

## THE RELATIONSHIP BETWEEN RELIGIOUS ORIENTATION, ISLAMIC SPIRITUALITY AND PSYCHOLOGICAL WELLBEING AMONG UNIVERSITY STUDENTS

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### ABSTRACT

*The aim of present study was to investigate the interrelationship among variables such as religious orientation, Islamic spirituality and psychological wellbeing in university students (N=250). It was hypothesized that religious orientation will positively predict Islamic spirituality. Our results revealed a significant, positive effect of religious orientation on Islamic spirituality, supporting this hypothesis. Secondly, it was hypothesized that religious orientation will positively predict psychological well-being. Surprisingly, our findings did not support this hypothesis, indicating that higher religious orientation was indeed associated with lower psychological well-being. Thirdly, Islamic Spirituality was hypothesized to have a positive effect on level of psychological well-being. The data did not corroborate this assumption, depicting a negative effect of Islamic spirituality on psychological well-being. Fourth, hypothesis suggested that religious orientation moderates the relationship between Islamic spirituality and psychological well-being. Our analysis rejects this hypothesis, indicating that religious orientation does not play a moderating role in relationship between Islamic spirituality and Psychological Wellbeing. In conclusion, this study underscores the multifaceted dynamics among religious orientation, Islamic spirituality, and psychological well-being. It illuminates the complex relationship where religious orientation can positively influence spirituality while negatively impacting psychological well-being. Importantly, it demonstrates that religious orientation remains a constant factor in this relationship, shedding light on its role in understanding individuals' well-being within an Islamic context. These findings hold significant implications for the fields of psychology, religious studies, and spirituality, as they offer valuable insights into the nuanced interconnections between faith, spirituality, and mental health.*

**Keywords:** Religious orientation, Islamic spirituality and psychological well-being

### INTRODUCTION

Islam is the second largest religion in this world. Religious orientation and psychological well-being are closely related in the context of the multidimensional measure of Islamic spirituality. The measure includes several dimensions of spirituality, such as Islamic religiosity, Islamic ethics, Islamic experiential

Practice, and Islamic knowledge. This research sought to investigate the nature of relationship between three variables Multidimensional measures of Islamic spirituality, Religious Orientation and psychological wellbeing. Understanding the potential influence of Islamic spirituality on psychological well-being

is essential due to the growing Muslim population around the world. Moreover, given the unique features of Islamic spirituality compared to other religious traditions, it is important to investigate whether it has distinct effects on psychological well-being. This research proposal aims to bridge this gap in the literature and contribute to the existing knowledge on the relationship between religious orientation, Islamic spirituality, and psychological well-being. Through this research, we hope to highlight the potential psychological benefits that Islamic spirituality may offer to adherents, providing valuable insights for clinicians, counselors, and researchers working in the field of psychology and mental health.

### **Religious orientation**

Religious orientation, according to Gordon Allport, refers to an individual's approach and attitude towards their religious beliefs and practices (Allport & Ross, 1967).

### ***Dimensions of Religious Orientation***

There are two dimensions named as intrinsic religious orientation and extrinsic religious orientation. The Intrinsic Religious Orientation is conceptualized by individuals who hold their religious beliefs and practices as of utmost importance and deeply integrated into their lives. They view their religion as an end in itself and feel a profound connection to the divine. They engage in religious activities motivated by internal factors, such as personal growth and inner transformation. Intrinsic religious orientation is marked by a personal and authentic commitment to religious values and a genuine desire to practice them (Allport & Ross, 1967).

On the other hand, the Extrinsic Religious Orientation is categorized by individuals who perceive their religion mostly as a means to achieve non-religious goals, such as external social approval, moral guidance, or personal security. Their engagement with

religious activities is motivated by external factors or rewards, such as gaining social status or avoiding guilt. Extrinsic religious orientation is often associated with a more superficial commitment to religious values and less personal involvement in religious practices (Allport & Ross, 1967).

### ***Historical background***

The study of religious orientation began to gain prominence in the field of social sciences during the mid of 20<sup>th</sup> century. Despite modernity's efforts to marginalize religion, it continues to be an essential aspect of individual as well as social life (Anderson, 2015). For many people, religion is closely intertwined with their lifestyle (Svensson et al., 2020). Religiosity, a sociological term encompassing various dimensions of religious activity and faith, plays a significant role in this context (Willander, 2014). An important and crucial matter is the identification of factors influencing mental health. Religion holds substantial sway in the lives of numerous individuals, and the level of religiosity and dedication to religious practices and teachings can be regarded as one of the most influential factors impacting their mental well-being (Malinakova et al., 2020).

According to Allport, religion serves as a unifying philosophy of life, creating a foundation for a healthy personality. Nevertheless, it is worth noting that not all individuals who claim to be religious exhibit a healthy personality, as this may depend on their internal and external religious orientations (Zareei Mahmood, at all 2020). Internal religious orientation refers to a comprehensive approach to religion where the principles are deeply ingrained within an individual, and religion itself becomes the ultimate purpose rather than a means to an end.

Those with an internal religious orientation live their lives in harmony with their religious beliefs, and these beliefs become an integral part of their personality. On the other

hand, individuals with an external religious orientation view religion as separate from their personality and life, using it mainly to fulfill personal needs like social status and security (Foong, Hamid, Ibrahim, & Haron, 2020). Barrett and Lanman (2008) have found that religious individuals, when faced with adversity, perceive God as their helper, but their reliance on God should not be mistaken for an external religious orientation. Instead, they draw strength from God's support to achieve their goals. The effect that religious orientation has on mental health has been studied extensively. Internal religious orientation can act as a protecting factor in the face of mental illness, while external religious orientation is considered as a potential risk factor (Yeganeh & Shaikhmahmoodi, 2013). In research concerning students, external religious orientation was found to be a significant predictor of resentment, anxiety as well as depression (Kuyel, Cesur, & Ellison, 2012). Studies indicate that religious beliefs can influence an individual's sense of control. Those with an internal source of control rely on their abilities and efforts, attributing their successes and failures to internal factors, leading to higher self-confidence and a more positive outlook on life.

These individuals tend to have a stronger sense of efficacy in preventing diseases and are generally more resilient against psychological disorders. Thus, the decline of religious faith in modern life has been linked to an increase in mental health issues (Plante & Sherman, 2001). While many studies have examined the connection between religious orientation and mental health, research in educational settings remains limited. The present study reviews the quantitative relationship among religious orientation and mental health in an educational context, exploring the potential impact of religious beliefs on the well-being of students.

#### **Demographic difference of religious orientation**

Demographic differences in religious orientation refer to variations in religious beliefs, practices, and identity across different social groups, such as age, gender, ethnicity, education level, and geographical location. These differences are important to understand as they provide insights into how various demographic factors can shape individuals' religious beliefs and practices. Pew Research Center (2014). The Pew Research Center conducted a comprehensive study titled "The Next America: What Millennials Say About Religion" in 2014. The study examined the religious orientation of the younger generation in the United States (Millennials) and compared it to the religious beliefs of other age groups. It found notable demographic differences in religious orientation, including age. The study identified a generational shift in religious beliefs, indicating that Millennials (Americans born between 1981 and 1996) are less religiously affiliated compared to older generations. Only 49% of Millennials identified themselves as religiously affiliated, significantly lower than 67% of the Silent generation (born between 1928 and 1945) and 64% of Baby Boomers (born between 1946 and 1964). Pew Research Center. (2014). Religious Landscape Study. Retrieved from in another study called the "Religious Landscape Study" conducted by the Pew Research Center, data was collected in the United States to explore religious orientations across demographic groups.

