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**THE ROLE OF RELIGIOSITY AND LOCUS OF CONTROL ON PSYCHOLOGICAL WELL-BEING AMONG MUSLIM UNDERGRADUATE STUDENTS: THE MODERATING ROLE OF RESILIENCE**

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**Abstract**

The current study analyzes the relationship among Religiosity, Locus of Control, Resilience and Psychological well-being among muslim undergraduate students. The role of Resilience as a moderator is also explored. The roles of Extrinsic and Intrinsic Religiosity on PWB, Internal and External LOC on PWB were also analyzed. A total of 220 individuals were selected through purposive sampling technique. 111 (n=111) respondents were taken Males Students and 109 (n=109) respondents were taken Females students from public and private Universities of District Mardan, Peshawar, Islamabad, Lahore. Demographic information sheet, The Psychological Well-Being Scale (PWBS) 42 items including six factors by Caron Ryff (1989), Muslim Religiosity Scale 26 items including two factors Intrinsic and Extrinsic Religiosity by Dr. Mussarat Jabeen Khan (2014), Multidimensional Locus of Control Scale 24 items including three factors Internal Locus of control, Powerful others and Chance, by Levenson (2003), and The brief resilience scale six items by Smith in (2008). The result were assessed by using the Pearson product correlation, multiple regression analysis, Moderation analysis and Independent sample T-test. Result of the current study indicates that the entire variables have significant relationship; Intrinsic Religiosity and Internal LOC have positive relationship with PWB. Extrinsic Religiosity and External LOC have Negative relationship with PWB. Intrinsic Religiosity, Internal LOC, External LOC, Resilience would predict PWB, except Extrinsic Religiosity. Resilience plays the role of Moderator between Religiosity and PWB, and would not play the role of Moderator between LOC and PWB. There are no significant Gender differences in PWB among Muslim undergraduate Students.

**Keywords:** *Religiosity, Locus of control, Resilience, Psychological well-being and Muslim undergraduate Students.*

## **1. Introduction**

Basically Researches of Psychology focused on Pathological problems, unhappiness, Psychological disorders and human suffering. Positive aspects of psychological functioning, Happiness, Positive Psychological well-being were misunderstood and, perhaps more crucially, understudied as social sciences sought to comprehend human nature. (Diener & Seligman, 2002)

Psychological well-being concerns are becoming increasingly common among university students these days, particularly among undergraduate students who are prone to mental health problems. According to studies, poor Psychological well-being of College and Universities students appears to be a very important and serious issue. (Yang et al., 2010)

Pakistan is one of the worst-affected countries, with undergraduate students lacking a clear vision of their future because they choose their field of study based on suggestions from their parents, other peers, or relatives; as a result, they are not concentrating on their studies, and their psychological well-being is deteriorating day by day, among other factors.

Financial restrictions, hostel issues, study burden, commute to university from urban regions, time limits, also the time to complete any assignment, tasks, or thesis on time, classe internal problems, and family issues all have a lot of impact on undergraduate students' psychological well-being. When Psychological well-being harmed, then their positive learning, Assignments and task performance will effected. (Abiddin & Ismail)

To understand this phenomena and to find out these effecting areas for their better treatment and precautions, and we are living in Islamic Republic of Pakistan which is a Muslim country. I would like to study the Psychological well-being of Muslim undergraduate Students, literature was searched to find out the variables that can relate to this brave psyche are religiosity, locus of control and resilience seemed to be the variables that can make people strong and psychologically healthy despite devastating circumstances. In the light of literature the current study aimed to explore the association and relationship between Religiosity, Locus of control, Resilience and Psychological well-being and to find out the Role of Intrinsic and Extrinsic Religiosity and Internal and External locus of control on Psychological wellbeing among Muslim Undergraduate students and also to find out that, Resilience can play the role of Moderator or not between Religiosity, Locus of control and Psychological well-being.

### **1.1 Psychological well-being**

Psychological well-being is probably the mostly used notion among psychologists, Psychotherapist and mental health practitioners. However, there is currently no consensus on how to operationalize this concept (Khan and Juster, 2002). Nonetheless, a lot of theories of well-being have been proposed, and a vast body of empirical research using various indices of this construct has been conducted. The concept of psychological wellbeing (PWB), on the other hand, has proven to be significantly more nuanced and disputed, according to theorists. In practise, psychological wellbeing is a blanket term that encompasses a wide range of concepts that evaluate the functions of psychology. (Girum, 2012).

Psychological well-being is defined by Ryff (1989) as the degree to which people achieve their full potential, self-satisfaction, optimal psychological functioning, and a sense of purpose in their lives, as well as a sense of meaningful control over their lives and related activities. Ryff, 1989)

The condition of a strong mental healthy individual who possesses a variety of good mental health traits such as active environmental adaptability and personality unity is termed as psychological well-being (Shek, 1992)

The absence of depression and other psychological issues does not guarantee psychological well-being. Positive self-awareness, positive or healthy relationships, environmental awareness, autonomy, the meaning of life, having a sense of purpose, and feelings that are favourable to healthy growth are all required. It also essential that they be in charge of their lives (Ryff, 1995).

Self-actualization and free flexibility are the foundations of psychological well-being (Waterman, 1993). According to Ryff (1997), traditional measures of positive stress, negative impacts, and life are effective in assessing well-being as the three components of psychological well-being, but they are not optimal for the development of psychological health. Furthermore, well-being elements have a complex structure; according to Ryff (1989), psychological health is a multifaceted system, not only a mix of positive and negative consequences with a happy life.

### **1.1.1 Dimensions of Psychological well-being.**

There are six core dimensions of psychological well-being that are the first one is autonomy, environmental mastery, personal growth, positive relationship with other, purpose in life and self-acceptance of individuals (Ryff, 1989).

**Autonomy:** Self-determination, independence, and autonomy in confronting societal influences that oppose one's personal views and goals, managing one's own behaviours, and performing self-made quality assessments are all examples of autonomy (Ryff, 1989). The fully functional person is also talk to have an internal locus of evaluation, in which they appraise themselves based on personal criteria rather than seeking approval from others. Individuation is defined as a break from convention in which an individual is no longer bound by the communal fears, beliefs, and laws of the people. Looking inward in later age, according to life span developmentalists, gives a person a sense of liberty from the conventions that govern daily existence.

**Environmental mastery.** Environmental mastery refers to a person's capacity to create or choose an environment that is similar to his personal and psychological circumstances. A sense of knowing, as well as the ability to control the world and social events by making excellent use of resources and constructing one's own environment based on one's own interests and needs (Ryff, 1989). Life span growth also necessitates the ability to adapt and regulate complicated surroundings. These beliefs emphasize one's ability to grow and transform one's life through physical or mental action. The extent which a person takes use of environmental chances is also important for good ageing. According to these theories, active participation in and mastery of the environment are essential components of a positive psychological functioning framework.

**Personal growth.** A person's potential to develop and expand to the utmost extent feasible is characterised as personal development. The ability to consistently progress on a personal level while also maintaining that growth. In other words, a sense of ongoing development, advancement, and extension, as well as an openness to new information and a long-term appraisal of one-on-one potential (Ryff, 1989). Clinical perspectives on personal development emphasise the desire to realise one's full potential. A properly functioning human, for example, must have the ability to be open to new experiences. Rather than achieving a stable state in which all problems are solved, such a person is always evolving and expanding. Life span theories emphasise continuous advancement and the

facing of new difficulties or tasks at various periods of life. As a result, the preceding beliefs place a strong focus on personal growth and self-realization. It could also be the component of happiness that, as previously stated, most closely approaches Aristotle's definition of eudaimonia.

**Self-acceptance.** Having a positive attitude about oneself in general, being hopeful about one's past life, accepting all aspects of one's own nature, both good and negative. Self-acceptance, simply said, is a positive attitude toward oneself as a sort of self-appreciation. It's an important part of psychological functioning. Accepting oneself demands maintaining a positive attitude (Ryff, 1989). This, along with self-actualization, optimal functioning, and maturity, is considered a key quality of mental health. In life span theories, acceptance of oneself and one's previous life is also emphasised. As a result, having a positive attitude about oneself emerges as an important aspect of healthy psychological health.

**Purpose in life.** A life oriented on reaching a goal, as well as finding ways to enhance one's living and seeing one's prior life as meaningful (Ryff, 1989). Beliefs that give one the sensation that life has a purpose and significance are regarded as mental health. Maturity is also defined as having a strong sense of direction and intentionality, as well as a clear knowledge of one's life's purpose. The term "life span developmental theories" refers to a lot kinds of changing objectives, goals or any aim in life, such as being creative, directive and productive or obtaining emotional wholeness later in life. As a result, a positive person has goals, intents, and a feeling of direction, all of which contribute to a sense of meaning in life.

**Positive relations with others.** Being in loving, fulfilling, and trustworthy relationships with people based on real concerns, empathy, intimacy, and respect for the safety of others, as well as perceiving human interactions as a mutually beneficial or caring process. Positive relationships, according to Ryff, are described as powerful feelings of love and compassion that are expressed openly and consistently with others (Ryff, 1989). The ability to love is considered an important aspect of mental wellness. Self-actualizers are defined as people who have great empathic feelings and affection for all people, as well as the ability to love more deeply, develop deeper friendships, and identify more fully with others. Warm interpersonal relationships are considered as a maturity requirement. Adult developmental stage theories also place a premium on forming close bonds with people (intimacy) as well as receiving direction and advice from others (generativity). As a result, in these concepts of psychological well-being, the value of positive interpersonal interactions is often emphasised. The state of one's psychological well-being is a measure of how well one's life is going. It's the result of a pleasant mood and a good performance. People don't necessarily need to be happy all the time; unpleasant emotions (such as disappointment, failure, or grief) are a natural part of life, and being how to control these difficult feelings is essential for lasting happiness. Psychological well-being is put at risk by negative feelings that are persistent or intense and interfere with a person's ability to function in daily life. (Huppert, 2009).

Individuals with a high level of psychological well-being, according to Ryan and Deci (2008), are able to meet the basic psychological demands of autonomy, competence, and relevance in their life. PWB, on the other hand, is defined by Ryff (1989) and Diener et al. (2009) as an individual's optimal life function, which encompasses self-acceptance, positive interpersonal relationships, autonomy, environmental control, life objectives, and personal progress. Regardless of the numerous definitions used, positive psychology researchers agree that PWB is a vital component of human mental health and serves as the cornerstone of quality of life (Huppert, 2009; Sarvimaki & Stenbock-Hult, 2000).

Anxiety and despair are thought to be more prevalent among undergraduate students (Eisenberg, Gollust, Golbertin & Hefner, 2007; Wong, Cheung, Chan, Ma & Tang, 2006). Increasingly Psychological well-being was emphasized as an important component of human life in the field of education, particularly at the university level. Students with a high PWB are regarded to have good mental health and the ability to maintain positive interpersonal interactions. They are also hardworking and have a positive attitude on life (Waghmare, 2016). However, Nor Sheereen and Rozumah (2010) reported that 47.1 percent of students in a public institution had a poor PWB score, implying that a high proportion of students were at risk of psychological issues.

Another study found that 46.2 percent of students at a private medical institution suffered from mental issues (Ahmad Zaid, Chan & Ho, 2007). Another study, conducted by Maher et al. (2015), found that 16.9%, 52 percent, and 24.4 percent of medical students at a public institution had stress, anxiety, and depression problems, respectively. These research have provided an overview of the level of PWB among Malaysian university students, demonstrating that these individuals are experiencing psychological distress.

Previous research has found some inconsistencies when it comes to the age factor. There were no age differences in psychological well-being according to Creed et al. [25]. (young, middle age, and mature-age).

There are age differences between students with the aged 18-23 and students with the aged 24 and up, according to Ludban et al. [26].

Panahi et al. identified a strong link between age and psychological well-being among UPM postgraduate students, demonstrating that psychological well-being rises with age. In terms of autonomy, personal growth, and life purpose, the authors confirmed that there is a strong association between age and psychological well-being.

A study was conducted to understand more about the effects of ageing on people's psychological well-being. According to the findings, psychological health has some time-related stability throughout a person's life (Diener et al, 1999).

Kim and Moen (2002) conducted research to see if there were any gender disparities in the psychological well-being of retirees. Men had a higher level of psychological well-being after retiring from their employment than women, according to the research.

In terms of psychological well-being, adaptive motivation, academic buoyancy, and personal best objectives, boarder students outperformed day scholar students, according to Martin et al. (2014).

Another study looked into the relationship between student-peer and student-teacher relationships and mental health. It was revealed that better peer-to-peer and teacher-to-student relationships are positively associated to enhanced mental health (Sarkovaet al, 2014).

## **1.2 Religiosity**

Religion is derived from the Latin word the "religare," meaning is "to tie or bind tightly." According to Islam, religion is the tie that exists between God as the Ultimate Reality and His creations, with humanity being one among them (Online Etymology Dictionary, 2016).

