.

The results of this study showed that irrational beliefs directly affect mental health. In other words, the higher or lower the level of irrational beliefs, the more it will affect that person's mental health. This finding is consistent with the results of research by Moalemi (2011), Jibeen (2014), Barlow and Durand (2009), Gordon et al.(2008). Ellis and rational-emotional theorists argue that irrational beliefs misunderstand and distort external realities, environmental stimuli, and the behaviors of others, thus disrupting or disabling one's social adjustment (David, Lynn & Ellis, 2009). In general, in explaining these findings, it can be stated that having or not having mental health requires a correct understanding and interpretation of related matters.

Despite the effort and accuracy in the implementation process, the present study has faced limitations, like other research in the field of humanities. The statistical population of this study consisted of students of Allameh Tabatabai University who were selected by convenience sampling; .Therefore, to generalize the results, it is necessary to observe caution and use more familiar examples of people in the community. Other limitations of the present study include bias and self-report in completing the questionnaires, as well as the impossibility of a diagnostic interview to determine students' aspirations are, other significant limitations of this research.

From a research perspective, it is suggested that the role of other variables, such as basic psychological needs in students' mental health and irrational beliefs, be examined. Also, to complete and continue the research, it is suggested that the questionnaire be implemented simultaneously to further validate in two or more communities with differences in education, gender, age, etc. The results obtained should be evaluated with each other and with similar aspirations. Also, selecting participants in an accessible way can threaten the external validity of the research, so it is suggested that, if future studies are possible to increase the external validity of the samples, be randomly selected. In addition, in future research, tools that are more in line with the culture of Iranian society. Also, by designing a scale for measuring desires, on the one hand, we can take a step towards Islamic psychology in the areas of personality, excitement, and motivation. On the other hand, we can improve health and aspirations in educational and psychological packages and use them for different ages. The nature of the people made an effort.

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