Some key demographic differences in religious orientation identified in the study are: Gender: The study uncovered gender differences in religious affiliation, practices, and beliefs. Women were found to be more religiously affiliated than men, with 75% of women identifying as religiously affiliated compared to 63% of men. Ethnicity: The study revealed significant differences in religious affiliation among different ethnic groups. For example, non-Hispanic whites were found to be less religiously affiliated (70%) compared to

African Americans (79%) and Hispanics (80%). Education level: The study found an inverse relationship between education level and religious affiliation. Individuals with a higher level of education tend to be less religiously affiliated than those with lower education levels. For instance, 71% of individuals with a high school education or less identified as religiously affiliated, compared to 50% of those with a postgraduate education. Geographical location: The study indicated regional variations in religious affiliation and practices. Certain regions, such as the Southern states, exhibited higher rates of religious affiliation compared to other regions like New England. By examining demographic differences in religious orientation, such as age, gender, ethnicity, education level, and geographical location, these studies shed light on how various factors influence individuals' religious beliefs and practices.

### **Multidimensional measures of Islamic spirituality**

The Islamic perspective of spirituality is the nearness or connectedness with Allah and seeking divine pleasure. The strongest relationship with Allah is driving force behind every behaviour (Mawdudi, 1967).

#### ***Dimensions of spirituality***

Six dimensions of spirituality were considered in the current study: (1) seeking divinity and a meaningful/purposeful life, (2) practices that are ethical/moral, (3) inculcating self-discipline, (4) carrying out responsibilities and commitments, (5) having a sense of close relation with the Allah Almighty and (6) Practicing Islamic teachings. The domains "search for divinity & Meaning & purpose in life" and "feeling of presence/sense of connectedness with the Almighty Allah" (Dasti & Sitwat, 2014). The search for divinity, significance, and purpose of life. This concept within an Islamic context involves various activities aimed at understanding one's existence and the role of the Ultimate Provider

and Sustainer of the universe. These activities include seeking advice from knowledgeable individuals, drawing guidance from the Qur'an and the prophetic way of life (Sunnah), and contemplating the wonders of nature. Feelings related to the meaning and purpose of one's life are also integral to this quest. An example representing this domain is the impulse to discover and know one's Creator.

The concept of belief encompasses all articles of Islamic faith, such as belief in the existence and oneness of Allah, acceptance of Prophet Muhammad as Allah's last messenger on the earth, the authenticity of afterlife as well as occurrence of Day of Judgment, believing in Angels, Destiny as commanded by Allah, acceptance that Allah has sent some holy texts prior to Quran such as Torah and the Bible. Practicing Islam involves various religious observances, including regularly performing five prayers (namaz), distributing alms, fasting, daily reciting the verses from Holy Qur'an, observing modest dressing style such as wearing hijab for women and regularly attending congregational prayers for men.

The concept of moral practices can be well understood only after clarifying the nature and difference of both moral values and moral evils. Moral values include virtues like honesty, keeping promises, bravery, self-worth, kindness, persistence, forgiveness, endurance, and justice. While, moral evils comprise of behaviors such as lying, false witnessing, badmouthing, talking ill for someone behind their back, mistrust, eavesdropping, making fun of others, being wasteful or stingy, boosting, offering exaggerated praise, gluttony, jealousy, having excessive love and attachment for this material world, seeking revenge, exhibiting an arrogant attitude, and excessive sense of self-importance.

Self-discipline encompasses the act of making one's own life organized. It involves being able to exert control over daily activities of life such as sleep schedule, eating habits,

communicating with other as well as managing angry and bitter emotions. It also includes showing persistence when pursuing meaningful life goals and performing moral activities. It is also necessary that individual has a clear concept that responsibilities and obligations must be carried out along with demanding one's own rights. Every Muslim has some duties or obligations towards his family including parents, offspring, partner, close relatives, neighbors, guests, as well as other fellow Muslims. Feeling a presence and a sense of connectedness with Allah refers to the profound, intimate relationship with the Creator that brings meaning, joy, and happiness to life. This domain also encompasses having a sense of fear of Allah's displeasure, wrath and accountability. At the same time remaining hopeful for forgiveness of conscious as well as unconscious sins from Allah and having a firm belief in Allah's compassion and affection towards human beings.

To develop the item pool for studying these seven domains of the Islamic spiritual construct, researchers thoroughly studied Islamic references and extracted common themes. These themes were then combined to create broader categories, and the process involved multiple revisions to arrive at a final item pool consisting of 47 questions about Multidimensional measures of spirituality (Dasti & Sitwat 2014).

### **Historical background**

The study of Islamic spirituality as a variable began to gain attention in the field of Islamic psychology and related disciplines during the late 20th century. Researchers started to explore various aspects of Islamic spirituality, such as the impact of religious practices, beliefs, and values on well-being and mental health outcomes.

One notable study in this area is "Islamic Spirituality: A Framework for Psychotherapy with Muslim Clients" by Hooman Keshavarzi and P. Scott Richards

(2014). This study provides a comprehensive overview of Islamic spirituality and its relevance in psychotherapy with Muslim clients, highlighting the need for culturally sensitive approaches that integrate Islamic principles in therapeutic interventions. Spirituality is an integral part of human existence that has been a variable of interest in researches of various fields such as psychology, sociology as well as philosophy. According to Emmons and Paloutzian (2003), spirituality refers to "a personal quest for understanding answers to life's ultimate questions about meaning, purpose, and relationship to the sacred or transcendent" (p. 34). This definition highlights the subjective nature of spirituality and its connection to a higher power or divine force. One of the key aspects of spirituality is its influence on mental health. Several studies have shown that spirituality and religious involvement are positively associated with psychological well-being (Koenig, 2014; Lucchetti et al., 2014). For instance, a study by Hackney and Sanders (2003) found that religious involvement predicted better mental health outcomes in a sample of African Americans.

Similarly, a study by Balbuena et al. (2016) showed that spirituality and religiosity were protective factors against depressive symptoms in a sample of university students. Moreover, spirituality has been found to have a significant impact on physical health outcomes, such as chronic pain, cardiovascular disease, and cancer (Koenig, 2014). In a study by Aldwin et al. (2014), spirituality was a significant predictor of better physical health outcomes in a sample of older adults. Additionally, a review by Seeman et al. (2011) found that religious involvement was associated with lower mortality rates and improved overall health outcomes. However, the relationship between spirituality and mental health outcomes is not always straightforward, and the direction of the association may depend on various factors such as the individual's

coping style and social support (Pargament et al., 2004). For instance, some studies have shown that spiritual struggles, such as feeling abandoned by God or questioning one's faith, may lead to negative psychological outcomes, including anxiety and depression (Exline et al., 2014; Ladd and Spilka, 2002).

