Impact of Religiosity and Positive Religious Coping on Psychological Well being among University Students

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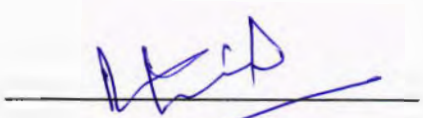

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DEDICATION

Dedicated

to

The Pillar of Strength in My Life

My Father

Who painted the beautiful picture of my existence with his blood and sweat

Whose strong shoulders bore the burden of my dreams

The Beacon of Hope in My Life

My Mother

Who made me see hope at end of every dark tunnel

Whose support has made me survive the storms of life

&

My Mentor
Dr. Kehkashan Arouj

Who helped me persevere through difficult times

and helped me make the impossible possible

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ABSTRACT

This research aims to investigate the impact of religiosity and positive religious coping on psychological well-being among university students. Quantitative study approach was employed for this study and the data was collected from 300 university students within age range 18 to 35 years from public and private sector universities Religiosity was assessed using Index of Religiosity (IR-27) (Aziz & Rehman, 1996); Positive Religious Coping using Brief RCOPE (Khan & Watson, 2006), Mental Health Inventory (MHI-38) Psychological Well-being Scale (Khan, Hanif & Tariq, 2015). The results revealed positive relationship between religiosity, positive religious coping and psychological well-being. Positive religious coping and religiosity both significantly predicted psychological well-being. Moderation of religiosity on positive religious coping and psychological well-being was revealed to be significant. Females scored significantly higher on positive religious coping and religiosity in contrast to male students. No significant gender differences were observed on psychological well being. These results call for further investigation of these variables. This study can be helpful for educationists, practitioners and researchers.

Key words: Religiosity, Positive Religious Coping, Psychological well-being.

INTRODUCTION

Chapter-I

INTRODUCTION

For a very long time, psychologists have been concerned with the part of religion in lives of individuals about understanding and explaining daily life events. They have also shown interest in how people respond to their daily life events in the light of religion or using religion as a guiding source. Not only this, psychologists have also been greatly inspired to understand how the role of religion is revealed in day to day psychological adjustment of people adhering to it. Religion is often perceived as a fundamental structure that provides the base through which people derive sense of rationale and purpose, both of which are considered crucial for leading a psychologically healthy life. The link between the mental health of people and religiosity has been acknowledged in all era. Some viewed this link in positive light whereas others thought of it as a relatively negative one. In the recent past, a significant change has been noticed that negative approach towards the part of religion in psychology is being replaced with an inclination of more positive links between religion and various domains of psychological well being. Thus, the definition and measurement of religiosity and its significance for psychological well being is being explored more closely in current times.

Although the link between religion, religious practices and psychological wellbeing of individuals has been a topic of literary concern over centuries but particularly in psychological literature a very small amount of research had been dedicated to it previously. However, in recent few decades this area seems to occupy comparatively more room in literary circles. Since university students are at a stage in life where their views are constantly

changing and the basis of their personality is taking its final shapes (although personality keeps on evolving but its base has usually been formed by this age), therefore, this point in life defines their life and belief dynamics closely. A large number of students go through changes in their religious beliefs and dedication as they try to develop their personal judgement of morals and beliefs. This tends to impact their psychological wellbeing as well as it defines the use of religion and religious beliefs as a coping strategy to overcome daily stressors of academic life and early adulthood in general.

The belief that religiosity and psychology have always been in divergence is prevailing up till now. Despite the fact that religion is a vital component of human civilization, it has been dedicated a trivial position in the conventional psychology (al Issa, 2000). Religious practices and values are common and significant to masses across globe (Koenig & Larson, 2001). Prior to the last decade of 20th century, the study of religion in the arena of health particularly mental health was rarely approached (Miller & Thoresen, 2003). In the recent times, psychology has started to show rising curiosity in the role religion plays in psychological well-being of its followers (Tarakeshwar, Pargament & Mahoney, 2003) so much so that religious psychology is starting to emerge as an independent branch of psychology. As psychology started shedding light on its link with religion, empirical studies revealed a remarkable depiction of the connection between religion and health (both mental health and physical health).

Keeping in view the history of research in Psychology, traditionally psychologists have been providing arguments for both faces of the debate about the role of religiosity and religion in lives of individuals. Starting with the father of modern Psychology, Freud (1927), who argued that religious principles and exercises are linked with the repression of instincts,

intrapsychic conflicts and helplessness. While one of his descendent in psychology, Jung (1938) argued that religion provides sense of meaning and certainty in an unstable world and hence it influences the lives of people in a positive fashion.

As per Wulff (1997), the word "religion" was derived from a Latin word 'religio'. According to several researchers this term was used in the beginning to delegate to a greater-than human supremacy which demands from a person to react in a certain manner so that he/she can steer clear from undesirable outcomes. Smith (1963) proposed that this term religio indicates of "something that one does, or that one feels deeply about, or that impinges one's will, exacting obedience or threatening disaster or offering reward or binding one into one's community". Scholars of religious and psychological studies have described religion in different ways, but they still were unable to arrive at an agreement about the definition which led sociologist Yinger (1967) to the conclusion that, "any definition of the term religion will only be satisfactory to author who wrote it".

Pargament (1997) emphasized that it is very difficult to have one definition of religion that is suitable for all because religiosity is a very individual and complicated phenomenon. As a result, it is rather difficult to formulate one definition of religion which explains its complexities completely and has consensus. It is therefore useless to explain religion using broad theories unless the operational definition of the construct is provided as well because religion itself is a multi-dimensional concept. (al-Issa, 2000).

In spite of pervasiveness of religious-minded people and the reported effect that religion can have on the people practicing it, the investigation of religiosity and its connection to mental health and psychological well-being represents a small segment of

published research (Ano & Vasconcelles, 2005). Religiosity or religiousness is normally seen as society-based convictions and practices in connection to God (Egbert, Mickley, & Coeling, 2004). It is a multidimensional construct (Paloutzian & Kirkpatrick, 1995; Spilka, Hood, & Gorsuch, 1985) including discernments, feelings, and practices in the quest for the sacred higher authority (Hill & Hood, 1999; Larson, Swyers, & McCullough, 1998). It can be separated into extrinsic and intrinsic dimensions (Allport, 1966) with characteristic religiousness alluding to confidence as an incomparable quality in its own privilege. The intrinsic dimension focuses toward a unification of being, considers important the decree of higher authority, and endeavours to raise above all selfish human needs. Then again, extrinsic religiosity is entirely utilitarian; valuable for oneself to provide wellbeing, social standing, comfort and support for picked lifestyle.

Thus, empirical support and available theories highlight the fact that people adopt religion in various methods that are associated with their thinking patterns, sentiments behaviours and relations (Abu Raiya & Pargament, 2010). It further highlights that religion can be both personal and a social practice; and it is through religion that people find different approaches to different goals of life.

The research on religiosity and its link with psychology has been conducted almost utterly with Christian populations. All other long-established belief systems have been largely deserted while exploring the link between these two variables. An example of such religions is Islam (Abu Raiya & Pargament, 2010). Despite Islam being the second largest religion, also first largest growing religion of the entire world, relatively lesser empirical researches were conducted in the area of psychology and religion among Muslim populations.

From the lens of Islam, the expression religiosity, is linked with sacred belief, practice, understanding and universal way of living (Zohra & Irshad, 2012). The main beliefs of Islamic doctrine comprise of having faith in three things. First being faith in oneness of Allah (The God), followed by the belief that Muhammad (Peace Be Upon Him) is the final Prophet and his guidance and path are to be followed in life. The third belief of Isla is to have faith in the life after death and that every man will answer to Allah on the Day of Judgment. Along with these three beliefs, prayers (Salat/Namaz), fasts (saum), charity (zakat) and performing the pilgrimage (Haj) are the basic religious rites. There are two sources of information and understanding Islamic values and instructions; the Holy book of Muslims i.e, The Holy Quran and teachings and life style of the Prophet Mohammad (PBUH). In the lives of Muslims, Islam is considered a complete code of conducting life. The Islamic doctrine is comprehensive enough that it embraces the complete concept of human existence and endurance. In reforming the life of a human, religion plays a very important part and it encourages people to strive for the better (Ahmed, 1993).

Religion is a crucial part in the lives of numerous people and has been connected with a scope of useful results for psychological well being specifically and mental health in general. Religiosity is often regarded to be a major reason of existential ability which significantly affects emotional wellness and psychological well-being. Psychological well being is generally conceptualized as some blend of positive full of feeling states, for example, bliss and working with ideal adequacy in individual and social life. As abridged by Huppert

(2009) psychological well-being focuses on explaining that lives functioning admirably well. It is a blend of functioning effectively and feeling good.

Psychological well being initially came forward to be a part subject of health in the year 1947, when the WHO (World Health Organization) defined the term health to be a combination of "positive state, and physical, mental and social well being, not merely absence of disease or infirmity". Psychological well being is thus believed to be a judgment of a person current the standing of performance and working alongside various distinct but interconnected phenomena that include mental, physical and global health (Schlosser, 1990). Psychological well being is considered to be a super ordinate and abstract assemble involving the sentimental responses of people to the life events that they experience on a scale ranging from positive to negative (Oakum, Aiding & Cohn, 1990).