Religion is defined as "an organized system of beliefs, symbols and practices designed to bring people closer to God." Religiousness is defined as "the level of involvement and personal significance attached to such a system." (Mussarat, 2014)

Religiosity is the condition or state of being religious or is a number of dimensions associated with religious beliefs and involvement. A belief in God accompanied by a commitment to follow principles believed to be set by God (Mussarat, 2014).

Religiosity is a broad phrase that encompasses a wide range of religious practices, beliefs, and spirituality. Religious activity, dedication, belief, and religious behavior, such as knowing, feeling, and doing, are all characteristics of religiosity or religiousness in their broadest sense (Morton & Richard, 2002).

Religion can be defined as the institutional, formal, and outward representation of the sacred, and it can be quantified using factors like believe in God, religious value, and how often people pray, attend religious services, and meditate. 2016 (Ashouri)

### **1.2.1 Dimensions of Religiosity**

Religion is a broad term that encompasses many different aspects. It covers a wide range of religious topics, including belief, practise, knowledge, and experience, as well as the consequences of those topics. Extrinsic and intrinsic religiosity was defined by Allport and Ross (1967).

#### **Intrinsic Religiosity**

A person who is intrinsically motivated practices his religion. A person with intrinsic religiosity internalizes his or her faith's entire creed and goes beyond mere Prayers attendance. Religion provides these people with their overarching motivation for living, and their other needs are brought into harmony with their religious beliefs (Allport & Ross, 1967).

The practice of religion in the absence of societal or other external constraints is known as intrinsic religiosity. The potential of personal spiritual growth and a deeper, more meaningful relationship with God is what motivates these people (Hills et al., 2004; Hunter & Merrill, 2013).

Intrinsic orientation is a mature type of religious sentiment that acts as the major motivator and driver for a person's lifestyle (Tiliopoulos et al., 2007).

#### **Extrinsic Religiosity**

The extrinsically motivated individual employs his religion. Extrinsic religiosity is described as a self-serving and utilitarian understanding of religion that assures salvation to the believer. These individuals are predisposed and using religion for personal gain, such as sociability, status, to meet new people and self-justification, and they frequently build a creed to suit their requirements (Allport & Ross, 1967).

Extrinsic religiosity refers to the use of religion as a tool to generate social support, comfort, and self-esteem in order to earn social approval or reward, or to fulfil some self-serving aim (Hills et al., 2004; Hunter & Merrill, 2013).

Extrinsic orientation refers to undeveloped faith that allows for the accomplishment of selfish desires (Tiliopoulos et al., 2007).

Glock and Stark (1965) defined religion as having five dimensions: experiential, ritualistic, ideological, intellectual, and consequential. The experiential domain is concerned with a person's personal faith experience, which could include a transcendent encounter, whereas the ritualistic domain is concerned with community worship. The ideological dimension is concerned with the assumed beliefs of religious members. "The expectation that the religious person will be aware and knowledgeable about the fundamental tenets of his faith and its sacred scripture," says the intellectual dimension. Finally, the consequential dimension includes "the secular effects of religious belief, practise, experience, and knowledge" (Glock and Stark, 1965).

Religiosity is also divided into two types of religious involvement: personal and institutional. Such a distinction abounds in the literature on religion. Dittes (1971) distinguished between religion in its most explicit form-public, social, institutionalised, and formalized-and religion in its most subjective form-deeply held personal attitudes, values, loyalties, and commitments.

Religious beliefs, sentiments, and behaviours that result from personal and personalised religion make up the personal mode. Acceptance of doctrinal orthodoxy derived from a different cultural milieu (i.e., general Christianity as opposed to doctrines of a specific sect or denomination), feelings and commitment to God, and religious behaviour (personal prayer, giving to the poor, and encouraging others to believe in Christ) are all examples of this (Cornwall, 1986).

Religious beliefs, sentiments, and behaviors related with formalized and institutionalized religion are included in the institutional mode. The institutional method includes acceptance of sect or denomination-specific religious beliefs, personal feelings and ties to a particular church or congregation, and participation in religious rituals and worship services (Cornwall, 1986).

## **Islam**

In the Muslim community, there are several ways to display religiosity, including prayer, reading the Holy Quran, and many others. Khan et al., (2014).

Islam is a religion that emphasises both peace and adherence to God's law. Islam is the second most popular religion in the world after Christianity. There are roughly 1.5 billion Muslims in the world, and Islam predominates in 50 different countries. After Christianity and Judaism, Islam is the third Abrahamic religion to be revealed to humans. As a result, people who are regarded to have been revealed to followers of Judaism and Christianity are recognised as prophets by Islam. As a result, Muslims believe that divine messages are still being given and that the Prophet Muhammad is the last of these messengers. 2014 (El-Menouar)

According to Islam, the core points of belief are belief in Allah, His angels, His scriptures, His Prophets and Messengers, the end-of-the-world, destiny, and life after death. Muslims believe that Allah has complete control over the universe, from the smallest incident to the most incredible phenomena. The only thing humans can do is struggle; the rest is up to fate. Such a belief gives a person an incredible amount of inner confidence and heart serenity, especially in the face of afflictions. Furthermore, he lives under the assumption that whatever is destined for an individual, including death, will arrive at the appointed time (Ahmed, 1993).

In the domains of life, death, health, and disease, religion has long been recognised as one of the most powerful influences. Religion has reawakened interest in a range of areas in recent decades, including psychology, psychiatry, medicine, gerontology, epidemiology, education, and anthropology, to mention a few (El-Menouar, 2014).

### **Pillars of Islam**

The five pillars of Islam are as follows: witness, prayers, fasting during Ramadan, almsgiving, and pilgrimage.

**Testimony or the declaration of faith (Al-shahadah):** He is Allah, the One, Allah the Self-sufficient Master, Whom all creatures require, states the Qur'an in Surat Al-Ikhlās, the Purity Chapter, "Say, O Muhammad: He is Allah, the One, Allah the Self-sufficient Master, Whom all creatures require," the Qur'an says in Surat Al-Ikhlās, the Purity Chapter, "He is Allah, the One, Allah the Self-sufficient Master, Whom all creatures require." There is no one who compares to Him" (113:1–4).

**Prayers (Al-salat):** As a duty to God, prayer is advised five times a day: in the morning (fajr), at midday (zohr), in the late afternoon (asr), at sunset (maghrib), and in the evening (maghrib) (isha). It also incorporates many body positions, such as standing, sitting, bowing, and prostrating, as well as Quranic recitations. The connection or channel of communication between the Muslim and Allah is one of the Arabic definitions of al-salat. Prayer is intended to strengthen and renew one's faith in God and to inspire greater goodness. It cleanses the heart and guards it against temptation, sin, and evil. Ablutions (Wudu), purity of intention, body, and dress, as well as facing Mecca, where the Ka'bah is located, are prerequisites for prayer (Husain, 1998). A state of purity is referred to as "ablution."

**Fasting (Al-sawm) during the month of Ramadan:** During Ramadan, fasting (Al-sawm) entails abstaining from food, beverages, and sex from sunrise to sunset, as well as limiting bad intentions and cravings. Love, sincerity, and commitment are among the virtues instilled. Patience, selflessness, social awareness, and the ability to persist in the face of adversity are all encouraged (Husain, 1998). It is futile to give up food and drink unless the Muslim believer also refrains from speaking and doing unjustly. The fast is broken by lying, backbiting, gossip, filthy oaths, and lusty stares. As a result, during Ramadan, observant Muslims survive to control their passions, live with grace and healthier. Ramadan is crucial from both a social and religious perspective. The fact that all Muslims fast and break their fast at the same time enhances their relationships, generating a sense of community and belonging. Fasters become more conscious of the needs of the impoverished and hungry as a result of their fasting, and they make a concentrated effort to help them. Fasting can also be utilised to keep antisocial desires at bay (Robinson, 1999).

**Alms giving (Al-zakah):** A proportionately fixed contribution is collected from the wealth and earnings of the well-to-do and the rich, and is spent on the poor and needy in particular, as well as society's overall welfare. Al-zakah payments assist society achieve economic balance and social justice by purifying one's wealth and income (Husain, 1998). The Arabic word for almsgiving is zakah, which also has the meaning "to purify." Because it spares the recipient from having to beg and prevents him from becoming envious of the wealthy, Al-aim zakah has the purpose of cleansing the soul from greed and selfishness. (Robinson, 1999, p. 115).

**Pilgrimage (Al-hajj) to Ka'bah in Mecca:** All the Muslims adults are expected to perform the hajj one time at least in their lives, as long as it does not put their family in financial hardship. The hajj is



a set of rites conducted in and around Mecca on the tenth day of the Muslim calendar's twelfth month (Robinson, 1999). For Muslims, the goal and significance of the hajj is to yearn to visit God's dwelling in this life as a preparation for seeing Him face to face in the next. Setting up provisions for the pilgrimage to Mecca serves as a reminder to the traveller that piety and good actions are the only things he will carry with him to the afterlife.

Bidding his family and friends farewell is a foretaste of his impending separation from them when he dies (Robinson, 1999).

People who are religious, especially those who are highly motivated, benefit much from stress management (Park, Cohen, & Herb, 1990; Pollard & Bates, 2004).

People who are intrinsically religious had lower blood pressure sensitivity to stress stressors than people who are not intrinsically religious (Powell, Shahabi, & Thoreson, 2003).

Uncontrollable life stress and intrinsic religiousness were found to have a significant prospective interaction in the prediction of depression in a prospective study of Protestant college students. For low intrinsic persons, uncontrollable stress and depression had a positive link, but for high intrinsic ones, they had a negative relationship (Crystal, Lawrence, & Lisa, 1990).

To see if intrinsic variables influenced one's well-being differently than extrinsic causes, Ardel (2003) employed the Intrinsic and Extrinsic Religious Orientation Scale created by Allport and Ross (1967). When intrinsic versus extrinsic elements are evaluated, Ardel (2003) found that there are considerable disparities in well-being.

Several research have discovered a correlation between intrinsic religious orientation and better physical and mental wellbeing (Smith, Richards, & Maglio, 2004; Masters et al., 2005; Salsman & Carlson, 2005).

Extrinsic religious orientation has been established as a risk factor for mental illness, although intrinsic religious orientation has not (Hunter & Merrill, 2013).

Among a research examining the association between religious orientation and mental health symptoms in students, extrinsic orientation was found to be the sole significant predictor of hostility, anxiety, and depression (Kuyel, Cesur, & Ellison, 2012).

The subjective link between religiosity and happiness appears to be considerably more powerful. In North America and Europe, for example, religious people report higher levels of happiness and satisfaction with life. Furthermore, persons who profess religious beliefs are happier with their lives and have lower suicide rates than atheists (Helliwell & Putnam, 2005).

Elders' SWB was positively associated to their life purpose rather than their extrinsic or intrinsic religious orientation, according to Ardel (2003). Others have proposed that religiosity protects against the loss of SWB by providing an interpretive framework for making sense of life experiences (e.g., Ellison & Levin, 1998), whereas Helliwell and Putnam (2005) propose that religious activity is a generator of community-level social capital, thereby enhancing SWB.

In a sample of 1000 Pakistani Muslims, Suhail and Chaudhry (2004) used an 18-item scale covering both belief and practise dimensions and discovered that religious affiliation is one of the better

predictors of SWB, albeit at a marginal significance level ( $p > 0.05$ ), whereas work satisfaction, income, marital status, and social support have a stronger contribution to SWB (each at  $p < 0.001$ ). The psychometric properties of the scale, as well as the strength of the association between the belief and practise dimensions of religiosity, are unknown.

"What is your level of religiosity?" Abdel-Khalek (2006) surveyed 2,210 undergraduate Muslims in Kuwait. He discovered that whereas females had much higher levels of religiosity than men, men are happier in terms of psychological well-being.

In a study of 244 Algerian college students, Abdel-Khalek and Naceur (2007) discovered that Algerian women were more content with their life than Algerian men. Religion was found to be favourably and significantly connected to physical health, mental health, happiness, life satisfaction, and optimism using the same question. Both anxiety and pessimism had a negative link with it. However, it was exclusively linked to men's mental health. While these latter studies do not show a direct association, previous research has suggested that Islamic-based psychotherapy can help Muslims recover faster from anxiety and depression (Townsend, Kladder, Ayele, & Mulligan, 2002).

Another thing to think about is how much religiosity assessments provide unique variance to subjective well-being rather than just sharing shared variance. Religiosity, according to Ellison (1991), only accounts for roughly 5–7% of the variance in life happiness. Abdel-Khalek (2006) found that religiosity accounted for 15% of the variance in predicting happiness in a Muslim population, while mental health accounted for 60%. This, however, is likely to vary substantially depending on the level and type of faith.

Previous study has revealed a link between religiosity and mental health issues like sadness and discomfort. People who are actively involved in religious service are less troubled, according to research, than those who are not religious at all (Mirowsky & Ross 1989; Sherkat & Ellison, 1999).