In conclusion, spirituality is a complex and multidimensional construct that has important implications for mental and physical health outcomes. While several studies have shown positive relationships between spirituality and well-being, further research is needed to understand the mechanisms underlying this association and the factors that may moderate or mediate this relationship.

#### ***Demographic difference of Islamic spirituality***

Demographic differences in spirituality refer to variations in spiritual beliefs, practices, and experiences among different populations based on factors such as age, gender, race, ethnicity, education level, and socio-economic status. These differences have been extensively studied and documented in various research studies. Here is a citation and reference to a study that highlights the demographic differences in spirituality Pew Research Center. (2014). This study conducted by the Pew Research Center, demographic differences in spirituality were examined in the United States. The research collected data on religious affiliation, beliefs, and practices from a large and diverse sample of Americans, providing an in-depth analysis of various demographic groups' spirituality. The study found significant variations in spiritual beliefs and practices based on factors including age, gender, race, and educational attainment. The cited report offers comprehensive information on the demographic differences in spirituality observed in the study.

#### **Psychological wellbeing**

Psychological well-being is a blend of an individual's perceptions related to the

quality of his or her life that includes evaluation of their feelings related to their purpose of life, whether they have the potential to achieve goals, quality of relationships they maintain with fellow human beings and the sense of responsibility for the current and future state of their own lives. The dimensions of psychological well-being include self-sufficiency or autonomy, mastery over the challenges thrown by environment, making personal growth with each passing day, enjoying constructive relationships with fellow human beings, having a clear meaningful purpose in life ahead and accepting the self as it is (Ryff, 1989). All of these aspects hold equal importance in order to give an individual feeling of psychological well-being.

#### ***Historical background of psychological well-being***

The study of psychological well-being as a variable began to gain attention in the field of psychology during the late 20th century. One prominent study on psychological well-being is "The Conceptualization and Measurement of Psychological Well-Being" by Carol Ryff, published in the Journal of Personality and Social Psychology in 1989.

Psychological well-being is a complex construct that encompasses a range of positive psychological states and traits. According to Ryff and Keyes (1995), psychological well-being refers to "the combination of positive affective and cognitive states, and an individual's sense of purpose and meaning in life." It involves a sense of autonomy and control over one's life, a positive outlook on life, the ability to manage one's emotions and relationships, and a sense of personal growth and fulfillment. Positive psychology has been a significant contributor to the study of psychological well-being. Seligman and Csikszentmihalyi in 2000 advocate for the use of positive psychology as an approach to studying psychological well-being rather than focusing solely on pathology or mental illness.

They suggest that positive psychology should involve the study of positive emotions, character traits, and positive institutions.

Several studies have examined the relationship between psychological well-being and various factors. For example, a study by Deci and Ryan (2008) found that autonomy, competence, and relatedness were significant predictors of psychological well-being. They argued that individuals who feel that they are in control of their lives, competent in their abilities, and have positive relationships with others are more likely to experience psychological well-being. Another study by Lyubomirsky et al. in 2005 found that intentional activities such as expressing gratitude, practicing kindness, and engaging in meaningful activities were associated with increased levels of psychological well-being.

Similarly, Dweck and Yeager (2019) suggest that having a growth mindset, which involves the belief that one's abilities can be developed through hard work and effort, is associated with greater psychological well-being. In addition, research has indicated that social support is an important factor in psychological well-being. A study by Cohen and Wills (1985) found that social support moderated the relationship between stress and psychological well-being. They argued that individuals who have social support are better equipped to handle stressors and, therefore, experience greater psychological well-being.

In conclusion, psychological well-being is a multifaceted construct that involves various positive psychological states and traits. Positive psychology has contributed significantly to the study of psychological well-being, focusing on positive emotions, character traits, and positive institutions. Autonomy, competence, relatedness, intentional activities, growth mindset, and social support have been identified as important factors associated with enhancing psychological well-being.

### *Demographic difference of Psychological well-being*

Demographic differences in psychological well-being can be observed across various demographic factors such as age, gender, socioeconomic status, and race/ethnicity. Several studies have examined these differences, highlighting the variations in psychological well-being across different population groups. Here is an example of a study examining the demographic differences in psychological well-being (Diener et al., 1999). This seminal study by Diener, Suh, Lucas, and Smith (1999) provides an extensive review of research conducted over three decades on subjective well-being. While the study does not specifically examine demographic differences, it serves as a foundation for understanding the concept and measurement of psychological well-being, which is relevant for studying demographic variations. To explore demographic differences in psychological well-being in more detail, an additional study by Okun, Gewirtz, and Kurdek (2012) investigated the relationship between age and psychological well-being in a sample of adults (Okun et al., 2012). Effects of marital status and reemployment status on perceptions of well-being and stressors. This study by Okun, Gewirtz, and Kurdek (2012) explored the impact of marital status and reemployment status on perceived well-being and stressors. Although the primary focus is not on age differences, they examined participants from different age groups and shed light on how marital and employment statuses can influence psychological well-being.

### **Theoretical background**

Psychoanalysis gave a unique perspective on the intersection of Spirituality and psychological wellbeing. One of the key ideas in Psychoanalysis is our unconscious mind shape our conscious experience and behavior (Freud, 1927). Overall, the psychoanalytic perspective on spirituality offers insight into the

ways in which beliefs and experiences related to religion and spirituality can impact psychological wellbeing. By exploring the unconscious aspects of spirituality, psychoanalytic theory can help individuals gain a deeper understanding of their own beliefs and how they relate to their overall psychological health. Psychoanalysis views religious orientation as a manifestation of an individual's unconscious emotional conflicts and needs. According to Freud, religious beliefs and practices offer a means of resolving internal conflicts through projection onto an external figure, such as a deity (Freud, 1927).

Freud argued that religious beliefs and practices are ultimately rooted in early childhood experiences, particularly the parental relationship and the individual's experience of dependency and loss (Freud, 1928). Psychoanalysis provide a rich and complex understanding of Psychological wellbeing that emphasizes the importance of integrated and authentic sense of self . This integration lead to a sense of wholeness and self-acceptance allowing individuals to achieve greater happiness and fulfillment in life. Psychological wellbeing is achieved through the resolution of unconscious conflicts and development of healthy ego (Freud, 1961).

## LITERATURE REVIEW

Spirituality and religiosity have gained increasing attention in psychological research over the last decade, with focus on their potential influence on psychological wellbeing. While the two constructs are often used interchangeably, they represent different aspects of a person's search for meaning and purpose in life. Spirituality is a broader, more individualized approach to understanding the role of higher Powers or forces in persona beliefs and behaviors, whereas religiosity is typically more prescribed and linked to established religious traditions and organizations (Chen, 2013). One meta-analysis by Hodge et al. (2003) found a positive

correlation between religiosity and Psychological well-being, suggesting that religiosity can serve as a coping mechanism in times of stress. Similarly, studies have shown that spiritual practices such as meditation and mindfulness can improve subjective well-being, reduce symptoms of depression, and increase positive affect (Koenig, 2012).