Initially it was suggested that well being has three broad components; life satisfaction judgements, positive affect and negative affect (Andrews & Withey, 1976). Myers and Diener (1995) also while studying wellbeing defined it using three fundamental components. Firstly, satisfaction with living life which shows the ability of an individual to like the work that they do and feel happy and satisfied with the relationships that they have. Secondly, positive affect lasting more in contrast to negative one, which indicates the presence of pleasant emotions and assessment of surroundings in healthy. Thirdly, comparative absence of negative affects, which is shown by lesser negative feelings like anxiety, depression, and anger (Kahneman & Krueger, 2006).

However later developments in research lead to the belief that psychological well-being is a widespread, diverse, and diffuse idea (Vázquez, Hervás, Rahona, & Gómez, 2009).

Psychological well-being has been defined by various researchers as an extensive construct having several cognitive and emotional parts including life satisfaction, happiness, positive and negative affect, satisfaction, and correspondence among expected and achieved goals of life (Awan & Sitwat, 2014).

In theoretical literature psychological well being has been explored in detail by many great theorists (Ryff & Singer, 1996). This includes Maslow's connotation of self actualization, Roger's idea of the fully functioning person, concept of individuation by Jung, and Allport's concept of maturity. Among other dimensions psychology that add to defining psychological well being are the different perspectives on life-span development which define well being in terms of various challenges encountered at different stages of life cycle. These include Erickson's psychosocial stage model, Buhler's basic life tendencies, Jahoda's positive criteria of mental health that was initial attempt to substitute definition of well being as merely absence of illness to something more i.e. being in good psychological health.

Psychological well being is considered to be one of the commonly used terms among mental health professionals. However, despite its extensive use there is no agreement in defining it operationally (Khan & Juster, 2002). Nevertheless, quite a few theories on psychological well-being are presented and a wide portion of empirical studies has been performed using many forms of this construct.

Ryff and Singer (1996) claim that review of characteristics of well being explained in these theoretical frameworks suggests that many theorists were describing well being in terms of similar features of positive psychological functioning. Using the converging aspects of these frameworks the current definition of well being designed by Ryff (1989) characterized

psychological well-being to be a multi-dimensional estimation of mental health and psychological growth, which includes the scales of levels of autonomy, personal growth, environmental mastery, self acceptance, purpose in life and positive relations with others.

Psychological well being, over the course of time, was defined in many ways. One of the characteristic of psychologically healthy individuals is that they can cope with daily life and its stresses. One of the ways to define coping is to consider it to be continuous cognitive and behavioural attempts to deal with definite external and internal hassles which are considered strenuous or are difficult for the individual to handle (Lazarus, 1993). Pargament (2001) while explaining the link between coping and religion argues that coping is like religion a diverse, contextual and multilayered and multidimensional phenomenon. Although it involves an encounter of a person with a situation, however, it is a varying and fluid process. Just as religion, coping is also a search for significance in times of stress or otherwise, the difference however is that coping does not necessarily involve the search of the sacred (Pargament, 2001).

One of the ways in which religion exercises its positive effects is by providing coping strategies to the followers which are helpful for the individual in difficult times (Ano & Vasconcelles, 2005; Pargament, Echemendia, Falgout, Olsen, Reilly, Van & Warren, 1990). Yinger (1970) asserted that religion comprises of values and beliefs that are used by people to help them solve their daily life problems.

Taking into consideration that most coping researchers and scholars generally disregarded the religious aspect of coping, Pargament (1997) formulated his own theory about religious coping. He characterized religious coping as attempt to comprehend and

manage life stressors in methods which are related to faith. Pargament's theory identifies religious coping to have following characteristics. Firstly religious coping according to his theory has numerous capacities (counting the search for significance, identity, closeness with others, anxiety-reduction, control and transformation, and additionally the search for the holy and profound itself). Secondly, religious coping is multi-modular (it includes behavioural practices, feelings, relations, and thought processes). Third characteristic according to him is that it is a dynamic procedure which changes over the course of time, situations and conditions. Another trait is that religious coping is multivalent which means it is a procedure which leads one to either harmful or helpful results, therefore, research work conducted with religious coping recognizes both the "bitter and the sweet" side of leading life according to religion. He also believes that religious coping may add a distinguishing element to the coping procedure; and last characteristic is that religious coping cam give fundamental information about how we understand religion and how we see its connection well being, particularly among individuals confronting crucial life issues. (Pargament, 1997)

Pargament and his colleagues stressed that people use religious coping to gain control of themselves and the situations at hand. They further proposed the concept of three methods in which individuals employ religious coping to seek control. These styles include self directive style of religious coping (control through oneself), deferring style of religious coping (control through God) and collaborative style of religious coping (manage by having a relationship with God) (Pargament et al., 1988).

Religious coping can include employing cognitive and/or behavior techniques related to religiosity or spirituality (Tix & Frazier, 1998). Religious coping is the utilization of beliefs and practices regarding religion to lessen suffering and to help in dealing with

problems in life (Koenig, Hays, George, Blazer, Larson & Landerman, 1997). Positive religious coping methods reflect a protected relationship with a magnificent power, a sense of spiritual link with others, and a compassionate view of the world (Pargament, Feuille & Burdzy, 2011).

The use of both positive and negative religious coping in many samples have been studied and explored. Use of positive religious coping methods for example prayers, positive religious consideration, considering God to be full of mercy and being hopeful to have a situation being changed positively have their basis in having faith to have a secure and close relationship with God. On the other hand, negative religious coping techniques have their roots in considering God to be punishing, or abandonment feelings by God (Pargament, 1997).

There have been various studies inspecting the relationship among psychological well-being in life, religiosity and religious coping. A wide majority of these studies demonstrate a positive relationship between these variables. Religious inclination may enc urage more compelling methods for managing distressing circumstances and conditions in life. Subsequently, more successful coping strategies can prompt enhanced psychological well-being through a decrease in behaviours that are harmful to mental health (e.g., less distress) and betterment in psychological health (e.g., high optimism and well being).

Religion does not idly stand by when it comes to providing choice of direction; it provides guidance about where to go and how to get there. The connection of religiosity and coping is now a widely studied topic of psychological studies. Religion is considered a

deriving source to cope with life by many people. Pargament et al. (1990) discovered that a huge number of their research sample (reaching as high as 91%) uses religion in coping.

Numerous recent researches have investigated the link between religiosity, psychological well-being, and coping methodologies among different populaces. As indicated in a study conducted by Pargament et al., (1988), the level of religiosity of a person has a significantly high correlation with the style of religious coping used by him/her. Shortz and Worthington (1994) likewise found that intensity of religiosity is significantly correlated with the use of religious coping. They further established that people with more elevated level of religiosity utilized higher measures of religious coping.

Research has suggested that religious beliefs and practices can contribute to reducing stress and increasing sense of psychological well being (Larson, Sherrill, & Lyons, 1992) but not everyone draws on religion in times of stress. Pargament (1997) proposed that people tend to use religious coping more often when religious beliefs and practices form a large part of their life orientation and when religion is seen as a compelling source of solutions to life problems. In contrast, people are less likely to engage in religious coping when they are unfamiliar with and have no access to religious beliefs and practices and when they do not believe in the efficacy of religious coping for particular problems (Pargament, 1997). He further stresses that the contribution of religion in coping is because of two major reasons; firstly because religion is a relatively available part of the orienting system and secondly because it is a relatively compelling way of coping (Pargament, 1997).

The more people assimilate religion in their definition of who they are and what social role they asssume, the more likely they are to use religion in stressful times (Pargament, Takeshwar, Ellison, & Wulf, 2001). In short, it has been established that people with greater

religiosity tend to use more religious coping and are likely to obtain more advantage from using religious coping (Pargament et al., 2001)

The fact highlighted by Xu (2016) that religious coping and religiosity are positively linked with each other has its roots in the concept of Pargament's theory that religious coping is not simply a defence mechanism, rather religion itself plays an active and dynamic part throughout the process of coping it helps people to find, retain and convert significance. Moreover, religious coping changes with chronological, contextual and incidental events (Pargament & Ano, 2004). Through the coping process, religion typically acts like a conservational energy which helps to retain the feelings of meaning, mastery and spiritual connectedness during life crises. (Pargament, 2007; Pargament et al., 2005)

Several recent studies have used various measures of religiosity, and they usually find positive correlation of psychological well being as well as other measures of mental health. Koenig and Larson (2001) evaluated more than 850 studies in a review and found various positive links between religiosity and health indicators, specifically indicators of mental health. During this review they found out that 79 from 100 studies which measured the connection between religious practices and behavior and factors of psychological well-being (life satisfaction, happiness, positive affect, and higher morale), reported at least one significant positive correlation between these variables. They further discovered that this positive link proves to be consistent in samples of studies from various countries, involving a diversity of religions, races and ages. Despite most studies reviewed by them were cross sectional, they also reviewed 12 longitudinal studies as well. 10 out of 12 longitudinal studies replicated this positive relationship as well. Most of these studies showed an association between religiosity and psychological well-being even after controlling for age, gender and

socioeconomic status. Religiosity is a significant part of life of an individual and it is observed to have a positive connection with psychological well being. Despite the fact that majority of the studies that were reviewed were carried out in the USA with Christian samples, in the recent times quite a few of these studies were also done with different samples of different other countries (Koing et al, 2001).