### **1.3 Locus of control**

The locus of control is a psychological concept that refers to a person's perception of the underlying main causes of events in his or her life. It also refers to how much people strongly believe that they have control over the situations and experiences that these situations affect their lives. (Hanna Levenson, 2003)

According to Julian B. Rotter, locus of control is "what people believe that about how responsible and controllable the environment is in terms of the outcome," and locus of control is "a generalized belief in internal versus external control of reinforcements that arises from individuals' general expectations." (Rotter, 1966)

#### **1.3.1 Types of locus of control**

The two types of locus of control are internal locus of control and external locus of control. Individuals' understanding of personal power and direction over life outcomes is described by their internal and external locus of control (Hanna Levenson, 2003).

External locus of control reinforces the belief that one is helpless, blameless, and uncontrollable in one's successes and failures. It also refers to the concept that a person's condition or outcomes are the consequence of luck, chance, fate, or being under the influence of strong individuals, rather than their own choices (Hanna Levenson, 2003). The concept that events in any individual life are determined by other forces (for example, fate, luck, or other people) and are hence beyond one's control " (Buddelmeyer & Powdthavee, 2016). People who have an external LOC think that their lives are controlled by forces beyond their conscious, intentional, and deliberate control, such as fate, destiny, God, ignorance, disease, happiness, and so on. Gibek is a character in the film Gibek (2019) The external locus of control refers to the impression of being environmentally confined, such as by fate or the presence of powerful outsiders (Lachman, 2006).

Internal locus of control implies that individuals have some control over the circumstances of daily life and they believe that they will attribute their success and failures to their own efforts. (Hanna Levenson, 2003). " (Buddelmeyer & Powdthavee, 2016). People that have an internal LOC are more self-aware, and they have more control over their lives and big events. They believe that their own efforts, work, and personal impact determine their chances of success. They stand out because of their ambitious ambitions and self-confidence (Gibek, 2019). The internal locus of control refers to one's inner notion of being able to manage one's own destiny by using one's own abilities and strengths (Lachman, 2006).

Rotter's defined that there are two dimensions of Locus of control, External and Internal and he believes that the locus of control is a single construct. Levenson has argued that there are three dimensions to locus of control from since 1970, debating Rotter's notion of uni-dimensionality. Internal Locus of control, such as beliefs that events in any individual life are self-determined, secondly organized by powerful others and third are chance-based, these three are must be separated (Lavenson, 2003)

Not only may your locus of control influence how you react to events in your life, but it can also influence your drive to act. You are more inclined to take action to change your situation if you believe you have influence over your destiny. If you believe the outcome is beyond your control, on the other hand, you may be less willing to work for change (John S, 2021).

Some people with strong self-confidence and faith in competency and sincerity may turn to faith, luck, and uncontrollable factors when faced with failures and frustrations in life events beyond their control, such as the death of a close relative, divorce, separation, health issues, persistent failure in examinations, inability to get a job despite repeated attempts, and many other similar factors. According to Lumpkin (1986), old age is characterised by externality, and those who encounter it increasingly lose confidence in themselves. (Lumpkin, 1986)

An internal locus of control is made up of interconnected events, most of which are linked to one's permanent features. There were three different types of loci of control identified. Internal locus of control, first and foremost, refers to the perception that one has personal influence over the events that occur. The conviction that one's own behavior, excluding those in positions of authority over the human being, is not resolute by the procedures is a successful, authoritative other locus of control. Third, an unexplained locus of control happens when a person is oblivious to the reasons for their behavior (Doumas, Halloran, John & Margolin, 1999).

According to Islam, the fundamental points of belief are belief in ALLAH, His angels, His scriptures, His Prophets and Messengers, the end-of-the-world, and destiny. Muslims believe that Allah has complete control over the universe, from the smallest incident to the most incredible phenomena. The only thing humans can do is struggle; the rest is up to fate. Such a belief gives a person an incredible amount of inner confidence and heart serenity, especially in the face of afflictions. Furthermore, he lives under the assumption that whatever is destined for an individual, including death, will arrive at the appointed time. Such a belief automatically raises the level of external locus of control, which can be a factor that protects the psychological well-being of Pakistanis. (Levenson, 2003).

When people lose competence, efficacy, and opportunity, they might become psychologically unwell and unstable. They may develop neuroses, nervousness, or depression. They require adequate settings that influence their success, it may be stated. External people may appear to be laid-back, calm, and content with their lives (Hans, 2000; Hattie, Marsh, Neill & Richards, 1997).

Bond and Bunce (2003) observed that a stronger external locus of control predicted poor mental health one year later in a sample of 412 people. Surprisingly, when locus of control was taken into account, psychological flexibility was found to be a major predictor of excellent mental health (Bond & Bunce, 2003).

Individuals with extremes in external or internal locus of control are unrealistic, whereas those in the middle of the distributions are more assured than those at the extremes (Rotter, 1966).

Those who have a "internal locus of control," according to Hill (2011), think that they have control over their lives, as opposed to those who have a "external locus of control," who believe that their lives are controlled by external forces and individuals.

#### **1.4 Resilience**

The concept of resilience first emerged in the 1970s as a result of research in the fields of psychopathology, traumatic stress, and poverty (Garmezy, 1971).

The ability to bounce back or recover from stress is closest to its original meaning or returning to the previous level of functioning after an adverse experience has been defined as resilience (Smith, 2008) (Rutter, 2012)

The ability to "keep a balance" is defined as resilience (Mazur, 2018). It is the ability to deal with a crisis and return to pre-crisis status swiftly (De Terte & Stephens, 2014). The ability to overcome adversity is not an innate trait, but rather a skill that can be honed and developed over time (Mitchelson, 2010, Pickern, 2014).

Psychological resilience has been defined as a dynamic psychosocial process in which people who are repeatedly exposed to adversity or potentially traumatic situations adapt positively over time. Experts say psychological resilience is the result of a complex combination of protective mechanisms at numerous levels, including supportive family and connections, efficient coping skills, culture, and neurobiology (Graber & Carabine, 2015).

Simply described, resilience is the ability to recover from or persevere in the face of adversity. Resilience is the ability to thrive in the face of adversity while also reducing negative. Resilience refers to the processes of constructive adaptation in the face of stressors to an individual. The time it

takes to return to normalcy, how one responds to adversity, how one reacts to risk factors, especially in a threatening environment, how one perceives previous negative events, how one defines problems, how one hopes to cope in the future, and how one is flexible are all protective factors (Annalakshmi & Abeer, 2017).

Resilience is a broad umbrella term that refers to a multitude of notions connected to good adaption patterns in the face of adversity. The research looked at a variety of risk factors and problems, such as cumulative life events like tally of unpleasant experiences through time and specific experiences like divorce, bereavement, war, natural disasters, and so on. As a result, resilience is a natural, long-term process of adjusting to hardship that all people go through, though some have more resources than others (Masten & Obradovic, 2006).

### **1.4.1 Types of resilience**

There are three basic types of resilience, according to Genie Joseph, M.A. adjunct professor at Chaminade University in Hawaii and author of the Act Resilient programme.

**Natural resilience** is resilience that you are born with and that you develop through time. This is the essence of your humanity and life. Natural resilient people are enthusiastic about life's adventures and willing to play, learn, and explore. Even if you are knocked down and forced off track, your natural resilience allows you to go forth and accomplish your best.

**Adaptive resilience** is the second type. This event might alternatively be called a "trial by fire." This is what happens when you are pushed to learn, develop, and adapt due to difficulty. Being able to roll with the punches in life will make you more resilient and hence stronger.

**Restored resilience** is the third category. Another term of a Restored Resilience is a Learned resilience. You can learn resilience-building practises and, as a result, reclaim the innate resilience you had as a youngster. This can help you deal with traumas from the past, present, and future in a more healthy way.

There are three Sources of Resilience, the first source of resilience is personal factors, which include personality traits (openness, extraversion, and agreeableness), internal locus of control, mastery, self-efficacy, self-esteem, cognitive appraisal (positive interpretation of events and cohesive integration of adversity into self-narrative), and optimism. The second category is Biological Factors, according to the findings of a recent explosion of research in biological and genetic factors in resilience; harsh early environments can affect developing brain structure, function, and neurobiological systems. Environmental Systemic Factors is the third. Social support, including relationships with family and peers, is associated with resilience on a micro environmental level. Fewer behavioural problems and greater psychological well-being are associated with maltreated children who have a strong connection to their mother, family stability, a secure relationship with a nonabusive parent, effective parenting, and the absence of maternal depression or substance addiction. (Luthar SS, 2007).

According to Shing (2016), One key component that contributes to resilience is the ability to harness good emotions even when circumstances are unpleasant or stressful. Positive thinking, according to Shing, promotes resilience in a variety of ways. First, good emotions help you build up social, psychological, and physical resources over time, which can help you develop coping skills in the future (Shing, 2016).

Toughness, a sense of control, emotional intelligence, optimism, hope, self-efficacy, tenacity, and the ability to interpret 'problems' as challenges are all regarded to be traits of resilient people (Collins, 2015; Grant and Kinman 2014).

In a sample of paediatric residents, depression and burnout were strongly correlated with high levels of stress from job-related uncertainty and low levels of resilience (Simpkin et al., 2018).

According to Ryff and Singer (2003), resilient persons can maintain their physical and mental health while recovering more quickly from stressful situations. According to Fredrickson, there is evidence that resilience is effective in fostering psychological well-being (2001). (2003, Ryff & Singer)

Resilience was first studied as a process of positive adaptation in the face of adversity. Resilience study was pioneered by traumatology and developmental psychology (Luthar, Cicchetti & Becker, 2000).

### **1.5 Theoretical Framework of the Research**

The Six-factor Model of Psychological Well-being, developed by Carol Ryff, serves as the theoretical foundation for my research. Six variables contribute to an individual's psychological well-being, contentment, and happiness, according to this idea. Psychological well-being includes positive relationships with others, personal mastery, autonomy, a sense of purpose and meaning in life, and personal growth and development. Psychological well-being is accomplished by striking a balance that is influenced by both demanding and rewarding life events. (1989, Ryff).

Psychological well-being is a positive construct in human psychological functioning; when a person has psychologically well-being, they are less likely to suffer from comorbidities and are able to thrive as a member of society (Ryff, 2014). Ryff's six-factor model of psychological well-being guides the research. Self-acceptance, autonomy, a feeling of purpose in life, environmental mastery, healthy connections, and personal growth are all components of psychological well-being, according to Ryff (2014). A person's mental health and wellness are jeopardised if they lack these characteristics that create positive psychology. Groll and Allen (2020).

#### **Autonomy**

High Scorer: Is self-determining and autonomous; able to resist social influences to think and act a specific way; regulates conduct from within; judges self-according to personal standards.

Low Scorer: Is concerned about other people's expectations and judgements; makes major decisions based on other people's judgments; conforms to social pressures to think and act in specific ways.

#### **Environmental Mastery**

High Scorer: Has a sense of mastery and competence in controlling the environment; manages a complicated variety of external activities; effectively utilises surrounding opportunities; able to choose or create contexts that are appropriate for personal requirements and values.

Low Scorer: Has trouble managing daily affairs; feels powerless to modify or better the surrounding context; is oblivious of surrounding opportunities; lacks a sense of control over the external world.

**Personal Growth**

High Scorer: Has a sense of ongoing development; views self as evolving and expanding; is open to new experiences; has a sense of realising one's potential; perceives improvement in self and behaviour over time; is changing in ways that show more self-knowledge and effectiveness.

Low Scorer: Has a sense of personal stagnation; lacks a sense of personal growth or expansion through time; is bored and uninterested in life; finds it difficult to create new attitudes or habits.

**Positive Relationship with Others**

High Scorer: Has warm, trustworthy relationships with others; is concerned about others' well-being; possesses strong empathy, affection, and intimacy; understands the give and take of human relationships.

Low Scorer: Has few intimate, trusting relationships with others; struggles to be warm, open, and concerned about others; feels lonely and frustrated in interpersonal relationships; unwilling to make compromises to maintain essential ties with others.

**Purpose in Life**

High Scorer: Has life goals and a feeling of direction; believes that present and past lives have meaning; holds beliefs that give life meaning; has ambitions and objectives for living.

Low Scorer: Has no sense of purpose in life, few goals or aims, no sense of direction, no idea of the meaning of past lives, and no worldview or beliefs that give life meaning..

**Self-Acceptance**

High Scorer: Has a favorable attitude toward oneself; recognizes and accepts numerous parts of oneself, including both good and bad attributes; has a positive outlook on one's past life.

Low Scorer: Dissatisfied with oneself, unhappy with past experiences, worried about certain personal traits, and desiring to be someone other than who one is.

**1.6 Literature Review**

In order to study the relationship between Religiosity, locus of control, Resilience and Psychological well-being among Muslim undergraduate students, the previous study play important role. Some of the previous researchers listed below.