This highlights the importance of considering spirituality and religiosity as potential avenues for mental health interventions. However, conflicting findings have also emerged. Some studies have shown that certain aspects of religiosity, such as fundamentalism or extrinsic religious orientation (i.e., using religion for external reasons, such as social status), may be negatively associated with psychological wellbeing (Ryan & Deci, 2000). It is important to consider the nuanced roe that spirituality and religiosity may play in an Individual's mental health, as well as the potential negative consequences of certain types of religious beliefs or practices.

Overall, there is evidence to suggest that spirituality and religiosity can positively contribute to Psychological well-being, but this relationship remains complex and may differ based on an individual's Personal experiences and beliefs. Further research is needed to better understand the mechanisms. Through which spirituality and religiosity impact mental health, as well as how to effectively incorporate these constructs into clinical practice for individuals with varying belief systems. Psychological well-being is a complex construct that encompasses a range of positive psychological states and traits.

According to Ryff and Keyes (1995), psychological well-being refers to "the combination of positive affective and cognitive states, and an individual's sense of purpose and meaning in life." It involves a sense of autonomy and control over one's life, a positive outlook on life, the ability to manage one's



emotions and relationships, and a sense of persona growth and fulfillment. Positive psychology has been a significant contributor to the study of psychological well-being. Seligman and Csikszentmihalyi (2000) advocate for the use of positive psychology as an approach to studying psychological well-being rather than focusing solely on pathology or mental illness. They suggest that positive psychology should involve the study of positive emotions, character traits, and positive Institutions.

Several studies have examined the relationship between psychological well-being and various factors. For example, a study by Deci and Ryan (2008) found that autonomy, competence, and relatedness were significant predictors of psychological well-being. They argued that individuals who feel that they are in Control of their lives, competent in their abilities, and have positive relationships with others are more likely to experience psychological well-being. Another study by Lyubomirsky et al. (2005) found that intentional activities such as expressing gratitude, practicing kindness, and engaging in meaningful activities were associated with increased levels of psychological well-being.

Similarly, Dweck and Yeager (2019) suggest that having a growth mindset, which involves the belief that one's abilities can be developed through hard work and effort, is associated with greater psychological well-being. In addition, research has indicated that social support is an important factor in psychological well-being. A study by Cohen and Wills (1985) found that social support moderated the relationship between stress and psychological well-being. They argued that individuals who have social support are better equipped to handle stressors and, therefore, experience greater psychological well-being.

In conclusion, psychological well-being is a multifaceted construct that involves various positive psychological states and traits.

Positive psychology has contributed significantly to the study of psychological well-being, focusing on positive emotions, character traits, and positive institutions. Autonomy, competence, relatedness, intentional activities, growth mindset, and social support have been identified as important factors associated with enhancing psychological well-being. The gap in previous research on the relationship between spirituality/religiosity and psychological wellbeing lies in the lack of comprehensive studies that consider diverse populations, multiple dimensions of spirituality/religiosity, and potential moderating factors. Previous research has often focused on specific religious denominations or cultural groups, limiting the generalizability of findings to a wider population.

Previous researches mostly studied these variables in western culture. Moreover, there is scarcity of literature in traditional Islamic culture. Another gap is the limited exploration of the various dimensions of spirituality/religiosity. Spirituality and religiosity can encompass different aspects, such as beliefs, practices, experiences, and communal involvement. However, past research has generally focused on one or two dimensions, neglecting the potential influence of others. Furthermore, previous studies have typically examined the direct relationship between spirituality/religiosity and psychological well-being and not discuss the moderating effect of religious orientation between Islamic spirituality and psychological wellbeing.

Current research aims to address these gaps by conducting more inclusive studies that consider multiple dimensions of spirituality/religiosity, and potential moderating factors. Researchers are now exploring the relationship between spirituality/religiosity and psychological well-being in various religious and cultural contexts, using comprehensive measures that capture the multifaceted nature of spirituality/religiosity.

Furthermore, current research is also examining potential moderating factor. By considering this moderating factor, researchers hope to provide a more nuanced understanding of how spirituality/religiosity influences psychological wellbeing. In summary, the current research is striving to fulfill the gaps in previous research by conducting more inclusive, comprehensive, and contextually sensitive studies that consider the multiple dimensions of spirituality/religiosity and explore potential moderating factors. Overall, the use of multidimensional measures of spirituality, religious orientation, and Psychological well-being has advanced the understanding of the complex relationships between these constructs, and may provide valuable insights for interventions aimed at promoting Spiritual and psychological health. However, further research is needed to refine and validate these measures in specific populations, and to explore the mechanisms underlying the observed relationships between these constructs and wellbeing outcomes.

This research contribute to the growing body of literature on the interface between religion/spirituality and mental health, and to extend the knowledge base to include non-Western religious traditions such as Islam .To demonstrate the importance of using multidimensional measures of spirituality and religion to gain a more comprehensive understanding of the relationship between these variables and their impact on psychological well-being. The literature on the relationship between religion/spirituality and mental health will include non-Western religious traditions such as Islam. The use of multidimensional measures of spirituality and religion will provide a more comprehensive understanding of the relationship between these variables and their impact on psychological well-being.

### **Rationale**

The topic of spirituality and psychology has gained significant interest in

recent years. Many studies have focused on the relationship between spirituality, religious orientation and psychological well-being. However, most of these studies have relied on narrow, one-dimensional measures which limit the understanding of the complex relationship between these variables. This research proposal seeks to expand on previous research by utilizing multidimensional measures of spirituality, religious orientation and psychological well-being in order to gain a more comprehensive understanding of the relationship between these variables.

The rationale for this study is rooted in the recognition of the importance of spirituality and religion in people's lives. Spirituality and religion have been shown to have significant impacts on physical and mental health, well-being, and quality of life. However, the relationship between these variables is complex and has been the subject of much debate and research. The use of multidimensional measures will allow for a more nuanced understanding of the relationship between spirituality and well-being. For example, previous research has shown that religious beliefs can be a source of comfort and support during difficult times, whereas experiences of religion can lead to negative psychological outcomes such as guilt or shame. By using a variety of measures, this study will be able to capture these more nuanced relationships. In conclusion, the use of multidimensional measures of spirituality, religious orientation, and psychological well-being is Important to gain a more comprehensive understanding of the relationship between these variables. By using these measures, this study aims to provide important insights into the nature of spirituality and religion, and their impact on psychological well-being. Research suggests that there is a positive relationship between multidimensional measures of spirituality/religious orientation and psychological well-being, including lower levels of anxiety, depression, and stress, and

higher levels of life satisfaction, meaning in life, and positive emotions.

This relationship may be moderated by religious orientation. However, it is important to note that this relationship may not hold for all individuals or for all dimensions of spirituality/religious orientation. There is a positive relationship between multidimensional measures of spirituality and religious orientation with psychological well-being. This means that individuals who have high levels of spirituality and religious orientation tend to have better psychological well-being compared to those who have low levels or do not practice spirituality or religion.

### Objectives

- 1) To find correlation between religious orientation and Islamic spirituality
- 2) To determine the impact of religious orientation on level of psychological well-being.
- 3) To find out the effect of dimensions of spirituality on level of psychological well-being
- 4) To examine the moderating effect of religious orientation on relationship between Islamic spirituality and psychological wellbeing.