Religion is likely to add directly to the well being of its adherents as well as it can manifest itself indirectly. It does that by providing meaning and purpose and by giving direction to people's life (Wong, 1989). Many theorists are of the belief that having a meaningful life is crucial to mental health (Frankl, 1976; Yalom, 1980). Modern researches have proved that religiosity and existential meaningfulness is key construct in reduction of ailment, increase in well being, and a positive adjustment to altering circumstances of life (Emmons, 2003; Pargament, Magyar, & Murray, 2005). The empirical evidence suggests that religion has been connected with several functions in coping that extend beyond anxiety reduction, including meaning making, personal mastery and growth, and the search for the sacred; all of which are direct contributors to mental health.

Psychological well-being is considered lack of distress. Ross (1990) studied that individuals having strong religious beliefs tend to have significantly low levels of distress in contrast to individuals who have weaker religious beliefs. Ellison (1991) found out a link between religiosity and psychological well-being, he found out that people who have strong religiosity were having higher psychological well being and lesser negative effects of traumatic events of life. In a different study, Ellison, Boardman, Williams, and Jackson (2001) studied that incidence of church presence and faith in eternal life can positively correlate with higher level of psychological well being.

A considerable amount of studies have reported positive links between religiosity, subjective well being and mental health (Moneria et al., 2005). For example, Jensen, Jensen, and Wiederhold (1993) in the results of their study explained that there is a positive relationship between mental health and religiosity where mental health is measured using three measures: self-esteem, depression and emotional maturity. Wong, Rewand and Slaikeu (2006) in their work of review of researches conducted with adolescents explained that in majority of these studies (as high as 90%) higher level of religiosity was linked to more psychological well being.

Psychological well being is indispensable to subjective well being, and subjective well being is the positive side of psychological well being. Ali (2007) recruited a sample of 300 Muslim people of Pakistan living in USA. The results of the study showed significant positive correlation between well being and religiosity. Multiple regression analyses of this study showed that religiosity was the most significant predictor of wellbeing in the recruited sample.

A narrow amount of research has been delegated to the links between religiosity and well being as well as psychopathology in Muslim samples in Kuwait, KSA, Algeria, and Egypt. In a study Tiliouine, Cummins, and Davern (2009), using Islamic Religiosity Scale on almost 3000 Muslim individuals of Algeria, revealed that high score of religiosity was associated with high score of personal well being. In another study conducted in Algeria having 495 Muslim students as participants, Tiliouine and Belgoumidi (2009) revealed that religious altruism and religious belief were significant contributors to provide a sense of meaningfulness to the life of people. Hierarchical regression analysis of this study unveiled

that religious belief was the only significant contributor to both, life satisfaction and personal well being.

Analysis of Islamic literature reveals that it has an accentuation on religious faith and practices to be utilized as assets for managing life problems. Islamic preaching urges its followers to have patience, to keep performing prayer, and to put their faith in Allah, to ask Allah to guide them. Beliefs of the religion Islam additionally provide people with a meaningful explanation of hard times. The Holy book of Muslims, Quran, evidently stresses that its believers encounter difficult problems in this world so that they can be tested (and thus, rewarded) and it gives instructions to its followers to face their difficulties and tests with patience and hope. Various researches on psychological well being and religiosity with Muslim samples have been conducted (Husain, 1998; Amer, Hovey, Fox, & Rezcallah, 2008; Loewenthal Cinnirella, Evdoka, & Morphy, 2001). Mehta (1997) conducted a qualitative research with elder Malaysian sample and he found out that the elderly ascribed their maturing procedure to the Will of Allah. Thus, a few respondents likewise specified reading verses of the Holy Quran to beat their cerebral pain.

Similarly, some respondents also mentioned reciting verses of the Holy Quran to overcome their headache. Hussain and Cochrane (2003) in a research with Muslim female having clinical depression discovered that in those women using religious coping was the most common strategy to fight with their condition. They used religious coping in many forms including offering prayers and reciting verses of the Holy Quran to seek protection from Allah against effect of their condition and to combat their illness. A few of them started praying the five mandatory daily prayers again which they reported to have either given up or they previously offered them with lesser sincerity of feeling. Loewenthal et al. (2001) carried

out a study with subjects of depression among different faiths which included Christianity, Judaism, Islam, Hinduism, and non-religious individuals who lived in England and he found out that Muslims had stronger faith than other religious groups in the effectiveness of all forms of religious copings to cope with depression.

Positive religious coping methods have been found to have a negative correlation to psychological distress and positive correlation with psychological well-being (Exline, Yali, & Lobel, 1999; Jenkins, 1995; Pargament, 1997), moreover, negative religious coping strategies have positive relationship with psychological distress (Harrison, Harold, Hays, Eme-Akwari, & Pargament, 2001; Pargament, 1997). Religion influences use of coping strategies in an individual but it also effects the evaluation of the situation (Pargament et al., 1998). Positive religious coping strategies foster feeling of control. this is done by changing the way a person evaluates the stressor. With the use of positive religious coping, the stressful events appear relatively manageable and meaningful (Pargament et al., 1990). When a person perceives God to be so powerful that He can change that which is written in the fate of a person, it makes that individual confident that God will listen to his pleads and answer his prayers, and provide him the support and power to manage the situation he is in, thus adding to psychological well being of that individual.

Ano and Vasconcelles (2005) carried out meta-analyses of a total of 49 researches that assessed the effectiveness of religious coping for individuals who are handling stressful events having an effect size of 105. The results obtained from this research supported the assumption that positive religious coping was correlated with positive psychological adjustment to stresses. Abu Raiya, Pargament, Mahoney & Stein (2008) conducted factor analysis with a Muslim sample during which they identified Islamic Positive Religious

Coping & Identification to be a factor of Muslim Islamic religiosity among a total of seven other factors. They also revealed that higher levels of Islamic Positive Religious Coping and Identification were consistently and significantly associated with higher levels of desirable outcomes including general Islamic well-being, purposefulness of life and life satisfaction; and low level of unwanted outcomes. Because of the constant link between positive religious coping and psychological well-being, they considered it to be the positive predictor of Muslim religiosity.

Positive impacts of religious coping have been widely acknowledged (Tarakeshwar, Vanderwerker, Paulk, Pearce, Kasl & Prigerson, 2006). Religious coping has been linked with better mental health and well being by providing meaning to life which is a major component of well being (Johnson, 1982; Park & Folkman, 1997; Steger & Frazier, 2005). In a similar fashion, spirituality gives people a sense of consistency, make life understandable, controllable and significant and therefore, increase psychological well being (Mullen, Smith, & Hill, 1993).

People who tend to use positive religious coping reported that it has positive effect on their wellness (Kaplar, Wachholtz, & O'Brien, 2004; Pargament, 1997), and psychological well-being (Pargament et al., 1994). Johnson and Spilka (1991) and Sodestrom and Martinson (1987) found out that use of positive religious coping has an inverse association with distress. Significance of both, religious coping and religiosity has been documented with reference to depression, anger--hostility, and social isolation among cancer patients and non-patients samples alike (Acklin, Brown, & Mauger, 1983), and on mood elevation (Antoni et al., 2000; Greer et al., 1992). Researchers have examined positive effects of religious coping methods on physical health as well as psychological well being (Harrison et al., 2001).

It is, however, more probable that religious coping proves more beneficial to more religious people. A few empirical studies sustain this assumption. Pargament, Tarakeshwar, Ellison and Wulff (2001) for instance, while conducting a study with a sample of Presbyterian members, clergy and elders in America, revealed that religious coping and religious support are more strongly correlated to positive affect and depressed affect for clergy in contrast to elders, and for elders as compared to for members. Another study conducted by Krause, Ellison and Wulff (1998) found the similar results too. Moreover, in both of these studies, negative religious coping and negative church interactions were found to be more significantly linked with depression and less positive affect for the individuals who were more religious. It is therefore reflected from currently available literature that amount of benefit derived from religious coping can be dependent on the level of religiousness of an individual. Individuals that centre their lives on their religious beliefs are expected to experience more advantages of religious commitment.

The fact that religion can affect the coping process has been widely studied. For instance, religious beliefs have been found to influence how a life event is viewed by a person (Park, Cohen, & Herb, 1990). An individual might believe that God is trying to communicate something essential through the incident or that God would not harm him/her or give him/her more than he/she can handle (Park & Cohen, 1992). Religious beliefs can influence the supposed availability of coping choices and the perceived ability to persevere (Park et al., 1990). In contrast to the stance of those who analyse religion in normally critical manner (Ellis, 1960; Freud, 1949), individuals who use religious coping techniques, for example reading religious literature and offering prayer are reported to have better quality of life and psychological well being (De Faye et al., 2006; Grumann & Spiegel, 2003; Kershaw,

Northouse, Krittpracha, Schafenacker, & Mood, 2004; Kuuppelomaki, 1999; Sherman, Simonton, Adams, Vural, & Hanna, 2000; Winterling et al., 2006).