**1.6.1 Religiosity and Psychological Well-Being**

In Pakistan people are specially considered to be very religious that is why in this study, religiosity is taken as a primary factor which is seemed to be protective measure against Psychological well-being. This assumption also goes in line with the previous studies. For example:

García-Alandete, J., & Bernabé-Valero, G. (2013) examined the relationship between intrinsic/extrinsic religious orientation and psychological well-being in a sample of 180 Spanish undergraduates, aged 18–55,  $M = 22.91$ ,  $S D = 6.71$ , with 138 women (76.7%) and 42 males

(23.3%). With the exception of Autonomy, multiple regression analysis revealed (1) a positive correlation between intrinsic orientation and psychological well-being measures and (2) a negative correlation between extrinsic orientation and Autono

Singh, P., & Bano, S. (2017) conduct a study the aim of the present study is to assess the relationship of intrinsic, extrinsic religiosity with psychological well-being of adolescents. The religiosity and psychological well-being scales were administered to examine 197 participants, age ranged 14-18 years, taken from government schools of Varanasi City. Finding revealed that intrinsic religiosity is significantly and positively correlated with self acceptance (a domain of psychological well- being) and also with extrinsic religiosity while extrinsic religiosity was not significantly correlated with psychological well-being and its domains.

Alandete and Valero (2013) analyzed the relationship between intrinsic/extrinsic/quest religious orientation and Psychological well-being in a sample of 180 Spanish undergraduates 138 women (76.7%) and 42 men (23.3%), aged 18-55,  $M = 22.91$ ,  $SD = 6.71$ .. They shows that psychological well-being was positively related to intrinsic religiosity and negatively correlated to extrinsic religiosity.

Shemaila Saleem (2017) studied the impact of religion on psychological well-being in medical and non-medical students. A total of 120 medical and non-medical students from the Federal Medical and Dental College and the International Islamic University in Islamabad were surveyed. Religiosity is a predictor of psychological well-being, according to the research. Psychological well-being of the students is predicted by both extrinsic and intrinsic religiosity. Religious and psychological well-being inequalities between men and women were determined to be statistically insignificant.

Raza, Hassan (2016) The current study set out to look into the connections between religiosity, psychological suffering, and mental health. The current study involved a purposive sample of 100 undergraduate and graduate students from the University of Sargodha's Chashma City and Mianwali sub-campuses. There were 50 male and 50 female participants in the study. According to linear regression research, religiosity is a non-significant predictor of psychological distress but a strong positive predictor of Psychological well-being. There were no appreciable differences between men and women's Psychological well-being.

Asma Hafeez and Rafia Rafique (2013) investigated whether spirituality and religion are determinants of psychological well-being in nursing home residents. A non-probability purposive sampling technique was used to collect a sample of (60) male and female occupants of ancient homes from various old residences in the city of Lahore. According to the findings, religiosity predicts psychological well-being. There were no significant variations in religiosity and psychological well-being between men and women.

Ismail Professor & Soha Desmukh (2012) conduct a study on Religiosity and Psychological Well-Being. The purpose of that study was to explore the link between religiosity and psychological wellbeing in a model of Pakistani Muslims. A positive association between the two factors has been discovered in previous study. The participants (65 males and 85 women) were between the ages of 18 and 60. The frequency of prayer, attendance at religious meetings, and belief salience were all utilised to operationalize religiosity. Because anxiety, loneliness, and a sense of fulfilment in life are all vital parts of psychological health. The findings demonstrate that religion and loneliness, as well as religiosity and anxiety, have a strong negative association. There is a strong link between religious



and life contentment. As a result, the outcomes of this study backed up the theory that there is a link between religiosity and numerous dimensions of psychological well-being.

The effects of religiosity on psychological well-being among Delta State Polytechnic students are investigated by Oteri and Isaiah (2018). A total of 140 students were picked at random (males 85, ladies 55). The findings of the study demonstrated a relationship between religiosity, anxiety, and loneliness. As a result, it's been established that religious persons are more likely to feel anxious and lonely, and that specific components of religious rituals and activities tend to exacerbate anxiety and loneliness. There was no evidence of a link between religiosity and life happiness in the study. As a result, religion is a significant sector in human existence due to its power to promote psychological well-being.

Vishkin et al. (2016) and Ramsay et al. (2019). Although results vary between research, It has been demonstrated that spirituality and religiosity are reliable indicators of SWB (Kim-Prieto and Miller, 2018). In the cognitive dimension of SWB, several researches have discovered a positive correlation between spirituality, religion, and life satisfaction (Yoon and Lee, 2004). It has been asserted that those having a stronger affiliation with and guidance from a higher power can explain these findings. i.e., those with a high level of religious and spiritual participation, have a more positive attitude on life.

Abdel-Khalek did research (2017). The researchers wanted to see if there were any links between religiosity, generalised self-efficacy, mental health, and happiness. A total of 702 Muslim Arab college students were surveyed. They were asked to rate themselves on four different scales: religiosity, happiness, the Arabic Scale of Self-Efficacy, and mental health. According to the data, male students had considerably higher mean total scores on self-efficacy and mental health than female students. All Pearson correlations between study scales were statistically significant and positive in both men and women. A principal component analysis showed a single factor dubbed "mental health, well-being, and religiosity." Participants that identify as religious appear to be more self-efficacious, as well as having better mental health and happiness.

Alaedein-Zawawi (2015) is a religious and psychological well-being researcher. The current study investigated how much forgiveness influences the relationship between religious devotion and psychological well-being among Arab Muslim college students. Religious Commitment (RCI), Trait Forgiveness (TFS), State Forgiveness (TRIM), Satisfaction with Life (SWLS), and Depression were all assessed in a group of Jordanian college students (n=209; F = 109) who identified as Muslims (CESD). TFS and TRIM both play a full mediating function in the associations between RCI and each SWLS and CESD, according to the findings; however, the mediation effects strength of a general disposition to forgive (trait) appears to be slightly stronger than forgiveness in a specific case (state). Furthermore, the data showed that trait forgiveness mediated the beneficial effect of religious commitment on reducing vengeance desire and avoiding the offender. Trait forgiveness is a powerful mechanism of religiosity's favourable effect on psychological well-being, according to prior hypotheses and studies. The data also show that studies on religion and forgiveness are solely concerned with dispositional forgiveness and not with genuine forgiving behaviour.

Alexander Moreira-Almeida (2006) conducted research into the relationship between religiosity and mental health, which has long been a matter of debate. The scientific evidence for the link between religion and mental health is examined in this research. The authors provide the main findings and conclusions of a wider systematic evaluation of 850 research on the association between religion and

mental health published during the twentieth century that were located through different databases. Greater levels of religious involvement are linked to indices of psychological well-being (life satisfaction, happiness, positive affect, and higher morale), as well as reduced depression, suicidal thoughts and behaviour, and drug/alcohol use/abuse, according to the majority of well-conducted studies.

### **1.6.2 Locus of control and Psychological well-being**

Dustin P. Griffin & Jonathan S. Gore (2014) conduct a study in which measured Internal and external locus of control have been combined into a single construct to describe the link between locus of control (LOC) and psychological well-being. Different levels of psychological well-being were assumed to be predicted by internal and external locus of control. University students (n = 577) were given a self-report survey via an online data collection approach. External LOC predicted different variance in self-esteem, depression, and stress, according to the findings of simultaneous linear regression analysis. It was shown that internal LOC had no observable relationship to psychological health. This means that internal and external LOC should be assessed independently, with external LOC being the most important predictor of happiness.

Richa Malhotra's (Richa Malhotra) (2017) A study of college students' locus of control and well-being was done. The purpose of this study was to examine at college students' locus of control (powerful others, chance control, and individual control) and well-being (life purpose, self-acceptance, positive connections with others, autonomy, environmental mastery, and personal growth). A total of 120 students from Delhi University were surveyed. With 60 males and 60 females, a gender balance was maintained. The correlation coefficient and the t-test were utilised in the statistical calculations. High degrees of internal and chance control were found to be predictive of subjective well-being. Internal LOC has a strong link to well-being factors like life purpose, personal progress, and self-acceptance. On the other hand, a high external locus of control was linked to lower levels of happiness. Furthermore, no significant variations in control and well-being were found to be gender-related.

Karen I. Vanderzee, Bram P. Buunk, And Robbert Sanderman (1997) conduct a study on Social Support, Locus of Control, and Psychological Well-Being. The locus of control was the main focus of the current study as a personality trait connected to this ability. In two experiments, participants with an internal locus of control felt more support than those with an external locus of control. Furthermore, Study 1's predominantly female sample the implications of these findings for intervention are examined.

Burger (1984) investigated the demand for control, locus of control, and depression susceptibility of college students. The extent to which respondents believed their lives were controlled by chance, or locus of control scores, were found to be strongly connected to depression levels.

Mohammad Reza and Vakili Mobarakeh (2015) did a study to see if there was a link between locus of control and psychological well-being among Iranian adolescent migrants in Kuala Lumpur, Malaysia. 300 Iranian student teenagers (143 males and 157 females) between the ages of 13 and 16 took part in the study. The Rotter locus of control scale (1965) and the Ryff and Keyes psychological well-being scale were utilised as assessment devices (1965). (1995). There is a link between locus of control and teenage psychological well-being, according to the findings of this study. External locus

of control was found to be negatively connected to psychological well-being, whereas internal locus of control was found to be favourably related.

Nicola Groth (2019) conducted a study to see if coping mediates the relationships between locus of control, competence beliefs, and mental health in the general population and clinical samples. The study backs up the idea that coping mediates the connections between locus of control, competence views, and mental health. TSSEM discovered that maladaptive coping mediates the association between maladaptive locus of control and mental health problems, using a pooled sample of 3986 respondents and 225 cross-sectional effect sizes. Adaptive coping, on the other hand, did not mediate this relationship and was solely linked to competence beliefs and adaptive locus of control, but not to mental health. There were direct correlations between maladaptive and adaptive locus of control, but not competence beliefs, and mental health disorders that were independent of coping.

### **1.6.3 Resilience and Psychological Well-Being**

Elisabetta Sagone and Maria Elvira DeCaroli (2014) conducted a study in which the goal was to examine the relationships between the resilience and the dimensions of psychological well-being in a sample of 224 middle and late adolescents. The Psychological Well-Being Scales, with 18 items divided into six dimensions, and the Resilience Scale, with ten items, were employed. The study discovered a link between resilience and psychological well-being (environmental mastery, personal progress, and self-acceptance).

Hosein Souri and Turaj Hasanirad (2011) investigated the links between resilience, optimism, and psychological well-being in a study. 414 medical students (213 males and 191 females) were chosen using cluster sampling. The findings demonstrated that resilience can predict psychological well-being, with optimism acting as a modest moderator in the resilience-psychological well-being link.

Fang Yang and Graeme D. Smith (2016) examine how stress and resiliency affect the Psychological well-being of a cohort of Chinese undergraduate nursing students. Three nursing schools in China undertook a cross-sectional study utilising multivariate logistic regression and descriptive statistical analysis. The study involved 1538 nursing students who answered three validated self-administered questions. The highest mean GHQ-12 (Mean 4.50 SD 2.89) and Stress in Nursing Student (SINS CN) scores were recorded by nursing students in their final year (Mean 105.11 SD 25.37). Throughout all four years of nursing school, moderate degrees of resilience were noted (Mean 121.59 SD 21.49). The scores on the Resilience Scale (RS) were adversely linked with the mean overall score for stress ( $r = 0.236$ ,  $P 0.01$ ) and psychological well-being ( $r = 0.411$ ,  $P 0.01$ ).

### **1.6.4 Religiosity, Locus of control and Psychological well-being**

Along with religiosity, locus of control may also play a role in preventing individuals from suffering from psychological distress. This hypothesis has also been supported by previous research.

Fatma Gul Cirhinlioglu and Gozde Ozdikmenli Demir (2012) examines the links between intrinsic and extrinsic religious orientations, locus of control, and depression levels, among 430 Turkish Muslim university students. Although religious orientations are linked to several locus of control variables, depression has no effect on either intrinsic or extrinsic religiousness. Hierarchical regression analysis were used to predict the intrinsic and extrinsic religious orientations of various genders. The intrinsic religious orientations of male and female participants are influenced by their beliefs in chance (negatively) and fate (positively) (positively). The importance of women's natural

religiosity overshadowed the meaninglessness of effortfulness. In women, higher degrees of conviction in the futility of effort were linked to lower levels of intrinsic religiosity. Among the locus of control factors, only believing in fate (positively) contributed to extrinsic religious orientations in both men and women. Belief in an unjust world influenced only male extrinsic religious orientations positively. In terms of innate religiosity, women scored higher.

In a study, Michele VandeMerghel Arney (2018) looked at the link between mental health wellness, spirituality, locus of control, and exercise. The research questions were as follows: Is there a link between locus of control, spirituality, physical activity, and mental health? Is it possible to predict mental health wellbeing using locus of control as a criterion? Male and female students enrolled in at least one class at a Southern community college, with a population ranging from 18 to 64 years old. The results of this study demonstrated a significant and positive association between mental health wellness as the dependent variable, locus of control as the outcome variable, and exercise and spirituality as additional variables, all of which were significant and positive. The locus of control was discovered to be a predictor of psychological well-being.