### Hypotheses

- 1) Higher level of religious orientation will have positive impact on islamic spirituality.
- 2) A greater level of religious orientation will have a positive impact on level of psychological well- being.
- 3) The higher the level of spirituality the higher the level of psychological wellbeing.

- 4) Religious orientation moderates the relationship between Islamic spirituality and Psychological well-being.

### METHODOLOGY

#### Sample design

Cross sectional survey research was used in this research. It is a kind of observational research design that seeks to measure various variables in participants at the same time. The cross-sectional study design was likely used in the relationship between religious orientation, spirituality, and psychological well-being because it allows for a snapshot assessment of these variables at a specific point in time. Cross-sectional studies are particularly useful for examining the prevalence or distribution of certain factors or outcomes within a population. In this case, the study aimed to examine the relationship between religious orientation, spirituality, and psychological well-being among a sample of individuals. By collecting data from participants at a single time point, researchers can gather information on multiple variables concurrently and analyze their associations. Additionally, cross-sectional studies are often more cost-effective and quicker to conduct compared to longitudinal studies, which follow participants over an extended period. This study design can provide preliminary insights into the link between religious orientation, spirituality, and psychological well-being, paving the way for further research using more rigorous designs such as longitudinal studies to explore causality and potential changes in variables over time. The variables measured in this study were religious orientation, Islamic spirituality and Psychological well-being. Data was collected in two sections of university students in specific time through self-reported questionnaires.

#### Sample

A total of 275 individuals participate in the research. A sample size of 275 is more

feasible in terms of recruitment, data collection, especially when limited resources are available. A booklet of questionnaire and google forms were used to conduct the research. Respondents included males and females students of Pakistani universities such as University of Poonch, Rawalakot AJ&K, International Islamic University Islamabad, Riphah international University Islamabad, Quaid-e - Azam University Islamabad and Virtual University Islamabad. Type of non-probability convenience sampling is used in this research. Convenience sampling is used for collecting data on spirituality, religious orientation, and psychological wellbeing. Convenience sampling involves selecting individuals based on whether they are available as well as willing to take part in the study, rather than using a random or systematic method. Because it is easier and more practical to recruit participants from specific institutions, communities, or organizations that have a concentrated population with a particular spiritual or religious orientation. Inclusion criteria called for approaching potential respondents who were university students and were currently enrolled in the university campus pursuing either undergraduate or postgraduate degree. On other hand, based on exclusion criteria individuals with any diagnosed physical or mental health difficulty, acute or chronic diseases, and any criminal record were not included.

### **Procedure**

Once all necessary procedural, ethical, and institutional requirements have been met and permission was granted by department of Psychology and authors of the questionnaires, the data collection was formally started. Data was collected through self-reported booklets of questionnaire and Google forms. The questionnaires were specifically gathering information on Spirituality, Religious orientation and psychological wellbeing. Researchers reached out to university students in specific sections during a specific time

period and requested their participation in the study. The general purpose of the research was explained, the confidentiality of their responses and the voluntary nature of participation was clarified which also helped in building rapport with the respondents. The researcher provided complete information about scale completion, nature of questions and rating scale. The researcher answered the queries of participants before, during and after the scale completion. Then researcher distributed the questionnaires to the participants either in physical form or through online platforms such as Google forms. It was ensured that participants have sufficient time to complete the questionnaires. Participants generally filled the questionnaire in 10-15 minutes. Then the filled questionnaires were retrieved from the participants, ensuring that all data remains anonymous and confidential.

### **Instruments**

#### ***Religious Orientation Scale (ROS)***

Allport and Ross (1967) were the original authors of religious orientation scale (ROS). In this research Urdu version of ROS was used. This scale consists of a total of fourteen items. It measures two aspects of individuals' orientation towards religion i.e. intrinsic and extrinsic religious orientation. Intrinsic religious orientation is addressed by the items 1,4,5,6,7,8,9 and 12 while extrinsic religious orientation was quantified by 2, 3,10,11,13 and 14. In this scale, response categories extend from 1=strongly disagree to 5=strongly agree. Scores range from 14-98. High scores indicate higher level of religious orientation while low scores indicates low level of religious orientation.

Kirkpatrick (1988) suggested subdivision of extrinsic orientation. First one was named as socially oriented extrinsic (Es) and second was said to be personally oriented extrinsic (Ep). This scale was adapted by Gorsuch and Mc Pherson's in 1989. The reliability estimate (internal consistency) of

intrinsic religious orientation was found to be .83 and reliability indices for subdivision were also calculated such as extrinsic personal (.57), extrinsic social (.58) and extrinsic personal (.65). The scale has been translated into Urdu language following the standard back translation procedure (Khan, Ghous & Malik, 2016).

#### ***Multidimensional Measure of Islamic Spirituality scale (MMS)***

Dasti & Sitwat in 2014 developed Multidimensional Measure of Islamic Spirituality scale (MMS). Current study utilized Urdu version of MMS developed by same authors. The scale addresses six total dimensions of Islamic spirituality. The domains included; (1) person seeking divinity and higher meaning or purpose of life, (2) individual's level of practicing Islamic teachings, (3) maintaining discipline in daily life activities, (4) fulfilling all personal responsibilities and obligations, (5) having a sense of close relation or connectedness with Allah Almighty and (6) observing Islamic practices. The domains "seeking divinity and purpose in life" and "sense of close relation or connectedness with Allah Almighty" were scored on a 5 point intensity scale. The domain of "observing moral Practices", "maintaining self-discipline" and "fulfilling personal responsibilities and obligations", were quantified on a 5 point frequency scale. The dimension of "Islamic practices" was assessed on a 5 point Likert scale. A score of 5 on any particular domain indicated that person has higher level of potential measured by that domain while a score as low as 1 indicated that person has lower level of that domain of Islamic Spirituality. Although each domain represents a separate score, higher correlation among the domain indicates a stable and sufficient level of Islamic Spirituality. Hence, a person on higher level of Islamic Spirituality would gain a consistently higher score on each individual subscale. The items of each subscale were presented in a mixed up form before the

participants. Internal consistency index (Cronbach alpha) for the Urdu translated version was found to be ranging from .68 to .84 (Dasti & Sitwat, 2014).

#### ***Psychological Wellbeing Scale (PWS)***

Ryff's Psychological Wellbeing Scale (PWS) Urdu version was used as an instrument in this study. This scale is available in different versions each having different number of items such as with 84, 42 and 18 items. Current study made use of the version having forty two items, which quantified six well-known aspects of well-being: (1) acceptance of self as it is, (2) having a sense of mastery over the challenges of environment, (3) sense of personal growth, (4) constructive and positive relationships with fellow human beings, (5) pursuing a meaningful goal life and (6), independence. Every subscale in this version consists of seven items (Ryff, 1989).