It is evident from the discussed literature that religious coping cannot function in a vacuum and it cannot originate without belief system or faith; it can be totally embedded in a person's life style. People seek religious solution to problems because of a general orienting system which has its foundation in well-established belief, behaviors, attitude, aims and value system. Religious coping is sometimes prompted in specific situation; particularly those situations which force a person to strive beyond his day to day understanding and limitations of both personal and social resources.

Theoretical Array of Research:

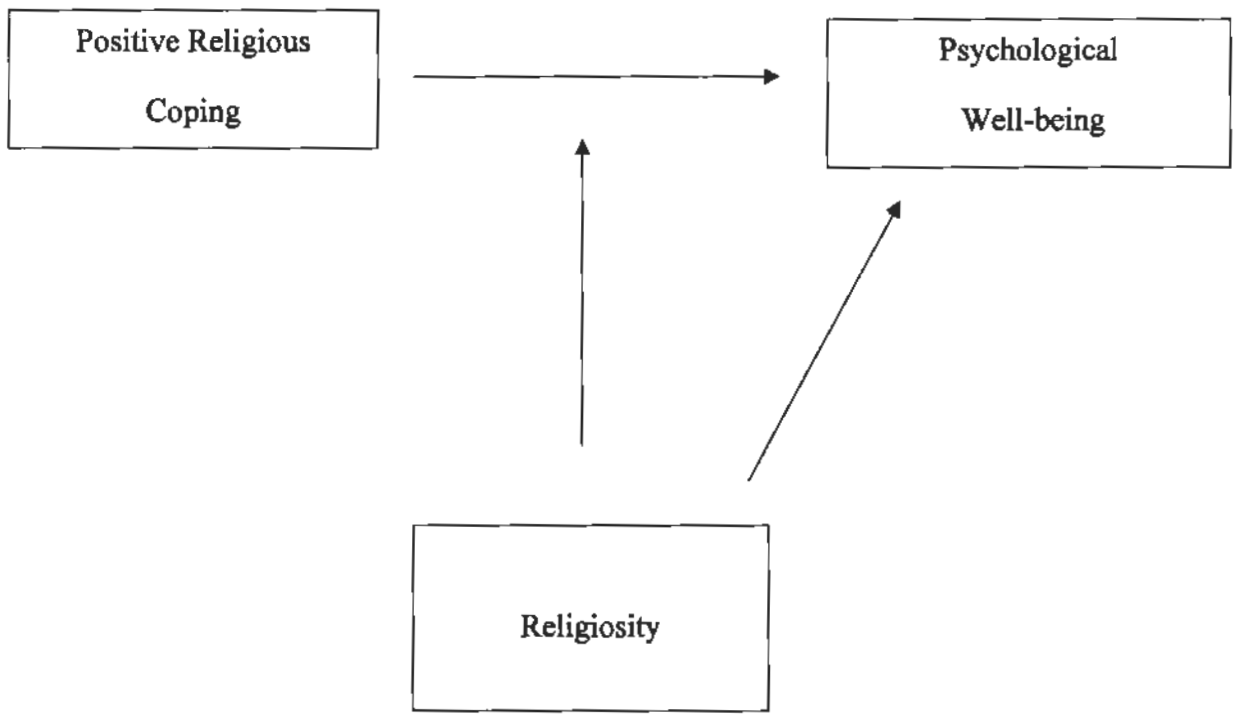

Figure 1. Theoretical Array of study.

Rationale:

This research is an effort to study religiosity and use of religious coping and its impact on the psychological well being of Muslim university students. A general summary of the associated studies revealed that majority of the studies conducted on the connection of religiosity and religious coping and their impact on psychological well being were conducted with Christian population mainly. While many researches on religious coping have been carried out with Christian samples and/ in the West (Ano & Vasconcelles, 2005), it was also observed that very little work has been done on religiosity, religious coping and its effects on Muslim population.

There has been a dearth of studies that are carried out with Muslim samples. However, in past few years a considerable and firm increase in study of these variables with Muslim samples was observed. To overcome this gap in research on Muslim religiosity, use of religious coping by Muslims and its effects on psychological well being, this research is an attempt towards increasing the understanding of these constructs in a sample of Muslim students.

In the immediate recent times, there has been an increase in studies in the field of religious psychology with Muslims as the population of many studies. While the increase in research with Muslim Population is encouraging, it was observed that a major chunk of this research was conducted with Muslims living in West or Muslim countries of Middle East. In Muslim universities, it was observed in students in Egypt (Abdel-Khalek, 2012), Algeria (Abdel-Khalek & Naceur, 2007), Iran (Sahraian, Gholami, Javadpour, & Omidvar, 2013), Qatar (Abdel-Khalek, 2013), and Kuwait (Abdel-Khalek, 2010) for instance, religiosity was observed to have a positive correlation with quite a few index of psychological well being.

There, however remains a vacuum of research in south Asian specifically Pakistani culture in this arena.

Culture is an important intervening variable; which can neither be controlled nor can its importance be denied. The results of above mentioned studies are a major and commendable contribution to enhance our knowledge and understanding of Muslim religiosity, however, studies conducted in other countries and culture that have different styles of living cannot be generalized to our country and culture. Hence, there remains a need to explore these variables in Pakistani culture.

Young adulthood and adolescence is an age of life which is considered to be a high risk time of life with reference to development of mental health problems. University life has its own demands and challenges which cause the students to be more exposed to the risks of psychological distress. This is why the university students are usually documented to have a higher probability of suffering from stress, depression and anxiety as compared to the non-university peers. The results of Chai, Krägeloh, Shepherd and Billington (2012) indicate that religion determines the way in which university students' use religious coping in the times of distress. Due to the emotional and psychological vulnerability of university students, the present study aims to study the effect of religiosity and religious coping on psychological well being among this population i.e., university students.

The literature shows that the multi-factorial nature of religion is acknowledged, and two different ways of being religious and using religion to cope (positive religious coping and negative religious coping) are described. This research aims to be a contributor to highlight positive effects of religion and religious coping on mental health which can be helpful in

clinical settings as well as educational set ups. While designing clinical interventions, religious coping can be used for helping the clients overcome mental health problems so that the vast population of religious clientele may be better served. The results of many studies indicate that religion helps in determining how university students use religious coping during difficult times in their lives. The results of this study can also provide aid to on-campus counsellors and mental health professionals to enhance the coping of the students who are suffering from psychological problems.

This research aims to unveil the relationship of religiosity with psychological well-being as well as to study the impact of positive religious coping upon mental health. In today's world where hatred prevails against Islam, and the concepts like "islamophobia" are given coverage which give the world an impression that Islam oppresses its followers, spreads violence and anger, thus having a negative impact on their psychological well being, it is a dire need to explore the relationship among these variables in a Muslim country objectively.

The psychology of religion and coping presents means to build a connection and reduce the gap between psychological and religious worlds of thought, practice and study. Since religion and religious belief are an important part of the lives of followers of any religion, it is impossible to get a holistic view of their psychological profile without studying the impact religion has and the role religion plays in their mental health and psychological well being. There is thus a need to not ignore the importance of interplay of these two worlds in the universe of research. This study is an attempt to contribute a drop to this ocean.

METHOD

Chapter-II

METHOD

Objectives:

The objectives of this study include:

1. To examine the relationship between positive religious coping, religiosity and psychological well-being among university students.
2. To examine the impact of religiosity and positive religious coping on psychological well being among university students.
3. To find out differences on gender with respect to religiosity, positive religious coping and psychological well being.

Hypotheses:

In the light of reviewed literature, following hypotheses are formulated for the current study.

1. Religiosity, positive religious coping and psychological well being are correlated among university students.
2. High religiosity leads to high psychological well-being.
3. High positive religious coping leads to high psychological well-being.
4. Religiosity has positive moderating effect on the relationship between positive religious coping and psychological well being.

5. There are differences in demographic variables (e.g. gender) on religiosity, positive religious coping and psychological well-being.

Operational Definitions:

Religiosity:

Religiosity is defined as representing the adherence to the practices and beliefs of an organized religious tradition or institution (Shafranske & Maloney, 1990). Religiosity is a multidimensional construct which is explained as society-based beliefs and practices in relation to God and living life in accordance to those beliefs and practices. In the present study, religiosity will be measured on the basis of scores obtained on Index of Religiosity Scale on which higher scores indicate greater religiosity (Aziz & Rehman, 1996).

Positive Religious Coping:

Positive religious coping is defined as use of positive coping techniques, for example prays, positive religious evaluation, considering God to be full of mercy and hoping for a change in the situation one is currently in has the basis in the belief of a personal and close relationship with God (Pargament, 1997). In the present study, positive religious coping will be measured on the basis of scores obtained on Brief religious coping scale (RCOPE) translated in Urdu on which higher scores indicate increased employment of positive religious coping (Khan & Watson, 2006).

Psychological Well being:

Psychological well-being is the combination of feeling good and functioning effectively (Huppert, 2009). Psychological well-being is conceptualized as combination of positive affective states such as happiness and functioning with optimal effectiveness in

individual and social life. By definition therefore, people with high Psychological well being report feeling happy, capable, well-supported and satisfied with life. In the present study, psychological well being will be measured on the basis of scores obtained on Psychological well-being sub scale of mental Health Inventory (MHI-38), on which higher scores greater well being (Heubeck & Neill, 2000).