Slatinsky, Farren, Bartlett, Fiaud, and Haasl (2022) conduct a study to determine the unexplored relationships between locus of control (LOC), Religiosity (strength of religious beliefs), and resiliency in collegiate players of football, which can influence players' behaviour, performance, and actions during adversity. A systematic online survey with the Rotter's Locus of Control Scale, 1966, the Santa Clara Strength of Religious Faith Questionnaire (Plante & Boccaccini, 1997), and the Connor Davidson Resilience Scale was completed by 91 Division II football players (Connor & Davidson, 2003). There were statistically significant relationships between LOC and resilience ( $r = .42$ ) and religiosity and resilience ( $r = .26$ ). Football players with higher internal LOC and religiosity (religious beliefs) had a higher level of resiliency than players with higher external LOC and lower religiosity (religious beliefs).

Huzili Hussin, Mohamad Rezal Hamzah, Yasmin Ahmad, Adila Ismail, Husna Afifi Mohd Yusoff, and Abdul Rahman Abdul Manaf (2021) developed the ACE-Mind module, which utilised coping skills based on a Cognitive Behavioral Therapy approach (CBT). The Child and Youth Resilience Measure (CYRM), the Nowicki-Strickland Locus of Control, the Coppersmith Self Esteem Inventory, and the Muslim Religiosity - Personality Inventory were all employed in this study (MRPI). The Statistical Package for Social Sciences (SPSS) version 25 was used to analyse the data. For this study, students with low scores in the following four categories: locus of control, self-esteem, resilience, and religion, were chosen. To analyse the data, descriptive and inferential statistics were employed. The results show that the ACE-Mind Module successfully raises at-risk pupils' locus of control, self-esteem, resilience, and religiosity.

### **1.6.5 Resilience as a Moderator**

Bhatti, Mazhar Iqbal, and Asghar Ali (2017) conducted a study on flood victims with the purpose of evaluating the influence of psychological well-being, meaning in life, and the moderating role of resilience. With a sample size of 400 flood victims (natural catastrophes) collected from two districts in Punjab Province, the study used a cross-sectional survey research design. The measurement scale to collect data from the respondents includes; a) Meaning in Life Questionnaire, b) The Ego Resiliency Scale (ER89), and c) Warwick-Edinburgh Mental Well-being Scale. The study findings revealed that resilience was a moderator between psychological well-being and meaning in life among female and male flood victims in the selected districts

Mr. Sandeep Kumar is an Indian businessman (2014) The purpose of this research was to investigate the role of resilience as a moderator of the link between occupational stress and psychological health in supervisory personnel. The current research involved 315 supervisory personnel from an Indian manufacturing firm. The sample was chosen using the convenience sampling approach. Resilience significantly reduced the association between occupational stress and supervisors' psychological health, according to the data-moderated regression analysis. This study could help supervisors understand their positive features or abilities, such as resilience, which could help them cope with occupational stress and maintain excellent psychological health in order to perform efficiently, which is crucial for the smooth functioning of businesses.

Edara, Castillo, and Ching (2021) conducted a research of 399 Taiwanese university students to determine their levels of religion, sentiments toward God, resilience, and wellbeing. The data was analysed using descriptive statistics, factor analysis, group comparisons, multiple regression, and mediation analysis. The majority of the individuals were religious, according to the findings. More crucially, the data revealed that an individual's resiliency is linked to their belief in the existence of God or the Divine, whereas security and contentment are linked to one's religiosity. Finally, structural equation modelling demonstrated that resilience entirely mediated the relationship between religiosity's ideology dimension and the wellness component of security and happiness.

Li, Wang, Deng, Li, Zhu, Xu, Gu, Wang, and Huang (2019) look into the link between stressful life events and sleep quality, as well as the function of rumination and resilience. The Adolescent Self-Rating Life Events Checklist, Ruminative Responses Scale, Connor-Davidson Resilience Scale, and Pittsburgh Sleep Quality Index were used to assess 1,065 college students. Statistical Product and Service Solutions (SPSS) 20.0 and the SPSS macro Process were used to analyse the data, which were specifically developed for evaluating complicated models that comprised both mediators and moderators. The researchers discovered that experiencing a lot of stressful life experiences predicted poor sleep quality. Resilience moderated both direct and indirect pathways from stressful life experiences to sleep quality.

The goal of this study was to find out how psychologically healthy postgraduate students were. The researchers also wanted to see if there was a link between psychological well-being and demographic parameters like age and field of study. Psychological well-being surveys were provided to 192 Master of Education students. Master of Education students, according to the findings, had a somewhat greater level of psychological well-being. The psychological well-being of students differed by age group ( $F(4, 167) = 3.178, p = 0.01$ ), and study field ( $F(8, 163) = 2.668, p = 0.01$ ), respectively. Students aged 41 and up had the highest level of psychological well-being ( $M = 5, SD = 0.71$ ), according to the research.

### **1.7 Rationale of the Study**

Nowadays the undergraduate students haven't a clear vision about their future because they are choosing their field by parent choice or by the others suggestion, mostly students haven't choose the field according to their interest, and other problems such as financial restrain, hostel issues, studies burden, travelling to university from urban areas, time constraints, which limit the time left to complete their assignment and research paper due to working, classes and family affect students' psychological well-being. Poor psychological well-being and mental state may affect the positive learning and task performance of the students. (Abiddin & Ismail, 2011)

The rationale of the study is to understand this phenomena and to find out these effecting areas for their better treatment and precautions, the aimed of the present study is to explore the association and relationship between Religiosity, Locus of control, Resilience and Psychological well-being and to find out the Role of Intrinsic and Extrinsic Religiosity on Psychological well-being and Internal and External locus of control on Psychological wellbeing among Muslim Undergraduate students and also to find out that, Resilience can play the role of Moderator or not between Religiosity, Locus of control and Psychological well-being.

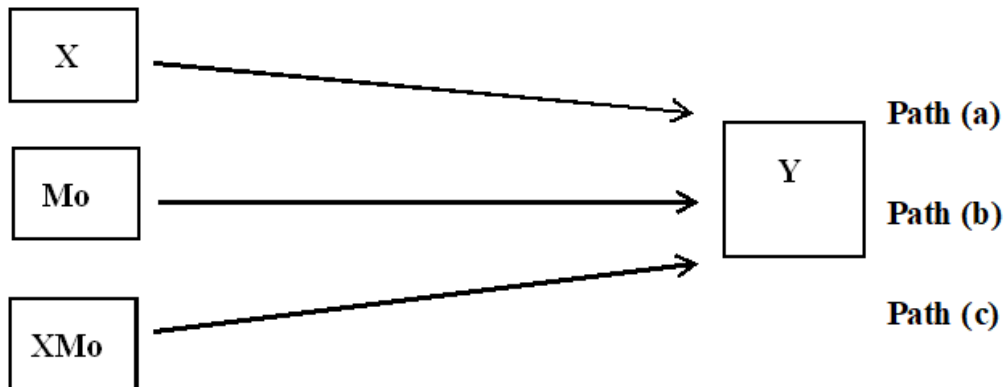
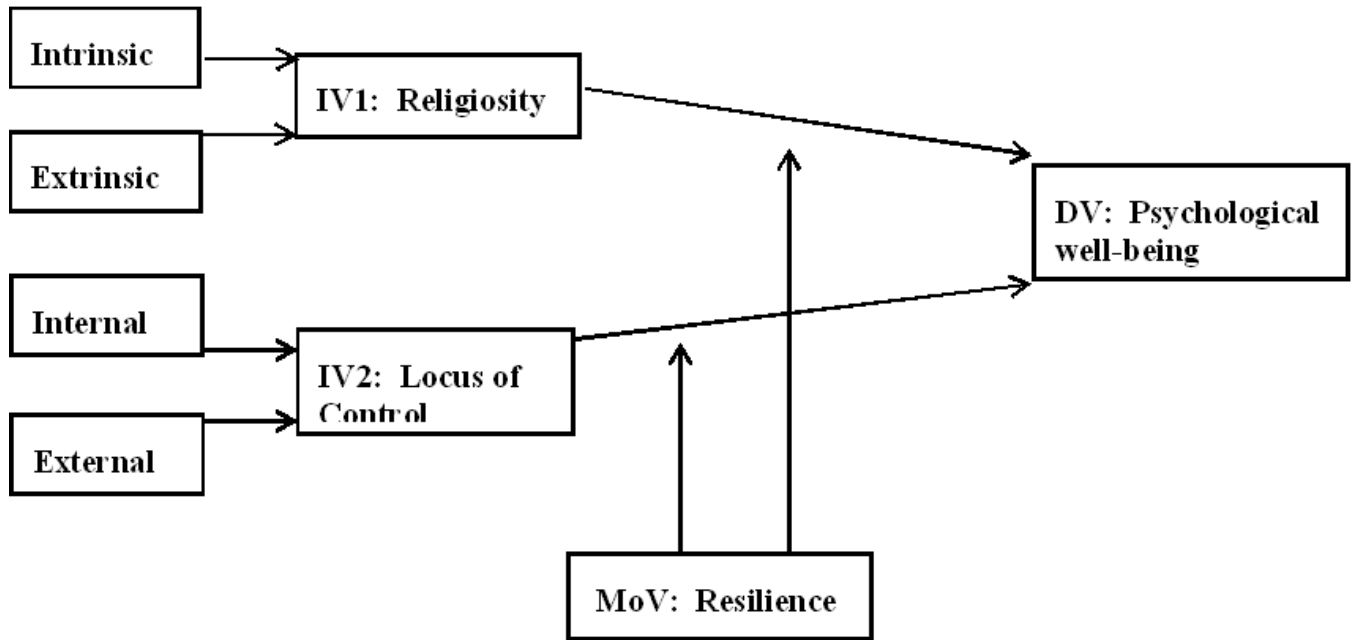
### **1.8 Objectives of the Study**

- 1) To find out the relationship between Religiosity, Locus of control, Resilience and Psychological well-being among Muslim undergraduate Students.
- 2) To find out the role of Intrinsic Religiosity, Extrinsic Religiosity, Internal Locus of control and External Locus of control on Psychological well-being among Muslim undergraduate Students.
- 3) To find out Religiosity, Locus of control and Resilience would predict psychological well-being.
- 4) To find out that Resilience can play the role of Moderator or not between Religiosity, locus of control and Psychological well-being among Muslim undergraduate Students.
- 5) To find out gender differences psychological well-being among Muslim undergraduate Students.

### **1.9 Hypotheses**

- H1. There would be a significant relationship between Religiosity, locus of control and Resilience on psychological well-being among Muslim undergraduate Students.
- H2. There would be a negative relationship between Intrinsic Religiosity and Psychological well-being among Muslim undergraduate Students.
- H3. There would be a negative relationship between Extrinsic Religiosity and Psychological well-being among Muslim undergraduate Students.
- H4. There would be a positive relationship between Internal Locus of control and Psychological well-being among Muslim undergraduate Students.
- H5. There would be a negative relationship between External Locus of control and Psychological well-being among Muslim undergraduate Students.
- H6. Religiosity, Locus of control and Resilience would predict psychological well-being.
- H7. Resilience would moderate between Religiosity, Locus of control and Psychological well-being among Muslim undergraduate Students.
- H8. There would be significant gender differences psychological well-being among Muslim undergraduate Students.

1.10 Hypothesized Model of the Study



## **2. Materials and Methods**

Purpose of our current study is to investigate the role of Religiosity and Locus of control on Psychological well-being. The role of Resilience was also explored as moderator. This chapter gives an overview of the methods used in the current study to collect the data. This study was based on a questionnaire survey. This chapter highlights the research design as well as the sample techniques, sampling size, inclusion and exclusion criteria on the basis of which participants were included in the study. It consists of different scales that were made specifically for each variable under study. The format of the questionnaire consists only of closed ended questions so as to promote quick responses and ease of participation.

This chapter also describes the operational definitions of the study variables. Procedure carried out during the research work also explained. Details of the methods used in the current study are also explained here. Also highlight the ethical considerations.

### **2.1 Study Design and Area**

Correlational Research design was used in this research.

### **2.2 Sampling**

#### **2.2.1 Sampling Techniques**

My sampling techniques were determined through purposive sampling technique.

#### **2.2.2 Sample Size**

A total of 220 participants were included in the present study through purposive sampling technique. Participants were both male and female, 120 (n=111) respondents were Males students and 120 (n=109) respondents were Females students from Public and Private Universities of District Mardan, Peshawar, Islamabad and Lahore.

### **2.3 Inclusion Criteria**

Both male and female Muslim undergraduate students were included in this study. This study only includes the universities of District Mardan, Peshawar, Islamabad, and Lahore.