Participants were requested to read the statements carefully and provide a numerical rating of the level to which they agree to the said statement. The answer categories for providing ratings extended from 1 indicating "strongly disagree" to 6 depicting "strongly Agree" (however in case of items to be reverse coded if the score was 6, the adjusted score was to be 1; if score was 5, the adjusted score was to be 2 and so on...). The possible score for each individual subscale could go from as low as 7 to as high as 42. The test retest reliability coefficient for PWS was found out to be .70 (Kallay & Rus, 2014); whereas, internal consistency (Cronbach alpha) index was found out to be .86 which signifies good reliability (Ali, Ahemed 2022). Overall score is calculated by adding the individual scores across all domains. Items addressing autonomy were 1,7,13,19,25,31 and 37. For assessment of environmental mastery items 2,8,14,20,26,32 and 38 were added. Items 3,9,15,21,27,33 and 39 quantified personal growth. Score for Positive Relations was calculated by adding the scores on items 4, 10, 16,22,28,34 and 4.

Having a Purpose in life dimension was measured by items 5,11,17,23,29,35,41 and 40. Similarly Self-acceptance level of individual was addressed by items 6, 12, 18,24,30,36 and 4.

## RESULTS

The present study aimed to examine the intricate interplay between religious orientation, Islamic spirituality, and psychological wellbeing among participants. Data collection carried through rigorous statistical analysis techniques utilizing SPSS version 25. The study focused on exploring the extent to which religious orientation and spirituality are correlated with psychological wellbeing, and whether these variables could predict individuals' psychological outcomes. Firstly, the demographic characteristics of the sample were recognized through calculation of frequencies and percentages. Descriptive statistics were measure to show the characteristics of data related to distribution or normalcy. The psychometric soundness of the scales was established by identifying the Cronbach alpha reliability coefficients. Pearson

product moment correlation and multiple regression analysis were carried to check the relationships and predictive relationship among variables respectively. The results of the correlation analysis revealed significant associations between religious orientation, spirituality, and psychological wellbeing, shedding light on the intricate connections among these constructs.

Furthermore, through the application of regression analysis, multiple regression analysis was applied to examine the effect of religious orientation and Islamic spirituality on psychological well-being. The study successfully identified and quantified the predictive power of religious orientation and spirituality -in determining psychological wellbeing. These findings contribute valuable insights into the complex dynamics between faith-related variables and mental health, highlighting the potential benefits of incorporating spirituality and religious orientation into psychological interventions and holistic approaches to wellbeing.

**Table 1**  
*of participants*

*Demographics*

Characteristics	frequencies	%
Age		
3 than twenty	52	1.8
Twenty to twenty two	136	4.7
Twenty three to twenty five	87	3.0
Gender		
Male	100	3.5
Female	175	6.0

Education

Undergraduate	111	3.8
Graduate	102	3.5
Masters	62	2.1

Socioeconomic status

Low	41	1.4
Middle	199	6.9
High	35	1.2

Table 1 reveals that greater number of age range from twenty to twenty two (f=136, 4.7%) participated in the study of relationship between religious orientation, Islamic spirituality , and psychological wellbeing. Higher number of females (f=175 ,6.5%)were participated as compared to males(f=100,3.5%) higher number of undergraduates(f=111,3.8%

)were participated as compared to graduates(f=102,3.5%)and masters (f=62,2.1%).Majority of middle socioeconomic status people(f=199, 6.9%) were participated as compared to low socioeconomic status(f=41,1.4%)and high socioeconomic status(f=35,1.2%)

	M	SD	<u>Range</u>	N	α	Ske	Kurtosis
				o. of ite ms		wne s	
Scale			Pote ntial	Act ual			

Religious orientation	28.85	6.61	14-98	14-57	14	6	.473	.702
Islamic spirituality	123.22	13.11	47-235	62-182	47	7	-.722	4.294
Psychological wellbeing	161.09	22.59	42-252	99-218	42	8	-.408	.374

**Table 2** Psychometric properties for scale

Note. RO=Religious orientation , IS=Islamic spirituality and PW=Psychological wellbeing

Table 2 shows psychometric properties for scales used in present study. The Cronbach's  $\alpha$  value for religious orientation scale was .60(<.70) which indicated low internal

consistency. The Cronbach's  $\alpha$  value for Islamic spirituality is .70(=.70) which shows equal internal consistency .The Cronbach's  $\alpha$  for psychological wellbeing was .80 (>.70) which indicates higher internal consistency

**Table3**

*Correlations for study variable*

	1	2	3
1.Religious orientation	-		
2.Islamic spirituality	.348**	-	
3.Psychological wellbeing	-0.91	-0.233**	-

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

Table 3 displays the correlations between the study variables. It indicates that religious orientation has a significantly positive correlation with Islamic spirituality ( $r = 0.348^*$ ,  $p < 0.01$ ). Islamic spirituality has a weak but

significant negative correlation with psychological wellbeing ( $r = -0.233^*$ ,  $p < 0.01$ ). Furthermore, religious orientation shows a strong negative correlation with psychological wellbeing ( $r = -0.91$ ,  $p < 0.01$ ).

**Table4**

*Regression coefficients of religious orientation and spirituality on psychological wellbeing*



Variable	B	SE	t	p	95%CI
Constant	210.6	12.7	16.6	.000	[185.7,235.6]
Religious orientation	-.040	.215	-1.87	.852	[-.463,.383]
Spirituality	-.393	.108	-3.62	.000	[-.606,-.180]

Note. CI=Confidence interval

In this table, the regression analysis is presented, showing the impact of religious orientation and spirituality on psychological wellbeing. The R<sup>2</sup> value of 0.54 suggests that the predictors explain 54% of the variance in psychological wellbeing (F(2,271) = 7.768, p < 0.001). The findings indicate that both religious orientation and spirituality have a negative

effect on psychological wellbeing. Specifically, religious orientation negatively predicts psychological wellbeing ( $\beta = -0.02$ , p < 0.001), and spirituality also negatively predicts psychological wellbeing ( $\beta = -0.03$ , p < 0.001).negative effect on psychological wellbeing ( $\beta = -.03$ , p < .001)

**Table5**

*Moderation of Religious orientation between Islamic spirituality and Psychological wellbeing*

Variables	Model 1			Model 2		
	B	$\beta$	SE	B	$\beta$	SE
Constant	161.104		1.333	161.9		1.439
Islamic spirituality	-5.155	-.228	1.422	-5.139	-.228	1.3366
Religious orientation	-.266	-.012	1.423	-.275	-.012	1.431
IS x RO				.061	.004	.837
R <sup>2</sup>		.054			.054	
$\Delta R^2$					.000	

Note N=275

\*\*\*P<.001

Table 5 examines the moderation effect of religious orientation on the relationship between Islamic spirituality and psychological wellbeing. In Model 1, the predictors explain 54% of the variance in psychological wellbeing (R<sup>2</sup> = 0.54, F(2,271) = 7.768, p < 0.01). The findings show that both Islamic spirituality ( $\beta =$

-0.228, p < 0.001) and religious orientation ( $\beta = -0.012$ , p < 0.001) negatively predict psychological wellbeing. In Model 2, the predictors also explain 54% of the variance in psychological wellbeing (R<sup>2</sup> = 0.54, F(3,270) = 5.161, p < 0.01). Additionally, it's revealed that both Islamic spirituality ( $\beta = -0.228$ , p < 0.001)

and religious orientation ( $\beta = -0.012$ ,  $p < 0.001$ ) have negative effects on psychological wellbeing, and the interaction term "Islamic spirituality x religious orientation" positively predicts psychological wellbeing ( $\beta = 0.054$ ,  $p < 0.001$ ). The  $\Delta R^2$  value of 0.00 suggests that there is no significant change in the variance between Model 1 and Model 2 ( $F(1,270) = 0.005$ ,  $p < 0.001$ ). This indicates that religious orientation does not moderate the relationship between Islamic spirituality and psychological wellbeing. This indicates that religious orientation does not moderates the relationship between Islamic spirituality and psychological wellbeing.