Instruments:

Brief religious coping scale (RCOPE):

Brief religious coping scale (RCOPE) was first developed by Pargament et al., (1998). This scale comprises of two methods in which religious coping can be used, i.e., positive religious coping and negative religious coping. Both styles of coping are measured by 7 items scale each. Current study uses positive religious coping sub-scale which consists of seven positive coping items based on positive religious coping strategies. Positive religious coping strategies involve spiritual connectedness, seeking religious support, seeking spiritual forgiveness, collaborative style of religious coping, compassionate religious evaluation, religious cleansing, and religious focal point. Used in many researches, it was observed to have good validity and internal consistency. The Urdu version of scale was translated by Khan and Watson (2006) and the reliability was observed to be 0.75 (Khan & Watson, 2006). Positive Religious Coping Scale will be rated on a four point likert scale which ranges from 1 = Not at all to 4 = A great deal; showing the amount to which participants may utilize different positive religious coping strategies. Higher score on the scale revealed higher use of positive religious coping and vice versa (Pargament et al. 1998).

Mental Health Inventory:

Mental Health Inventory (MHI-38) is a 38 items inventory of mental health developed by Davies, Sherbourne, Peterson and Ware (1998). It has 2 global sub-scales of Psychological Distress and Psychological Well-being. Present study uses Urdu translation of this scale (Khan, Hanif & Tariq 2015) the psychological well being sub-scale of inventory is being used which consists of 14 items. The scale is reported to have good validity and reliability. Cronbach's coefficient alpha for the scale is .95 (Khan, Hanif & Tariq 2015).

Index of Religiosity (IR):

Index of Religiosity (IR) will be used to measure the level of religiosity in the sample. It was constructed by Aziz and Rehman (1996). The Urdu version of IR comprises of 27 items. It is a reliable and valid tool to gauge religiosity of the Muslim subjects. It measures religiosity on three dimensions, which include religious doctrine, religious faith and religious effect. The split half reliability of the scale is 0.80 and KR-20 is 0.83 (Aziz & Rehman, 1996).

Demographic Sheet:

This form includes information about age, gender, occupation, educational qualification, marital status and socio-economic background of participants.

Sample:

For this study a sample of 300 university students (M=150, F=150) was taken using convenient sampling techniques. The universities that were visited for data collection include International Islamic University Islamabad (IIUI), National University of Science and Technology Islamabad (NUST), Foundation of Advancement of Science and Technology

Islamabad (FAST), Foundation University Rawalpindi Campus (FURC), Quaid-e-Azam University Islamabad (QAU), National Defense University Islamabad (NDU). The students approached were between 18-35 years of age belonging to different educational programs including BS, M.Sc, MS, M.phil and Ph.D across different faculties. The sample represented different socioeconomic classes and academic backgrounds.

Procedure:

The study was carried out in twin cities. Permission to conduct the research was secured and ethical approval was obtained from the ethical committee. Participants were approached personally by visiting different institutions. Questionnaires were distributed among participants after taking their consent and assuring confidentiality. A brief description about aims of the study was provided. Participants were informed that they have the right to withdraw at any time. After completion, questionnaires were collected. After collection of data a de-briefing session was given to participants for further clarification of queries if they had any and participants were thanked for their cooperation.

Statistical Analysis:

After obtaining data, standard method of scoring were used for scoring the scales. By using Statistical Package for Social Sciences SPSS relevant analysis were applied to determine relationship among variables and test variables. Descriptive statistics were measured to show the overall representation of data. Pearson correlation was used to reveal the correlation between the variables. Regression analysis was used to test predictive and

moderating effects of independent variables on dependant variable. The t-test was used for analysis of gender differences among variables.

RESULTS

Chapter-III

RESULTS

Keeping in line with the rationale and hypotheses of the research, following results tables were computed:

Table 1:

Frequency Distribution of overall sampling according to Age, Gender, Education Program and Institution

Respondent's Characteristics	Categories	*f (%)*
Age	18-23	138 (46)
	24-29	109 (36)
	30-35	53(17)
Gender	Males	150 (50)
	Females	150 (50)
Education Program	BS/M.Sc/M.A/BBA	125 (41)
	MS/M.Phil	120 (40)
	Ph.D	55 (18)
Institution	IIUI	60 (20)
	FAST	44 (14)
	FURC	50 (16)
	NUST	50 (16)
	NDU	40 (13)
	QAU	56 (18)

Table 1 shows the frequency distribution of the sample according to its gender, age, education program and institution. 50% of the sample is male respondents and 50% are female respondents. According to age 46% range between the ages of 18-23, 36% are 24-29 and 17% are of ages 30-35.

According to the above tabulated frequencies of education program, 41% are BS/M.Sc/BBA/M.A students, 40% students are MS/M.Phil students and 17% are Ph.D students. Frequency table further depicts that participants are from various universities. 20% students are from International Islamic University Islamabad (IIUI), 14% from Foundation of advancement of Science and Technology (FAST), 16% from Foundation University Rawalpindi Campus (FURC), 16% from National University of Science and Technology (NUST), 13% from National Defence University (NDU) and 18% students are from Quaid e Azam University QAU.

Table 2

Descriptive Statistics of PRC (Positive Religious Coping Scale), IR (Index of Religiosity Scale) and PWB (Psychological Well-being Scale).

			Range			
Scales	M	SD	Potential	Actual	Skewness	Kurtosis
PRC	22.85	4.04	10-28	7-28	-1.0	.66
IR	92.64	8.32	58-106	27-108	-.98	.99
PWB	60.73	14.40	28-84	14-84	-.50	-.70

Note. PRC=Positive Religious Coping; IR=Index of Religiosity; PWB=Psychological Well-being

Table 2 shows the Table 2 shows the psychometric properties of PRC (Positive Religious Coping Scale), IR (Index of Religiosity Scale) and PWB (Psychological Well-being Scale) which depicts that all three scales have good skewness and kurtosis within range of +1 to -1 indicating that the data of all variables is normally distributed.

Table 3

Cronbach alpha reliability coefficients of the PRC (Positive Religious Coping Scale), IR (Index of Religiosity Scale) and PWB (Psychological Well-being Scale).

Scales	No. of items	Cronbach's α
PRC	7	.89
IR	27	.83
PWB	14	.96

Note. PRC=Positive Religious Coping; IR=Index of Religiosity; PWB=Psychological Well-being

Table 3 shows alpha reliability of the Positive Religious Coping Scale (PRC), Index of Religiosity Scale (IRC) and Psychological Well-being Scale (PWB). All the scales reliabilities were found to be adequate with reliabilities ranging from .82 to .96. The overall alpha reliabilities of scales are highly satisfactory. These reliabilities indicate that Positive Religious Coping Scale, Index of Religiosity and Psychological Well-being scale are appropriate to use in this study.

Table 4

Pearson's correlation coefficient of PRC (Positive Religious Coping Scale), IR (Index of Religiosity Scale) and PWB (Psychological Well-being Scale).

Variables	PRC	IR	PWB
PRC	-	.61**	.43**
IR	-	-	.50**
PWB	-	-	-

Note. PRC=Positive Religious Coping IR=Index of Religiosity PWB=Psychological Well-being
**p <0.01

Table 4 noted that PRC is positively correlated to IR with its correlation coefficient i.e., 0.61 a significant value with reference to the level 0.01. PRC is also positively correlated to PWB with correlation coefficient at 0.43 which is also significant at the level 0.01. Here exists another positive correlation between IR and PWB which is significant at level 0.01 with its coefficient of correlation at 0.50. Thus table 4 shows significant positive correlation exists between the study variables.

Table 5

Means, standard deviation and t-values of PRC (Positive Religious Coping Scale), IR (Index of Religiosity Scale) and PWB (Psychological Well-being Scale) between male and female students

	Male (n = 150)		Female (n =150)			95% CI		
Variables	*M*	*SD*	*M*	*SD*	*t(298)*	*LL*	*UL*	*Cohen's d*
PRC	21.76	4.36	24.00	3.49	4.88**	3.13	1.33	.56
IR	91.70	8.97	93.79	8.24	2.09**	4.04	.12	.24
PWB	60.06	14.11	61.06	14.88	.59	4.30	2.30	.06

Note: PRC=Positive Religious Coping IR=Index of Religiosity PWB=Psychological Well-being; CI= Confidence Interval; LL = Lower Limit; UL= Upper Limit; M= Mean; SD= Standard Deviation.
**p<0.05

The results from table 5 show gender difference on the study variables of Positive Religious Coping (PRC), Index of Religiosity (IR) and Psychological Well Being Scale (PWB). The table shows significant gender difference in Positive Religious Coping (PRC) and Index of Religiosity among university students. Scores revealed that females (M=24.00, S.D=3.49) use positive religious coping more than males (M=21.76, S.D=4.36). Females (M=93.79, S.D=8.24) are more religious as compared to males (M=91.70, S.D=8.97)

Table 6

Linear regression analysis to test the effect of Positive Religious Coping on Psychological Well-being among university students

		Outcome: Psychological Well-being
		Model 1
Variables	B	95% CI
Constant	25.34	[16.91, 33.76]
Positive Religious Coping	1.54	[1.17,1.90]
R^2	.19***	
F	69.89***	

Note. B = unstandardized coefficient, CI= confidence interval
****p<.001*

In table 6, multiple regression analysis is used to find out the effect of Positive Religious Coping on Psychological Well-being. As shown, Positive Religious Coping (β =.436, p< .001) positively predicted Psychological Well-being. The value of R^2 indicated that Positive Religious Coping explained a total of 19% variance in Psychological Well-being. The above stated prediction is significant as F (69.89) at p< .001.