### **2.4 Exclusion Criteria:**

This study excluded primary, Matric, FA/Fsc, students, as well as postgraduate students. This study does not include universities from other districts of Pakistan besides Mardan, Peshawar, Islamabad, and Lahore.

### **2.5 Operational Definitions**

#### **2.5.1 Psychological well-being**



Psychological well-being is defined by Ryff (1989) as the degree to which people achieve their full potential, self-satisfaction, optimal psychological functioning, and a sense of purpose in their lives, as well as a sense of meaningful control over their lives and related activities.

There are six core dimensions of psychological well-being that are autonomy, environmental mastery, personal growth, positive relationship with other, purpose in life and self-acceptance of individuals (Ryff, 1989).

### **2.5.2 Religiosity**

Religiosity is the condition or state of being religious or is a number of dimensions associated with religious beliefs and involvement. A belief in God accompanied by a commitment to follow principles believed to be set by God (Mussarat, 2014).

Extrinsic and intrinsic religiosity is the two types of Religiosity was defined by Allport and Ross (1967).

### **2.5.3 Locus of Control**

The locus of control is a psychological concept that refers to a person's perception of the underlying main causes of events in his or her life. It also refers to how strongly people believe they have control over the situations and experiences that affect their lives. (Hanna Levenson, 2003)

The two types of locus of control are internal locus of control and external locus of control. Individuals' understanding of personal power and direction over life outcomes is described by their internal and external locus of control (Hanna Levenson, 2003).

### **2.5.4 Resilience**

The ability to bounce back or recover from stress is closest to its original meaning or returning to the previous level of functioning after an adverse experience has been defined as resilience (Smith, 2008) (Rutter, 2012)

The ability to "keep a balance" is defined as resilience (Mazur, 2018). It is the ability to deal with a crisis and return to pre-crisis status swiftly (De Terte & Stephens, 2014). The ability to overcome adversity is not an innate trait, but rather a skill that can be honed and developed over time (Mitchelson, 2010, Pickern, 2014).

## **2.6 Data Collection**

### **2.6.1 Socio-Demographic Information**

The demographic data sheet was made according to the requirement of research. Questions included such as Age, Gender, Religion, Number of siblings, Birth order, Marital Status, If Married then specify No of Children's (If Any), Family system, Living status, Living arrangement, Institute, Field of studies, Current Semester, Employment status, Your Monthly Income (If Employed) , Work Experience (if any), Father Profession, Mother Profession, and Health Status.

### **2.6.2 Research Instruments**

### **Psychological Well-Being Scale**

Ryff's Psychological Well-Being Scale was utilised as an instrument in this study. This scale comes in three different versions: an 84-item version, a 42-item version, and an 18-item version. This study uses a 42-item version of Carol Ryff's 2007 Well-Being Scale, which examines six identified components of well-being: (1) self-acceptance, (2) environmental mastery, (3) personal growth, (4) positive interpersonal relationships, (5) life purpose, and (6) autonomy. There are seven things in each component. On a six-point Likert scale labeled 'strongly disagree' to 'strongly agree,' responses are offered. Twenty items are worded positively, while 22 are worded negatively. Prior to analysis, negatively worded items were reverse-scored, with high values indicating high well-being. The full wording for the 42 questions can be found elsewhere.

### **Muslim Religiosity Scale Muslim**

Muslim Religiosity Scale was used as an instrument in this study. Modified by Dr. Mussarat Jabeen Khan (2014). Religiosity Scale is a 26-item instrument. It is based on two factors emerged by factor analysis; one factor is Intrinsic Religiosity and second is Extrinsic Religiosity. The extrinsically motivated person uses his/her religion, whereas the intrinsically motivated lives his/her religion. The respondent is asked to rate on a five-point rating scale, possible answers included 1 = Strongly Disagree, 2 = Disagree, 3 = do not know, 4 = Agree, 5 = Strongly Agree. Score on the measure can range from 26 to 130. Both are separately rated. You have rate it on the basis of median. Score above midpoint and below midpoint.

### **Levenson Multidimensional Locus of Control Scale**

Levenson created the Levenson multidimensional locus of control inventory in 1974. Its translated version 2013 will be used in this study. The measure is based on social learning theory and determines whether individuals believe they are influenced by external (powerful others, fate, or chance) or internal (personal variables) causes (efforts, abilities etc). It's a 6-point likert scale questionnaire with a 6-point answer scale. It has 24 items, eight of which measure internal control, eight of which measure external locus of control, and eight of which test the dimension of powerful others. Strongly disagree (weighted as 1) to very strongly agree (weighted as 6) are the responses (weighted as 6). The kuder-richardson reliabilities for internal locus of control scale are .64, .77 for powerful others, and .78 for external forces. The range of your scores should be 0 to 48. An internal locus of control that is strong is indicated by a high score on the Internal Locus of Control scale. An internal centre of control can help you change your behaviour successfully.

### **The Brief Resilience Scale**

The brief resilience scale was devised by Smith et al. in 2008. In the present study will be used. It consists of 6 items. This scale was designed as an outcome measure to assess the ability to bounce back or recover from stress. The authors suggest that assessing the ability to recover of individuals who are ill is important. It is a likert type inventory responses ranging from strongly disagree to strongly agree (weighted as 1-5 according to question). Three items are positively phrased and the other three are negatively phrased. The BRS is scored by reverse coding items 2, 4, and 6, and then calculating the mean of the six items. Add the responses varying from 1-5 for all six items giving a range from 6-30. Divide the total sum by the total number of questions answered. The original English version of the BRS demonstrated good internal consistency with a Cronbach's alpha value, ranging from .80 to .91. High scores on scale depict high resilience.

## **2.7 Procedure of Data Collection**

First of all authority letter describing the nature of the study is taken from the Clinical Psychology department of Riphah international university Lahore. I collected data from the Muslim undergraduate students from the Universities of Mardan, Peshawar, Islamabad and Lahore, first of all permission was taken on that authority letters from the Head of Department or Coordinator of the departments for data collection both in the Private Universities and Government Universities. The data from the students were gathered randomly or in group settings. The data collection was based on questionnaires.

The purpose of the study was explained to them and they were assured about the confidentiality of information that they provide to us. After their approval they were requested to sit in the class and the Questionnaires was given to the participants and rapport were developed with them, a consent form was given to them to show their willingness to participate in the study. Total time taken in the administrations of the questionnaire was found to be 20-25 minutes. At the end researcher thanked to the participants for their cooperation. The data was entered in the SPSS for analysis.

### **2.7.1 Ethical Considerations**

In order to conduct this research subsequent ethical considerations were strictly following. Institutional letter was signed by the authorities of the concerned department of Riphah International University, Lahore before conducting data collection. The research participants were communicated about the objectives and procedure which were involved in the research and assurance of the information confidentiality. Each participant filled the consent form which showed their agreement to conduct the research. Confidentiality issues were also discussed. They were assured that their information will not be provided to anyone else or would not be used for any other purpose without their permission.

## **3. Results**

The aim of the study was to investigate the role of Religiosity and Locus of control on Psychological well-being among Muslim undergraduate, the Moderating role of Resilience. The data was analyzed using Statistical Packages for Social Science, version 61(SPSS-26). The The data was analyzed by using (i) Cronbach's Alpha of the scales was obtaining using reliability analysis. To explain the internal consistency of the measuring instruments used in the research. (ii) Descriptive Statistic were used for the demographic's in order to summarize the data. (iii) Pearson product moment correlation analysis were used to investigate the relationship between Religiosity, Locus of Control, Resilience and Psychological well-being. As well as the Interaction between Intrinsic Religiosity and Psychological well-being, Extrinsic Religiosity and Psychological well-being, Internal Locus of Control and Psychological well-being, External Locus of Control and Psychological well-being. (iv) Regression analysis were used to find if there is any prediction, for instance Religiosity, Locus of control and Resilience will predict Psychological well-being. (v) Moderation analysis were used to find role of Resilience as a Moderator. (vi) Independent Sample T Test were used to find out Gender differences in Psychological well-being among Muslim undergraduate Students.

### 3.1 Psychometric Properties of Scales (N=220)

**Table 3.1**

*Quantitative analysis of reliability of scale*

Variable	N	k	$\alpha$
Religiosity	220	26	.713
Intrinsic R	220	13	.700
Extrinsic R	220	13	.701
Locus of Control	220	24	.779
Internal LOC	220	8	.640
External LOC	220	16	.770
Resilience	220	6	.771
Reversed Items	220	3	.653
Straight Items	220	3	.772
Psychological well-being	220	42	.780
Reversed Items	220	21	.812
Straight Items	220	3	.801

*Note.* N= number of participants, K= number of items,  $\alpha$  = alpha reliability,

#### Qualitative Analysis

The table indicates that Muslim Religiosity Scale was having Cronbach's alpha of .713 and their subscales reliability was .700 and .701 which means that it has a high reliability. Lavenson Locus of Control Scale reliability was .779 and their subscales was .63 and .754 respectively, that reflects an overall good internal consistency. Similarly Resilience Cronbach's alpha was .771 and their reversed and straight items was .653 and .772 respectively. The Last Psychological well-being reliability was .780. This means that the scales were reliable.

### 3.2 Demographic Characteristics of the Sample

**Table.3.2**

*Descriptive Statistic of Socio-demographic and other characteristics of participants (220).*

Characteristics	F	(%)	M	SD
Age			23.35	2.67
18	2	(.9)		
19	3	(1.4)		
20	19	(8.6)		
21	27	(12.3)		
22	43	(19.5)		
23	33	(15.0)		
24	30	(13.6)		
25	27	(12.3)		
26	18	(8.2)		
27	6	(2.7)		

28	2	(.9)		
29	2	(.9)		
30	6	(2.7)		
34	1	(.5)		
38	1	(.5)		
Gender			1.5	0.502
Male	111	(50.5)		
Female	109	(49.5)		
Religion			1.014	0.224
Muslim	220	(100)		
Christian	0	(0)		
Other	0	(0)		
No of Sibling			3.69	2.046
0	18	(8.2)		
1	14	(6.4)		
2	32	(14.6)		
3	39	(17.7)		
4	50	(22.7)		
5	32	(14.5)		
6	15	(6.8)		
7	15	(6.8)		
8	5	(2.3)		
Birth Order			2.23	.888
First Born	49	(22.3)		
Middle Born	90	(40.9)		
Last Born	63	(28.6)		
Only	18	(8.2)		
Marital Status			1.47	.724
Single	140	(63.6)		
Engaged	53	(24.1)		
Married	27	(12.3)		
Separated	0	(0)		
Divorced	0	(0)		
Widow	0	(0)		
Widowers	0	(0)		
Children if Married			1.28	.662
No Children	180	(82)		
One Child	21	(9.4)		

Two Children's	16	(7.3)		
Three or More	3	(1.4)		
Family System			1.50	.501
Nuclear	111	(50.5)		
Joint	109	(49.5)		
Family Background			1.44	.498
Rural	123	(55.9)		
Urban	97	(44.1)		
Living Status			1.30	.824
Home Owner	169	(76.9)		
Rented	45	(20.5)		
Lease	6	(2.7)		
Other	0	(0)		
Living Arrangement			2.89	2.128
Living Alone	20	(9.1)		
Living with Partner	5	(6.8)		
Living with Parents	185	(84.1)		
Institute			1.80	1.6
Government	115	(52)		
Private	59	(27)		
Semi Government	46	(21)		
Other	0	(0)		
Field of Studies			2.54	1.304
Social Science	68	(30)		
Medical Science	43	(20)		
Mass Media	44	(20)		
Management Science	55	(25)		
Other	10	(5)		
Current Semester			2.62	1.12
First or Second	48	(22)		
Third or Fourth	51	(23.2)		
Fifth or Sixth	58	(26.4)		
Seventh or Eight	63	(29)		
Employment Status			3.07	2.936
Fully Employed	2	(.9)		
Contracted	43	(19.5)		
Unemployed	161	(73.2)		
Business Owner	14	(6.4)		

Other	0	0)		
Income			6709.15	13458
0	166	(75)		
5000	1	(.5)		
10000	3	(1.4)		
12000	1	(.5)		
15000	3	(1.4)		
16500	2	(.9)		
18000	3	(1.4)		
20000	8	(3.6)		
24000	1	(.5)		
25000	7	(3.2)		
28000	6	(2.7)		
30000	8	(3.6)		
35000	3	(1.4)		
45000	2	.9)		
50000	4	(1.8)		
65000	2	(1)		
Work Experience			2.68	2.387
Six Month	61	(28)		
One Year	47	(21.4)		
Two Years	43	(20)		
No Experience	69	(31)		
Other	0	(0)		
Father Profession			2.0	1.016
Govt Employed	92	(41.8)		
Self-Business	57	(25.9)		
Shopkeeper/Labor	50	(22.7)		
Other	21	(9.5)		
Mother Profession			1.19	.458
House Wife	184	(83.6)		
Govt Employed	30	(13.6)		
Private Employed	6	(2.7)		
Other	0	(0)		
Health Status			1.27	.661
Healthy	186	(84.6)		
Physically Illness	17	(7.7)		
Mentally Illness	17	(7.7)		

Other 0 (0)

Note: N=220 (Male= 111, Female= 109)

### Interpretation

Table 3.2 show Descriptive statistics were examined the appropriate interpretation of the sample characteristics. Participant in the current study were 220 Muslim undergraduate Students. There are (50.5%) Male and (49.5%) were Females from which data were collected. Most of the participants (88%) were 22-26 years old. The Birth order of the participants, First Born were (22.3%), Middle born were (40.9%), Last born were (28.6%) and Only Child were (8.2%). Mostly participants (63.6%) were unmarried, (24.6%) were Engaged and (12.3%) were Married. Mostly participants (55.9%) were from Rural Family background other (44.1%) were from Urban areas. Result shows (50.5%) Participants were Nuclear Family system other (49.5%) were from Joint Families. Majority of the Participant (77%) have their own home and (84.1%) participants Living with parents. Result revealed that data were collected (52.3%) from Government Universities, (26.8%) from Private Universities and (20.9%) were from Semi-Government Universities. Data collected from mostly Students (30.9a%) were Social Science, (25%) were from Management Science, (20%) were from Mass Media, (20%) were from Medical Science and remaining (4%) from other departments. (22%) participants were from First or Second Semester, (23%) were from Third or Fourth Semester, (27%) were from Fifth or Sixth Semester and (28%) were from Seventh and Eight Semester. Mostly participants (74%) were Unemployed having no Income. Work Experience of the participant result shows that (31.4%) have No experience, (28%) have six months experience, (21%) have One year experience and (20%) have Two year experience. Majority Students (42%) Father Profession Government Employed and (84%) Mother Profession was House wife. The health status of participants result shows that (85%) were Healthy.