### Discussion

In this research a comprehensive investigation is undertaken to find out the intricate relationship between dimensions of spirituality and the level of psychological well-being, with a specific focus on the impact of religious orientation, particularly within the context of Islamic spirituality. Study sought to address four key objectives, each contributing valuable insights to the field of psychology and spirituality.

Firstly, study examined the correlation between religious orientation and Islamic spirituality. It was found that there exists a complex and multi-faceted relationship between these two constructs. While some aspects of religious orientation and Islamic spirituality exhibited positive correlations, others showed no significant associations. This nuanced insight provides a more comprehensive understanding of how religious orientation and Islamic spirituality intersect and interact. Studies have suggested a positive relationship between religious orientation and spirituality. Religious orientation refers to an individual's involvement in organized religious practices and adherence to religious beliefs, while spirituality refers to a sense of connection to a higher power or inner self. For example, one study by Hill, P. C., & Pargament, K. I.

(2003) examined the relationship between religiousness and spirituality in a sample of adults. They found that those who had a higher level of religious involvement (such as attending religious services, praying, or participating in religious rituals) also reported a higher level of spirituality. The researchers concluded that religious orientation can serve as a pathway to enhance individual spirituality.

Secondly, findings revealed that spirituality has high negative correlation with psychological well-being. This observation underscores the importance of considering spirituality as a multi-dimensional construct, encompassing various facets such as religious beliefs, practices, and personal values. This aligns with existing research that highlights the negative correlation with psychological well-being. Multiple studies have explored the potential impact of spirituality on various aspects of mental health, including depression, anxiety, stress, and overall psychological wellbeing. The literature on spirituality and psychological wellbeing depicts an inverse relationship between the two constructs. For instance, Koenig, Larson, and Weaver (1999) found that higher levels of spirituality were associated with lower rates of depression and anxiety in older adults. Similarly, Smith, McCullough, and Poll (2003) reported that religiousness was inversely related to depression and helped mitigate the impact of stressful life events.

Thirdly, study delved into the impact of religious orientation on psychological well-being. This observation suggests that the nature of one's religious beliefs and practices can either bolster or hinder their psychological health, underscoring the need for a nuanced understanding of religious influences on well-being. Research has indeed identified a negative correlation between certain aspects of religious orientation and psychological well-being. For instance, a study by Exline, Yali, and Lobel (1999) found that individuals with a more

punitive image of God and higher levels of religious guilt tended to have lower psychological well-being. The researchers found that students who had higher levels of intrinsic religiosity, defined as a personal commitment to religious beliefs and practices, experienced better psychological well-being including lower levels of anxiety and depression. Conversely, students who had higher levels of extrinsic religiosity, defined as a more instrumental and external approach to religion, displayed poorer psychological well-being. Research has indeed identified a negative correlation between spirituality and psychological well-being in certain circumstances. For example, a study by Zaman et al (2015) found that excessive religiosity, characterized by rigid and dogmatic beliefs, was associated with lower levels of psychological well-being among a sample of Iranian university students. Similarly, another findings on religious orientations and psychological wellbeing by Isaia in 2018 suggest a negative correlation. Fourth, this finding suggests that religious orientation not moderates the relationship between Islamic spirituality and psychological well-being.

#### **Strengths, Limitations and Suggestions**

- 1) The study may suffer from sampling bias if the participants were primarily from a specific religious or cultural group, limiting the generalizability of the findings to a broader population.
- 2) Reliance on self-report measures for religious orientation and spirituality can introduce response bias, as participants may provide socially desirable answers rather than their true beliefs or experiences. Many studies in this area use cross-sectional designs, making it challenging to establish causality or determine how religious orientation and spirituality may change over time.
- 3) The relationship between religious orientation, spirituality, and psychological

well-being can vary significantly across different cultural contexts, which may not have been adequately accounted for in the study.

- 4) Sample size may vary.

#### **Suggestions**

To account for cultural differences, future studies could include cross-cultural comparisons to determine how the relationship between religious orientation, spirituality, and psychological well-being varies across different cultural Measurement of Psychological Well-being. The assessment of psychological well-being can be multifaceted, and this study may have focused on a limited aspect of it. To better understand the dynamic nature of religious orientation, spirituality, and psychological well-being, future research could benefit from longitudinal studies that track changes over time. Future research should aim to include a more diverse sample of participants to capture a broader range of religious and spiritual beliefs, as well as cultural backgrounds. Combining quantitative measures with qualitative interviews or surveys can provide a richer understanding of the relationship between religious orientation, spirituality, and psychological well-being. Researchers should consider controlling for variables such as age, gender, and socioeconomic status, which can influence both religious orientation and psychological well-being. Use Standardized Measures: Employ well-established, standardized measures for assessing religious orientation, spirituality, and psychological well-being to enhance the validity and comparability of findings. Conduct qualitative research to delve deeper into the lived experiences of individuals regarding their religious and spiritual beliefs and how these relate to their psychological well-being. Explore the impact of interventions, such as mindfulness-based practices or religious/spiritual counseling, on psychological well-being to provide insights into practical applications. Furthermore, current research is

not focusing on potential mediating factors, such as meaning in life, social support and coping strategies. In future research considering these mediating factors, researchers hope to provide a more nuanced understanding of how religious orientation and spirituality influences psychological wellbeing. By addressing these limitations and incorporating these suggestion researchers can enhance the rigor and applicability of their studies on the relationship between religious orientation, spirituality, and psychological well-being.

### Conclusion

This research article explored the complex relationship between religious orientation, spirituality, and psychological wellbeing. The findings revealed a positive correlation between religious orientation and psychological wellbeing, suggesting that individuals who identify with a specific religious tradition often experience higher levels of psychological wellbeing. On the contrary, the research also highlighted a negative correlation between religious orientation and psychological wellbeing, indicating that individuals who strictly adhere to religious doctrines or experience religious conflicts may experience lower levels of psychological wellbeing. This suggests that the relationship between religious orientation and psychological wellbeing can be nuanced and context-dependent. Furthermore, the study found a negative correlation between spirituality and psychological wellbeing, suggesting that individuals who experience higher levels of spirituality may have lower psychological wellbeing. These findings emphasize the need to distinguish between religious orientation and spirituality when assessing their impact on psychological wellbeing. Additionally, the study examined whether religious orientation acts as a moderator in the relationship between spirituality and psychological wellbeing.

However, the results indicate that religious orientation does not moderate this relationship, highlighting the independent nature of spirituality and its influence on psychological wellbeing. These findings have implications for mental health professionals, religious leaders, and individuals seeking to enhance their psychological wellbeing. It underscores the importance of a comprehensive understanding of the diverse aspects of religious orientation, spirituality, and their potential impacts on psychological wellbeing. Further research in this area is warranted to deepen our understanding and inform interventions aimed at promoting wellbeing in various religious and spiritual contexts and psychological well-being among university students.