Table 7

Linear regression analysis to test the effect of Index of Religiosity on Psychological Well-being among university students

		Outcome: Psychological Well-being
		Model 1
Variables	B	95% CI
Constant	-17.00	[-32.37, -1.64]
Index of Religiosity	.83	[.67, 1.00]
R^2	.25***	
F	99.55***	

Note. B = unstandardized coefficient, CI= confidence interval
****p<.001*

In table 7, multiple regression analysis is used to find out the effect of Index of Religiosity on Psychological Well-being. As shown, Index of Religiosity (β = .501, p< .001) positively predict psychological well-being. The value of R^2 indicated that religiosity explained a total of 25% variance in Psychological well being. The above stated prediction is significant as F (99.55) at p<.001.

Table 8

Moderation of the effect of Positive Religious Coping on Psychological Well-being by Index of Religiosity among university students.

	Psychological Well-being			
			Model3	
Variables	Model1B	Model2B	B	95 % CI
Constant	24.68	-18.00	-26.46	[-45.79, -7.13]
PRC	1.57	.76	.86	[.41, 1.31]
IR		.66	.72	[.49, .94]
PRC*IR			.93	[.32, 1.18]
R^2	.19***	.25***	.29***	
F	72.56***	60.38***	41.12***	

Note: PRC=Positive Religious Coping IR=Index of Religiosity PWB=Psychological Well-being; CI= Confidence Interval;

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

Multiple regression analysis was used to find out the moderating effect of religiosity on Positive Religious Coping and Psychological Well-being. Results showed that Religiosity acts as a moderator in the relationship between Positive Religious Coping and Psychological Well-being. As presented in table 8, religiosity (β = .091, p< .001) indicated to moderate the effect of Positive religious coping on psychological well being. The value of R^2 explained 29% of variance in the model. The above stated prediction is significant as F (41.12) and p< .001. This is also illustrated in Figure 2.

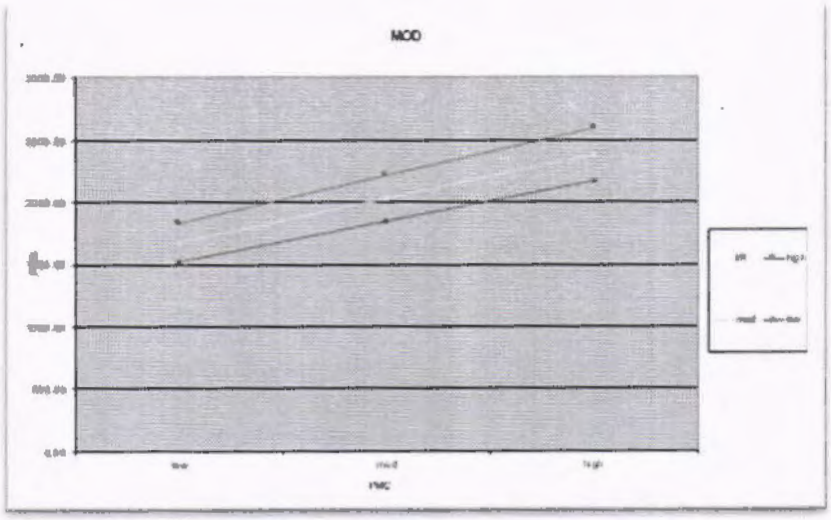

Figure 2: Moderation by Religiosity on relationship between Positive Religious Coping and Psychological Well being.

DISCUSSION

Chapter-IV

DISCUSSION

Psychological well-being is a sum total of positive attitudes that contribute to mental health of individuals. Islam is the religion that focuses on inculcating the positive attitudes in its followers as well as in bringing out the good in them. The purpose of this study was to further probe into the psychological well being of Muslim university students. The aim of this research was to find out the impact of religiosity and positive religious coping on psychological well being among university students.

To measure religiosity the index of religiosity scale (IR-27) was selected. Whereas, positive religious coping scale of the brief RCOPE was used to assess positive religious coping among the students. To find out the psychological well-being of the students, psychological well being scale of mental health inventory was administered. These scales were found to be satisfactorily reliable for the existing study (Table 3). The basic intention of exploration of various demographic variables was to highlight that whether these variables have an effect on the psychological well-being of individuals as well as on their religiosity and use of positive religious coping as a coping mechanism. To fulfil the requirement the data was collected from various university campuses in Islamabad and Rawalpindi. After the data collection, data was analyzed with the help of different statistical analyses to support the trends of hypothesized variable relationships.

The main purpose of this study was to find out the impact of religiosity and positive religious coping on psychological well being among university students. Results of this study

were significant with the hypothesized relationships. In this chapter, the results of the study are discussed along with literary evidence for the relevance, and other noteworthy findings to help interpret the results further. The results of the current study are weighed against the findings extracted from other religious samples as well. The implications of the findings for psychological research, psychological and religious theory and practice are outlined. Finally, highlight of potential limitations of this research and recommended direction for future research are presented.

The first hypothesis of this research stated that there exists a correlation among religiosity, positive religious coping and psychological wellbeing. This assumption was formulated keeping in mind the existing literature that supports the notion that the variables of religiosity, positive religious coping and psychological well being are correlated. This hypothesis was confirmed by the results obtained in the present study presented under (Table 4).

Previous studies conducted in the arena of religious psychology support the finding that religiosity and positive religious coping have positive correlation with each other. A study conducted with a sample of university students ranging in age from 18-27 years supports the hypothesis that religiosity, religious coping and psychological well-being tend to correlate positively (Trankle, 2006). This study indicated a positive relationship between religious coping and psychological well-being examined by the Collaborative style of religious coping and the Deferring style of religious coping as well; and both their association with psychological wellbeing highlighted a positive correlation among religious coping and psychological well-being. Along with the indication of positive correlations between religious coping and psychological well-being, this study also suggest positive correlation

between religiosity and psychological well-being lending further support to the hypothesis of current study.

In the current results (Table 4), there was positive correlation observed under analysis between religiosity and positive religious coping thus indicating that individuals who score high on religiosity tend to use positive religious coping to cope with everyday life and the events it presents. In a study Zaharim (2011) while exploring the link between religiosity and religious coping among various age samples including children, university students and adults found out that in university students, religiosity was positively correlated with religious coping. This finding also suggests that the high is an individual's religiosity, the more recurrently he/she is expected to use religious coping.

The first assumption of the study also indicates that religiosity and psychological well being are positively correlated. The results (Table 4) confirm this assumption that the higher one's religiosity, the greater will be his/hers psychological well being. A study conducted in UK with Muslim university students belonging to Muslim countries with age range of 18-28 years revealed that there exists a positive correlation among religiosity and mental health (Aflakseir, 2012). The findings of this research further reflect that knowledge of Islam contributes in enhancement of self-acceptance and self-growth personal meaning along with positive psychological well-being.

In a study by Olson, the use of positive religious coping was reported as a predictor of improved mental well being. Their results are consistent with our findings (Olson et al. 2012). Similarly in a study conducted in Iran Gholamzadeh et al. found out that positive religious coping was related to psychological well being (Gholamzadeh et al., 2014) as

hypothesized in current study as well, thus confirming positive religious coping is positively correlated with psychological well being i.e., higher positive religious coping indicates greater psychological well being as presented in the results section (Table 4).

The second hypothesis related to predictive relationship between religiosity and psychological well being was approved by the results (Table 7). In this way, high religiosity leads to high psychological well being. There has been a debate for centuries providing evidences whether religiosity is a positive predictor of health or not. An emerging pile of research lends support to the hypothesis that religiosity is associated with increased health and psychological well-being (Hackney & Sanders, 2003). This link was explored during meta analysis of 34 studies on religiosity and mental health. Various other epidemiological and clinical reviews have also provided evidence to strengthen this assumption. The results of Hackney and Sanders (2003) are in alliance with the second hypothesis of the study that high religiosity leads to high psychological well being.

The religion Islam is considered to play a fundamental part in the well-being of the followers; the Muslims. A study conducted in Kuwait with a sample of 2,210 undergraduate university Muslim students it was revealed that religiosity is a predictive factor of psychological well being as well as happiness which is a product of psychological well being (Abdel-Khalek, 2006). These findings are in coherence with the hypothesis that high religiosity leads to high psychological well being. In another study conducted with a sample of 122 individuals, hierarchical multiple regression unveiled the findings that there is a significant evidence available about components of religion to be predictors of both physical and mental health (i.e psychological well-being) (Rippentrop, 2005).