### 3.3 Pearson Product Moment Correlation

H1: There would be a significant relationship between Religiosity, locus of control and Resilience on psychological well-being among Muslim undergraduate Students.

**Table 3.3**

*Correlations among Religiosity, Locus of Control, Resilience and PWB*

Variable		1	2	3	4	M	SD
<b>TOTAL_R</b>	Pearson	1	.386**	.188**	.260**	92.69	10.283
	Correlation						
<b>TOTAL_LOC</b>	Pearson	.386**	1	.413**	.449**	167.7591	19.99774
	Correlation						
<b>TOTAL_RES</b>	Pearson	.188**	.413**	1	.336**	19.58	2.884
	Correlation						



	Pearson Correlation	.260**	.449**	.336**	1	94.48	12.651
<b>TOTAL_PWB</b>							

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Note: TOTAL\_R = Religiosity, TOTAL\_LOC= Locus of Control, TOTAL\_RES= Resilience, TOTAL\_PWB= Psychological well-being.

**Interpretation**

Pearson Product Moment Correlation was conducted to determine the relationship between study variable. The result revealed that there is a strong significant relationship between Religiosity and Locus of control which means that increase in Religiosity will Increase Locus of control.

There is a strong significant relationship between Religiosity with Resilience among Muslim undergraduate student which means that increase in Religiosity will increase Resilience

Religiosity has strong significant relationship with Psychological well-being among Muslim undergraduate students which means that increase Religiosity will increase Psychological well-being.

However Locus of Control has found a strong Relationship with Resilience when Locus of control increases will increase Resilience

Finding found a strong relationship between Locus of Control and Psychological well-being among Muslim undergraduate students which means that increase Locus of control will increase Psychological well-being.

Result also revealed that Resilience found a strong relationship with Psychological well-being among Muslim undergraduate students which means that increase resilience will increase Psychological well-being. Hence, the null hypothesis is accepted.

**3.3.1 Pearson product Moment Correlation**

H2: There would be a positive relationship between Intrinsic Religiosity and Psychological well-being among Muslim undergraduate Students.

**Table 3.4**

*Correlation between Intrinsic Religiosity and Psychological well-being*

Variable		1	2	M	SD
<b>INTRINSIC_R</b>	Pearson Correlation	1	.329**	52.07	5.903
	Sig. (1-tailed)		.000		
	N	220	220		
<b>TOTAL_PWB</b>	Pearson Correlation	.329**	1	167.76	19.998
	Sig. (1-tailed)	.000			
	N	220	220		

\*\* . Correlation is significant at the 0.01 level (1-tailed).

Note: INTRINSIC\_R= Intrinsic Religiosity, TOTAL\_PWB= Psychological well-being.

**Interpretation**

The result from the Pearson Moment Product correlation revealed that there is a positive significant relationship between Intrinsic Religiosity and Psychological well-being which means that

increase in Intrinsic Religiosity will Increase Psychological well-being of the Muslim undergraduate Students. Hence, the null hypothesis is accepted.

### 3.3.2 Pearson product Moment Correlation

H3: There would be a negative relationship between Extrinsic Religiosity and Psychological well-being among Muslim undergraduate Students.

**Table 3.5**

*Correlation between Extrinsic Religiosity and Psychological well-being*

		1	2	M	SD
<b>EXTERNAL_R</b>	Pearson Correlation	1	-.193	92.85	13.309
	Sig. (1-tailed)		.264		
	N	13	13		
<b>TOTAL_PWB</b>	Pearson Correlation	-.193	1	167.7591	19.997
	Sig. (1-tailed)	.264			
	N	13	220		

\*\* . Correlation is significant at the 0.01 level (1-tailed).

Note: EXTERNAL\_R= Extrinsic Religiosity, TOTAL\_PWB= Psychological well-being.

#### Interpretation

Pearson Product Moment Correlation was conducted to determine the relationship between study variable. The Relationship between Extrinsic Religiosity and Psychological well-being is insignificant,  $p=(.264)$  which revealed that there is a Negative relationship between Extrinsic Religiosity and Psychological well-being which means that increase in Extrinsic Religiosity will decrease Psychological well-being of the Muslim undergraduate Students. Hence, the null hypothesis is accepted.

### 3.3.3 Pearson product Moment Correlation

H4: There would be a positive relationship between Internal Locus of control and Psychological well-being among Muslim undergraduate Students.

**Table 3.6**

*Correlation between Internal Locus of Control and Psychological well-being*

		1	2	M	SD
<b>INTERNAL_LOC</b>	Pearson Correlation	1	.377**		
	Sig. (1-tailed)		.000	33.9955	5.20668
	N	220	220		
<b>TOTAL_PWB</b>	Pearson Correlation	.377**	1	167.76	19.998
	Sig. (1-tailed)	.000			
	N	220	220		

\*\* . Correlation is significant at the 0.01 level (1-tailed).

Note: INTERNAL\_LOC= Internal Locus of Control, TOTAL\_PWB= Psychological well-being.

#### Interpretation

The result from the Pearson Moment Product correlation revealed that the Relationship between Internal Locus of control and Psychological well-being is significant ( $p=.000$ ) which shows a strong positive relationship between Intrinsic Religiosity and Psychological well-being it means that increase in Internal Locus of Control will Increase Psychological well-being of the Muslim undergraduate Students. Hence, the null hypothesis is accepted.

**3.3.4 Pearson product Moment Correlation**

H5: There would be a negative relationship between External Locus of control and Psychological well-being among Muslim undergraduate Students.

**Table 3.7**

*Correlation between External Locus of Control and Psychological well-being*

		<b>1</b>	<b>2</b>	<b>M</b>	<b>SD</b>
<b>EXTERNAL_LOC</b>	Pearson Correlation	1	.369**		
	Sig. (1-tailed)		.000	56.8000	9.2645
	N	220	220		
<b>TOTAL_PWB</b>	Pearson Correlation	.369**	1	167.76	19.998
	Sig. (1-tailed)	.000			
	N	220	220		

\*\* . Correlation is significant at the 0.01 level (1-tailed).

Note: INTERNAL\_LOC= Internal Locus of Control, TOTAL\_PWB= Psychological well-being.

**Interpretation**

The result from the Pearson Moment Product correlation revealed that the Relationship between External Locus of control and Psychological well-being is significant (p=.000) which shows a strong positive relationship between Extrinsic Religiosity and Psychological well-being it means that increase in External Locus of Control will Increase Psychological well-being of the Muslim undergraduate Students. Hence, the null hypothesis is rejected.

**3.4 Regression Analysis**

H7: Religiosity (Intrinsic and Extrinsic), Locus of control (Internal and External) and Resilience would predict psychological well-being.

**Table 3.8**

**ANOVA<sup>a</sup>**

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	20772.155	3	6924.052	22.386	.000 <sup>b</sup>
	Residual	66808.077	216	309.297		
	Total	87580.232	219			

**Interpretation**

Multiple linear regression was conducted to evaluate the effect of Religiosity, Locus of control and Resilience on Psychological well-being. The model was found to be significant with percentage of explained variance .237 percent. The F value= (22.386), df = (3), p = (.000) which is less than 0.05. Hence, the null hypothesis is accepted.

**Table 3.8**

Regression weights	$\beta$	t	p
--------------------	---------	---	---

R → PWB	.096	1.488	.138
Int-R → PWB	.257	4.292	.000
Ext_R → PWB	-.111	-1.787	.075
LOC → PWB	.339	4.870	.000
Int-LOC → PWB	.179	2.65	.009
Ext_LOC → PWB	.279	4.31	.000
RES → PWB	.166	2.635	.009

*Note:* R= Religiosity, Int R= Intrinsic Religiosity, Ext R= Extrinsic Religiosity, LOC= Locus of Control, Int LOC= Internal Locus of Control, Ext LOC= External Locus of Control, RES= Resilience, PWB= Psychological well-being

### Interpretation

The table of multiple linear regression Analysis shows that the effect of Religiosity on Psychological well-being was found to be insignificant. The  $\beta = (.096)$ ,  $t = (1.488)$  and  $p = (.138)$ . The effect of Intrinsic Religiosity on Psychological well-being was found to be significant. The  $\beta = (.257)$ ,  $t = (4.292)$  and  $p = (.000)$ , However the effect of Extrinsic Religiosity on Psychological well-being was found to be insignificant. The  $\beta = (-.111)$ ,  $t = (-1.787)$  and  $p = (.075)$ .

The effect of Locus of Control was found to be significant.  $\beta = (.339)$ ,  $t = (4.870.)$  and  $p = (.000)$ . The effect of Internal Locus of Control was found to be significant.  $\beta = (.179)$ ,  $t = (2.65)$  and  $p = (.009)$  and the the effect of External Locus of Control was also found to be significant.  $\beta = (.279)$ ,  $t = (4.31)$  and  $p = (.000)$ . However the effect of Resilience on Psychological well-being found to be significant with  $\beta = (.178)$ ,  $t = (2.733)$  and  $p = (.007)$ .

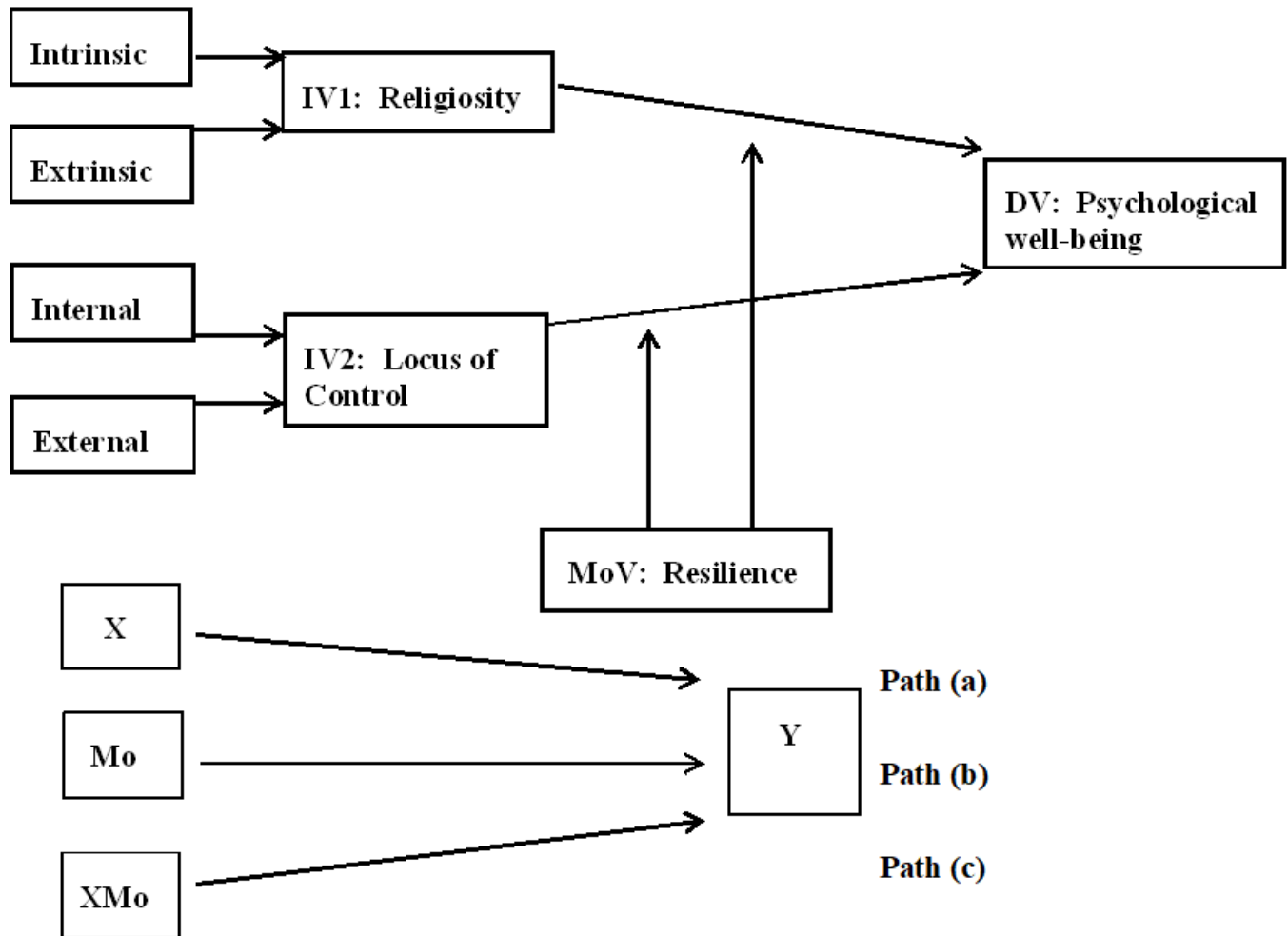
From this regression linear Analysis we found that Intrinsic Religiosity, Internal Locus of Control, External Locus of Control and Resilience would Predict Psychological well-being except Extrinsic Religiosity which would not predict Psychological well-being.