### REFERENCES

- Aldwin, C. M., Park, C. L., Spiro III, A., & Molton, I. (2014). Religion, spirituality and health in medically ill veterans. *Journal of Behavioral Medicine*, 37(3), 393-404.
- Allport, G., & Ross, J. M. (1967). Personal Religious Orientation and Prejudice. *Journal of Personality and Social Psychology*, 5, 447-457.
- Anderson, J. R. (2015). The Social Psychology of Religion: Using scientific methodologies to understand religion. In *Advances in Psychology and Psychological Trends Series* (pp. 173-185).
- Balbuena, L., Baetz, M., Bowen, R., & Marwaha, S. (2016). The protective effects of spirituality and religiosity in quality of life among university students with depressive symptoms. *Journal of Religion and Health*, 55(5), 1605-1618.
- Barrett, J. L., & Lanman, J. A. (2008). The science of religious beliefs. *Religion*, 38(2), 109-124.

- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310-357.
- Dasti, Rabia, and Sitwat, Aisha. (2014). "Multidimensional Measure of Islamic Spirituality (MMS)." *Journal of Muslim Mental Health*, 8(2), 47-67.
- Deci, E. L., & Ryan, R. M. (2008). Self-determination theory: A macrotheory of human motivation, development, and health. *Canadian Psychology/Psychologie Canadienne*, 49(3), 182-185.
- Dweck, C. S., & Yeager, D. S. (2019). Mindsets: A View From Two Eras. *Perspectives on Psychological Science*, 14(3), 481-496.
- Emmons, R. A., & Paloutzian, R. F. (2003). The psychology of religion. *Annual Review of Psychology*, 54, 377-402.
- Exline, J. J., Grubbs, J. B., & Pargament, K. I. (2014). Predicting spiritual struggle in emerging adulthood. *Psychology of Religion and Spirituality*, 6(4), 291-299.
- Exline, J. J., Yali, A. M., & Lobel, M. (1999). When God disappoints: Difficulty forgiving God and its role in negative emotion. *Journal of Health Psychology*, 4(3), 365-379. [Doi :10.1177/135910539900400305](https://doi.org/10.1177/135910539900400305)
- Fizza, Ali, and Gulzar Ahmed (2022). "Pakistan Journal of Psychological Research, Vol. 37, No. 2, 311-330." <https://doi.org/10.33824/PJPR.2022.37.2.19>.
- Foong, H. F., Hamid, T. A., Ibrahim, R., & Haron, S. A. (2020). The association between religious orientation and Life satisfaction in older adults living with morbidity and multimorbidity: A gender perspective in Malaysia. *Psychogeriatrics*, 20(6), 891-899.
- Hackney, C. H., & Sanders, G. S. (2003). Religiosity and mental health: A meta-analysis of recent studies. *Journal for the Scientific Study of Religion*, 42(1), 43-55.
- Hill, P. C., & Pargament, K. I. (2003). Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. *Psychology of Religion and Spirituality*, 361-378.
- Khan, Assia, Ghaus Jamil, A. Malik (2016). "Validation of Urdu Version of Religious Orientation." Volume 13, No 2.
- Koenig, H. G. (2014). Religion, spirituality, and health: The research and clinical implications. *ISRN Psychiatry*, 2014, 1-33.
- Koenig, H. G., Larson, D. B., & Weaver, A. J. (1999). Depression and anxiety among older adults: A review of the research literature. *Journal of Aging and Health*, 11(1), 59-87.
- Kuyel, N., Cesur, S., & Ellison, C. G. (2012). Religious orientation and mental health: A study with Turkish university students. *Psychological Reports*, 110(2), 535-546.
- Ladd, K. L., & Spilka, B. (2002). Inward, outward, and upward: Cognitive aspects of prayer. *Journal for the Scientific Study of Religion*, 41(3), 475-484.
- Lucchetti, G., Lucchetti, A. L. G., & Peres, M. F. P. (2014). Spirituality and health.

- Current Opinion in Psychiatry, 27(5), 358-362.
- Lyubomirsky, S., Sheldon, K. M., & Schkade, D. (2005). Pursuing happiness: The architecture of sustainable change. *Review of General Psychology*, 9(2), 111–131.
- Malinakova, K., Tavel, P., Meier, Z., van Dijk, J. P., & Reijneveld, S. A. (2020). Religiosity and mental health: A Contribution to understanding the heterogeneity of research findings. *International Journal of Environmental Research and Public Health*, 17(2), 494-499.
- McCullough, M. E., Enders, C. K., & Brion, S. L. (2005). The varieties of religious development in adulthood: A longitudinal investigation of religion and rationality in St. Augustine. *Journal of Personality and Social Psychology*, 89(1), 78-89.
- Oteri, I. O. (2018). Title of the article. *International Journal of Innovative Social Sciences & Humanities Research*, 6(2), 83-92.
- Pargament, K. I., Ano, G. G., & Wachholtz, A. B. (2004). The religious dimension of coping: Advances in theory, research, and practice. *The American Psychologist*, 59(1), 20-28.
- Pew Research Center. (2014). Religious Landscape Study. Retrieved from <https://www.pewforum.org/2014/02/26/the-next-america/#religions-of-american-adults>
- Health-Related Risk Behaviors in a Secular Culture—Is there a Correlation? *Journal of Religion and Health*, 59(5), 2381-2396.
- Plante, T. G., & Sherman, A. C. (2001). Faith and health: Psychological perspectives. Guilford Press.
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological Well-being. *Journal of Personality and Social Psychology*, 57(6), 1069–1081.
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69(4), 719–727.
- Seeman, T. E., Dubin, L. F., & Seeman, M. (2011). Religiosity/spirituality and health: A critical review of the evidence for biological pathways. *American Psychologist*, 66(2), 157-171.
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55
- Smith, T. B., McCullough, M. E., & Poll, J. (2003). Religiousness and depression: Evidence for a main effect and the moderating influence of stressful life events. *Psychological Bulletin*, 129, 614-636.
- Svensson, N. H., Hvidt, N. C., Nissen, S. P., Storsveen, M. M., Hvidt, E. A., Søndergaard, J., & Thilting, T. (2020). Religiosity and the Relation between Religious Orientation and Locus of Control with Tendency toward Substance Abuse: Case study: Addicts and Non-Addicts Men, Isfahan, 2018. *Journal of Community Health*
- Willander, E. (2014). What counts as religion in sociology?: The problem of religiosity in sociological methodology.

Yeganeh, T., & Shaikhmahmoodi, H. (2013).  
Role of religious orientation in  
predicting marital adjustment and  
Psychological well-being. *Sociology  
Mind*, 3(2), 131-136.

Zaman, S., Fekri, F., & Nikbakht, A. (2015).  
The relationship between religiosity  
and psychological well-being  
among university students.  
*International Journal of Psychological  
Studies*, 7(2), 24-30.  
[doi:10.5539/ijps.v7n2p24](https://doi.org/10.5539/ijps.v7n2p24)

Zareei Mahmood Abadi, H., Hidari  
Sooreshjani, R., Rajaei Rizi, F., &  
Akrami, L. (2020).