Another study conducted with 472 participants by Desutter, Soenens and Hutsebaut (2006) examines the relative contribution of religious involvement and religious attitudes in the prediction of mental health in adulthood. Using self report scales religious involvement, religious orientations and social-cognitive approaches to religion were measured. The results of this study support the hypothesis that religiosity is a predictor of psychological well being. The results showed that the religious orientations and social-cognitive approaches to religion were significantly related to outcomes of well being. It further revealed that the social-cognitive approaches to religion also act as a predictor of well-being (Desutter, Soenens & Hutsebaut, 2006). Among others, Aflakseir (2012) and Trankle (2006) also found out in their studies that in Muslim university students high scores on psychological well being are an outcome of high religiosity which is in accordance with the hypothesis of the current study.

The third hypothesis of the study states that high positive religious coping leads to high psychological wellbeing. This was hypothesized in the light of already existing literary work which also is suggestive of the idea that the positive religious coping acts as a predictor of psychological well being. The results obtained in the present study presented under (Table 6) confirmed this hypothesis for the sample of current study that positive religious coping leads to psychological well being among Muslim university students.

Religious coping is the use of religious beliefs, attitudes or practices to reduce the emotional distress caused by stressful events of life. Quite a many cross sectional studies have brought into being that positive religious coping strategies lead to better psychological well-being (Lewis et al., 2005; Maltby & Day, 2004). These findings are in accordance with the study hypothesis that psychological well being is predicted by positive religious coping.

For a lot of individuals, religion emerges to be a significant source to help in coping. Many researchers have shown the widespread exercise of religious coping strategies in stressful events. Psychological well being or mental health is also often termed as absence of mental illness. Thus, reduced illness implies greater well being. Galanter (1982) stated that reliance in God, praying and faith in divine intervention leads to an increased tolerance to pain. It presents a person with fulfilled spiritual needs and enhances the person's ability to get away from the body and reduces the pain (Galanter, 1982) hence increasing the psychological well being.

In many studies positive religious coping is considered a positive predictor of Islamic religiosity. for example in a study conducted online with a sample of 340 Muslims the results were found to be verifying that the higher level of Positive Religious Coping are an indicator of higher level of positive psychological well being manifestations (General Islamic Well-being, Purpose in Life, Satisfaction with Life) and low level of negative psychological well being manifestations (Abu Raiya et al., 2008). These results are similar to results acquired from a study conducted with Christian samples; whereby Presbyterians, clergy, and elders were a part of study that revealed positive religious coping methods were a leading agent to higher levels of well-being (Paragament et al. 2001). These findings further confirm the third hypothesis of current study which suggests that positive religious coping leads to psychological well being.

The fourth hypothesis relating to the relationship between positive religious coping and psychological well being moderated by religiosity was supported by the research findings (Table 8). The hypothesis states that religiosity has positive moderating effect on the relationship between positive religious coping and psychological well being. The hypothesis

was taken into assumption in the light of existing literature on the topic. The results presented in Table 8 confirm the postulated hypothesis. These results are associated to the previous research findings conducted.

It was established through previous researches as well as the evidence presented in the present study that religiosity contributes to psychological well being (Abdel-Khalek, 2006) as well as positive religious coping leads to psychological well being(Abu Raiya et al., 2008). Research also makes it evident that the interplay of both these independent variables (i.e., religiosity and positive religious coping) also results in psychological well being whereby religiosity plays a moderating role between positive religious coping and psychological well being. In other words, for a specific person the effect positive religious coping has upon psychological well being is determined by the religiosity/religiousness of the individual. This hypothesis was confirmed in the present study as depicted in Table 8.

Existing body of literature also indicates the religiosity plays moderating role. In a study conducted by Ross et al. (2008) the moderating effect of religiosity on religious coping was analyzed. The study examined moderating relationship between religion, religious coping and psychological adjustment. Psychological adjustment is often perceived as an indicator of psychological well-being. The findings obtained from this study confirmed the results elaborated in Table 8 that religion will significantly moderate the relationship between psychological adjustment and all four styles of religious coping namely collaborative style, deferring style self directing and turning to religion.

In another study, while examining the effects of religious coping, the potential moderation of effects of religious coping by religious affiliation was measured. As proposed

in hypothesis and confirmed in results (Table 8), the results of this study also showed that the use of religious coping was linked with better life adjustment. The results further revealed that these effects of religious coping were moderated by religious affiliation (Tix & Frazier, 1998). These results are in accordance with the results presented in Table 8.

Tix and Frazier (2005) in another work of theirs to examine the moderating role of religiosity on mental health among a sample of 268 university students found out the similar results. In this study anxiety and depression were measured as indicators of mental health i.e, both disorders have inverse relationship with mental health. The results of the study revealed that relationship between both anxiety and depression and intrinsic religiousness was being moderated by religious tradition. Hence, religion is reflected to be assuming the role of moderator for psychological well being as presented in results of current study (Table 8).

The fifth hypothesis of the study comprised of assumptions for demographic variable i.e., gender. The hypothesis states that there are differences in demographic variables (e.g. gender) on religiosity, positive religious coping and psychological well-being. This hypothesis was developed in the light of available literature. The results of the study (Table 5) showed that the hypothesis was accepted for the assumptions regarding religiosity and religious coping. However, the postulated gender differences on the variable of psychological well being were rejected. The study results revealed that female students tend to score significantly high on religiosity in contrast to male students. The results also revealed that female students significantly use religious coping as a coping strategy in their lives more in contrast to male students.

The hypothesis suggested that females score high on religiosity in contrast to males. The findings of the study (Table 5) seem to verify this assumption. In previous researches similar results have been obtained. In a study conducted in Iran with a sample of 150, religiosity was observed to be significantly higher in women than in men i.e., score of relationship with God was found significantly higher in women (Haghighi, 2013). This difference was explained by Haghighi (2013) to be attributed to the role of women have to play as mothers in training their next generation, since religion entails injunctions and commands. In another study Miller and Hoffman (1995) found out that females are more religious as compared to males. This study also supports the hypothesis that females are more religious, thus confirming the results of current study.

In a similar study Sheeran et al. (1996) also found out that women tend to have more religious inclination as compared to men. They further explained that women are more dutiful and have less risk taking tendencies thus are better able to conform to religious norms. Similar findings have been reported by Paragment et al (1997). All these findings are consistent with the results presented in Table 5 which support the hypothesis that females tend to be more religious in contrast to males.

Another assumption of fifth hypothesis was that gender differences are observed on positive religious coping. According to the hypothesis females are more religious than males. This assumption was confirmed by the results of this study where female students scored significantly higher than male students on the use of positive religious coping. In a study conducted by Zaharim (2010) female undergraduate students was reported using religious coping significantly more frequently than male undergraduate students. This research

explained the reason of this occurrence to be that female undergraduates were more extrinsically religious such that religion was perhaps more useful to them during challenging times as compared to male undergraduate student.

In a study on gender perspective about religiousness and religious coping Hvidtjorn et al. (2014) found that women are more religious as compared to men and women tend to use religious coping more than men. Various studies reported that women tend to use religion as a coping mechanism than men. Gender differences with in religion are well acknowledged and women are usually found more religious as compared to males (Francis 1997; Gallup & Lindsay 1999). All these findings support the hypothesis results (Table 5) which indicate that females use religious coping more as compared to males.

The results align with current literature depicting that women use religious coping techniques more often than men and these findings are also in line with the general idea that females are more religious as compared to males (BeitHallahmi & Argyle, 1997; Francis & Wilcox, 1996). One of the explanations for this difference can be that males and females also tend to have different images of God. Some researchers report no significant differences on the variable of gender in God images, however, different others report that women have a more positive God image, stressing on the need of relationship with a loving God (thus providing foundation for positive religious coping), while males possess a more controlling image of God, as they center their focus on power and judgment of God (Krejci 1998; Ozorak 1996).

Finally the last hypothesis assumed that gender differences will be observed on psychological well-being in female and male university students. This assumption was rejected in the results as the results showed no significant differences among female and male

students on the variable of psychological well-being. In a similar study conducted with students to evaluate differences on psychological well being, the findings for psychological well-being revealed no major difference in male and female students (Akhter, 2015).

It bas been observed that available literature on the presence of gender differences; including studies regarding psychological well-being reflect contradiction in results and a distinctive lack of agreement (Ryff & Singer, 1998, Strumpfer, 1995). A major reason for this lack of consensus can be the causal agents of well being among populations under study. Therefore, as opposed to the study hypothesis, it cannot be said with conviction that male and female students differ on their scores of psychological well being.

Conclusion

The present study examined the relationship between religiosity, positive religious coping and psychological well-being among university students. The findings from the study confirm that religiosity and positive religious coping plays an important role for the psychological well being of university students in Muslim population. Religiosity, positive religious coping and psychological well being were found to be linked in many ways. The three variables religiosity, positive religious coping and psychological well being were positively correlated with each other. Religiosity had significant positive correlation with positive religious coping and psychological well being. Positive religious coping and psychological well being were also positively correlated. Positive religious coping linked with religiosity increases psychological well being. Positive religious coping was found to be a predictor of psychological well being. Religiosity was also found to be a predictor of psychological well-being. Religiosity positively moderates the relationship between positive religious coping and psychological well being. Females scored significantly higher than males on religiosity and positive religious coping; however, on psychological well-being no significant gender differences were obtained.

Limitations

1. The size of sample was restricted to only 300 university students because of the time constraints.
2. The data was gathered from university campuses Islamabad and Rawalpindi only, because of limited resources.
3. The cross-sectional method of study was used which constricts the understanding of causal explanations.
4. Findings of the study were limited to generalize due to the convenient sampling.
5. Different university students may use religiosity and religious coping to different degrees in times of stressful events or otherwise. There was no mechanism in this study to control the level of stress in lives of students.
6. The findings of the research can be effected by subject desirability. The participants of study may have answered in a manner they assumed would be socially suitable and appropriate.

Suggestions

1. The size of sample can be increased to enhance the accuracy and relevance of results.
2. Data can be obtained from other cities all over Pakistan in order to help generalize the results.
3. Results propose a call for longitudinal research measures to be employed to witness how these variables interact with each other and to measure the causal relations between religiosity, positive religious coping and psychological well-being.
4. Few other variables e.g. age, education, marital status can be taken into consideration and results should be analysed on the basis of these variables as well.
5. Comparative researches are necessary to determine resemblance and discrepancies between Islam and other religions. These researches can prove beneficial to help progress the field of religious psychology, and broaden our understanding of the effect of religion on psychological well-being.
6. The current study used a survey format and the results of this study are based on self-report figures. Future studies that use other research methodology (e.g., observer reports, direct inspection) would offer additional support for the findings gained from this study.

Implications

The results of this study have numerous implications for psychological theory, research and practice.

1. The results of this study about the positive relation of religiosity and positive religious coping with psychological well-being of university students can be valuable in educational settings.
2. It provides a new path to psychologists, educationists, campus counsellors and all the professionals who engage in managing the students for planning of interventions and theories.
3. Given that religiosity is linked to psychological well-being in Muslim populations, mental health experts can consider incorporating Islamic teachings and injunctions in their therapeutic practice.
4. The results of this research strongly defy routine mistaken beliefs and stereotypic concepts against Islam (for example Islam effects well-being of of its followers in a negative manner). A current prevalent misconception is that Islam endorses violence and extremism. The results of this study reveal a different state of psychological well being of Muslims.
5. The results highlight the significance of Islam in lives and well being of Muslims, and thus emphasizing the need for greater consideration to the Islam when managing Muslim populations. Inability to do that might lead to a distorted image of the existence of Muslims and seeking solutions to their problems.

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APPENDICES

Appendix- A

اجازت برائے تحقیق

میں شعبہ نفسیات انیٹرنیشنل اسلامک یونیورسٹی اسلام آباد کی ایم ایس کی طالبہ ہوں۔ ہمارا ادارہ تعلیم و تدریس کے ساتھ تحقیق بھی کرتا ہے۔ یہ اس سلسلے کی ایک کڑی ہے جس کے لئے آپ کا تعاون درکار ہے۔ میں یونیورسٹی کے طالب علموں میں دینی رجحان کے بارے میں تحقیق کر رہی ہوں۔ آپ کی خدمت میں کچھ سوالنامے پیش کیے جارہے ہیں۔ آپ سے درخواست ہے کہ سوالات کو غور سے پڑھنے کے بعد ساتھ دی گئی ہدایات کے مطابق جواب دیں۔ برائے مہربانی اس ریسرچ میں شرکت کے لئے نیچے دی گئی جگہ پر دستخط کریں۔

آپ کو یقین دلاتا جاتا ہے کہ آپ کی فراہم کردہ معلومات راز میں رکھی جائیں گی۔

نام	
شعبہ	
تعلیمی ادارہ	
ای میل	
دستخط	

آپ کے تعاون کا شکریہ۔

عائشہ زبیر

(ایم ایس سکالر)

Appendix-B

ذاتی کوائف

نام:	
عمر:	
جنس:	
تعلیمی ادارہ :	
فیکلٹی کانام :	
ڈیپارٹمنٹ کانام:	
ڈگری پروگرام:	

Appendix-C

نیچے دئے گئے سوالات کے سامنے 5 جوابات موجود ہیں۔ آپ ہر سوال کو پڑھ کو اس کے سامنے ممکنہ جوابات میں سے اس پر دائرہ لگائیں جو آپ پر لاگو آتا ہو۔

	سوالات	ہمیشہ / بہت حد تک	کبھی کبھار / کسی حد تک	بہت کم / کوئی خاص نہیں	بالکل نہیں
.1	میں نماز پڑھتا / پڑھتی ہوں				
.2	میں روزہ رکھتا / رکھتی ہوں				
.3	میں قرآن پاک کی تلاوت کرتا / کرتی ہوں				
.4	میں یا میرے والدین مستحق لوگوں کی مالی مدد کرتے ہیں				
.5	میں حج کو ضروری تصور کرتا / کرتی ہوں				
.6	مجھے یقین ہے کہ انسان کے تمام اچھے برے اعمال کا بدلہ اسے آخرت میں ملے گا۔				
.7	مذہب انسان کی آزادی سوچ کی محدود کردیتا ہے				
.8	میں والدین کی راہنمائی اور فرمانبرداری کو اہم سمجھتا / سمجھتی ہوں				
.9	مذہب پر ایمان انسان کو دوسروں کا خیر خواہ بنا دیتا ہے				
.10	میں اپنے لباس کے انتخاب میں مذہبی احکامات کا خیال رکھتا / رکھتی ہوں				

Appendix-D

زندگی میں پیش آنے والے واقعات کے دوران لوگ انفرادی نوعیت کے ردعمل کا اظہار کرتے ہیں۔ اور اسی انفرادیت کے بدولت ہر شخص کا روعمل دوسرے سے مختلف ہوتا ہے ۔

اس سوالنامے کے ہر بیان میں ردعمل کا ایک مخصوص انداز دیا گیا ہے اور اس کے سامنے چار ممکنہ جوابات بھی دیے گئے ہیں۔ آپ ہرسوال کا جواب دیتے ہوئے صرف اس جواب کے گرد دائرہ لگائیں جو واقعی آپکے اوپر لاگو آتا ہو۔

		بہت حد تک	کسی حد تک	بہت کم	بالکل نہیں
.1	میں نے خدا کے ساتھ اپنے تعلق کو مضبوط کرنے کی کوشش کی۔				
.2	میں نے خدا کی محبت اور توجہ پانے کی کوشش کی				
.3	اپنے غصے پر قابو پانے کے لئے میں نے خدا سے مدد مانگی۔				
.4	خدا کی مدد کے ساتھ میں اپنے فیصلوں پر عمل کرنے کی کوشش کی۔				
.5	میں یہ جاننے کی کوشش کی کہ ان حالات میں میرا خدا مجھے کس طرح مضبوط بنا رہا ہے۔				
.6	میں نے اپنے گناہوں کی معافی مانگی				
.7	میں نے پریشان کن سوچوں سے بچنے کے لئے اپنی توجہ مذہب کی طرف کرلی				

Appendix-E

گزشتہ کچھ ماہ کو مد نظر رکھتے ہوئے نیچے دیے گئے سوالات کا جواب دیجئے ۔ ہر سوال کے سامنے پا نچ ممکنہ جوابات دیے گئے ہیں۔ آپ اپنی زندگی پر لاگو ہونے والے بہترین جواب کا انتخاب کریں۔

گزشتہ کچھ ماہ کے دوران:

	سوالات	ہر وقت	زیادہ تر	کافی وقت	کچھ وقت	بہت کم وقت
.1	آپ زندگی سے کتنا خوش اور مطمن رہے؟					
.2	کتنی مرتبہ آپکو مستقبل پر امید اور تابناک نظر آیا؟					
.3	کتنی بار آپکی زندگی ایسی چیزوں سے بھرپور تھی جو آپ کے لئے دلچسپی کا باعث تھیں؟					
.4	کتنا وقت آپ نے پر سکون اور پریشانی کے بغیر گزارا؟					
.5	آپ کس قدر ان چیزوں سے لطف اندوز ہونے جو عام طور پر کرتے ہیں؟					
.6	کتنے وقت کے لئے آپ نے محبت اور چاہت محسوس کی ؟					
.7	روز صبح اٹھنے پر آپ نے یہ محسوس کیا کہ یہ ایک دلچسپ دن ہوگا؟					
.8	کتناعرصہ آپ نے سکون اور اطمینان					

	محسوس کیا؟					
.9	کتنی مرتبہ بغیر کسی مشکل کے آپ نے خود کو پرسکون محسوس کیا؟					
.10	کتنی دیر کے لئے آپ کو احساس ہوا کہ آپ کے چاہنے اور چاہے جانے کے تعلقات مکمل ہیں؟					
.11	کتنا وقت آپ کی زندگی کے لئے ایک زبردست مہم تھی؟					
.12	آپ نے کتنا وقت ایک خوش اور ہلکا پھلکا محسوس کیا؟					
.13	آپ کتنا وقت ایک خوش باش انسان رہے					
.14	آپ کتنی مرتبہ صبح پرسکون اور تازہ دم جاگے؟					