### 3.5 Moderation Analysis

H6: Resilience would moderate between Religiosity, Locus of control and Psychological well-being among Muslim undergraduate Students.

Mediation analysis was performed in SPSS version 25 through Hayes process -4.1. The below model shows the path diagram in which path a, b and c are given. The path values below in model represents the coefficient. The Independent variable in the diagram is Religiosity and Locus of Control, Resilience is mediator and the dependent variable is Psychological well-being.

Figure 1



**Table 3.9**  
*Religiosity and Psychological well-being*

Model	B	SE	p	T	95%CI	
					LL	UL
Religiosity (IV)	.369	.13	.0031	2.99	.126	.61
Resilience (Moderator)	1.82	.45	.0001	4.044	.934	2.708
Interaction Effect (X*M)	.073	.032	.025	2.25	.009	.138

**Interpretation**

The study assessed the moderating role of Resilience on the relationship between Religiosity and Psychological well-being. The study revealed significant effect of Religiosity on Psychological well-being ( $\beta = .369$ ,  $t = 2.99$  and  $p < .05$ ). The Moderating role of Resilience on Psychological well-being was found to be significant ( $\beta = 1.82$ ,  $t = 4.044$  and  $p < .05$ ). The moderation analysis also revealed that the interaction effect is also significant ( $\beta = .073$ ,  $t = 2.25$  and  $p < .05$ ). This means that the Moderating variable Resilience moderate the relationship between Religiosity and Psychological well-being.

**Table 3.9**

*Locus of control and Psychological well-being*

Model	$\beta$	SE	p	T	95%CI	
					LL	UL
Locus of Control (IV)	.584	.1044	.0000	5.6	.378	.789
Resilience (Moderator)	1.16	.484	.0175	2.39	.205	2.113
Interaction Effect (X*M)	.0149	.0247	.5460	.6047	-.033	.063

**Interpretation**

The study assessed the moderating role of Resilience on the relationship between Locus of Control and Psychological well-being. The study revealed significant effect of Locus of Control on Psychological well-being ( $\beta= .584$ ,  $t= 5.6$  and  $p < .05$ ). The Moderating role of Resilience on Psychological well-being was found to be significant ( $\beta=1.16$ ,  $t=2.39$  and  $p < .05$ ). The moderation analysis revealed that the interaction effect is insignificant ( $\beta= .073$ ,  $t= 2.25$  and  $p < .05$ ). This means that the Moderating variable Resilience would not moderating the relationship between Locus of control and Psychological well-being.

**3.6 Independent sample t-test Analysis**

H8: There would be significant gender differences psychological well-being among Muslim undergraduate Students.

**Table 3.10**  
**Group Statistics**

	Gender	N	Mean	SD	Std. Error Mean
TOTAL_PWB	Male	111	166.87	20.772	1.972
	Female	109	168.66	19.232	1.842

**Table 3.10**

*Independent Sample T-Test between Gender and Psychological well-being (220).*

Gender	F	p	t	Df	Confidence	
					LL	UL
Psychological well-being	.043	.835	-.662	218	-7.108	3.535

Note: t= Statistical Differences, Df= Degree of Freedom, p= Significance Values, LL= Lover Limit, UL= Upper Limit.

**Interpretation**

As the value of levene’s test of equality of variances for Gender is  $F= .043$ ,  $t= -.662$ ;  $p=.835$ ) is greater than  $p=0.05$ . So, values indicates that there were not significant differences between the Psychological well-being of Male and Female..

The mean and standard deviation from the above table for Male( $M= 166.87$ ;  $SD=20.772$ ) and Female ( $M=168.66$ ;  $SD=19.232$ ) shows that there was not a significant difference in Male and Female.

**4. Discussion**

Current study was conducted to investigate the relationship among Religiosity, Locus of control, Resilience and Psychological well-being. The currently study mainly was conducted to investigate the relationship between Intrinsic Religiosity and Psychological well-being, Extrinsic Religiosity and Psychological well-being, Internal Locus of control and Psychological well-being, External Locus of

control and Psychological well-being. We also have examined Religiosity, Locus of control and Resilience as a predictor of Psychological well-being. The current study examined the moderating role of Resilience among Religiosity, Locus of control and Psychological well-being. Gender differences on Psychological well-being are also examined among Muslim undergraduate Students.

The required sample was determined through non-probability purposive sampling method. Sample of 220 participants (Male=111, Female=109) was included in the present study. Data was gathered through survey method. The result was assessed by using the Pearson product moment correlation, Multiple Regression Analysis, Moderation Analysis, Independent Sample T-test was used to examine.

Demographic Information Sheet, Psychological well-being Scale (PWB) a 42-items version of Carol Ryff's (2007), Muslim Religiosity Scale Modified by Dr. Mussarat Jabeen Khan (2014) a 26-items instrument, Lavenson Multidimensional Locus of Control Scale by Lavenson translated version of 2013, The Brief Resilience Scale devised by Smith et al. in 2008 were used to investigate this study. All the scales have good reliability. Result show the Reliability of Religiosity has .713, The Locus of Control Scale has .779 Reliability, However, Resilience has .771 and the Psychological well-being has Reliability .780.

Our first hypothesis of this study is about that there would be a significant relationship between Religiosity, locus of control and Resilience on psychological well-being among Muslim undergraduate Students. Our study results indicate that yes there is a significant relationship between Religiosity, locus of control and Resilience on psychological well-being. Previous studies also support these results, as Michele VandeMerghel Arney (2018) looked at the link between Psychological well-being, Religiosity (spirituality) and locus of control among Male and female students of southern community college. The results of this study demonstrated a significant and positive association between Psychological well-being as the dependent variable, locus of control and Religiosity (spirituality). An other study, Slatinsky, Farren, Bartlett, Fiaud, and Haasl (2022) conduct a study to determine the unexplored relationships between locus of control (LOC), strength of religious beliefs (i.e., religiosity), and resilience in collegiate football players. Result shows that there were statically significant relationships between Religiosity, Locus of control and Resilience.

According to our second hypothesis that there would be a Positive relationship between Intrinsic Religiosity and Psychological well-being among Muslim undergraduate Students, Our result revealed that yes there is a positive relationship between Intrinsic Religiosity and Psychological well-being among Muslim undergraduate Students. Existing research proves that there is a positive relationship between Intrinsic Religiosity and Psychological well-being. García-Alandete, J., & Bernabé-Valero, G. (2013) studied the link between intrinsic/extrinsic religiosity and psychological well-being in a sample of 180 Spanish undergraduates, 138 women (76.7%) and 42 men (23.3%), aged 18-55,  $M = 22.91$ ,  $S D = 6.71$ . Multiple regression analysis found a positive Relationship between intrinsic religiosity and psychological well-being measures. Alandete and Valero (2013) analyzed the relationship between intrinsic/extrinsic/quest religious orientation and Psychological well-being in a sample of 180 Spanish undergraduates. They shows that psychological well-being was positively related to intrinsic religiosity. Another study, Singh, P., & Bano, S. (2017) conduct a study the aim of the present study is to assess the relationship of intrinsic, extrinsic religiosity with psychological well-being of adolescents. Finding revealed that intrinsic religiosity is significantly and positively correlated with some domain of psychological well- being.

Our third hypothesis is, there would be a Negative relationship between Extrinsic Religiosity and

Psychological well-being among Muslim undergraduate Students, Our result shows that there is a negative relationship between Intrinsic Religiosity and Psychological well-being among Muslim undergraduate Students which means that increase in Extrinsic Religiosity will decrease Psychological well-being. So the null hypothesis is accepted. Previous studies also support current study findings that there is a negative relationship between Extrinsic Religiosity and Psychological well-being. Singh, P., & Bano, S. (2017) conduct a study the aim of the present study is to assess the relationship of intrinsic, extrinsic religiosity with psychological well-being of adolescents. Finding revealed that Extrinsic religiosity was not significantly correlated with psychological well-being which means have a negative Relationship. García-Alandete, J., & Bernabé-Valero, G. (2013) studied the link between intrinsic/extrinsic religiosity and psychological well-being in a sample of 180 Spanish undergraduates, 138 women (76.7%) and 42 men (23.3%), aged 18-55,  $M = 22.91$ ,  $S D = 6.71$ . Multiple regression analysis found a negative relationship between extrinsic Religiosity and some dimensions of Psychological well-being. Alandete and Valero (2013) analyzed the relationship between intrinsic/extrinsic/quest religious orientation and Psychological well-being in a sample of 180 Spanish undergraduates. They shows that psychological well-being was negatively correlated to extrinsic religiosity.

Our fourth hypothesis of this study is, there would be a positive relationship between Internal Locus of control and Psychological well-being among Muslim undergraduate Students. The result shows that there is a positive relationship between Internal Locus of control and Psychological well-being among Muslim undergraduate Students, which means that Null hypothesis is accepted. Previous studies also supported our hypothesis, Richa Malhotra (2017) A study of college students' locus of control and well-being was done, a total of 120 students from Delhi University were surveyed, with 60 males and 60 females. Result shows that Internal LOC has a strong link to Psychological well-being specially dimensions like Purpose in life, personal growth, and self-acceptance. Mohammad Reza and Vakili Mobarakeh (2015) did a study to see if there was a link between locus of control and psychological well-being among Iranian adolescent migrants in Kuala Lumpur, Malaysia. 300 Iranian student teenagers. Result revealed that Internal locus of control was found to be Positively connected to psychological well-being.

The fifth hypothesis of our study is that there would be a negative relationship between External Locus of control and Psychological well-being among Muslim undergraduate Students. Our analysis revealed that yes there is a negative relationship between External Locus of control and Psychological well-being, Hence Null hypothesis are accepted. Previous studies also support out hypothesis which are as under; Richa Malhotra in (2017) conduct a study of college students' locus of control and well-being was done, a total of 120 students from Delhi University were taking as a population (60 males and 60 females). Their result shows that a high external locus of control was linked to lower levels of Psychological well-being, which clearly shows that there is a negative Relation Between them. Another Study did by Mohammad Reza and Vakili Mobarakeh in (2015) to see if there was a link between locus of control and psychological well-being among Iranian adolescent migrants in Kuala Lumpur, Malaysia. 300 Iranian student teenagers. Result revealed that External locus of control was found to be negatively connected to psychological well-being.

The Sixth hypothesis that is about prediction which is raising question about, Religiosity, Locus of control and Resilience would predict psychological well-being. The table of multiple linear regression Analysis shows that the effect of Intrinsic Religiosity, Internal Locus of control, External Locus of control and Resilience on Psychological well-being was found to be significant. However the effect of Extrinsic Religiosity on Psychological well-being was found to be insignificant. Which



revealed that Religiosity, Locus of control and Resilience would predicted Psychological well-being except Extrinsic Religiosity. Previous study also supported out hypothesis that was; Shemaila Saleem (2017) studied the impact of religion on psychological well-being in medical and non-medical students. A total of 120 medical and non-medical students from the Federal Medical and Dental College and the International Islamic University in Islamabad, Religiosity is a substantial predictor of psychological well-being, according to the research. Students' psychological well-being is predicted by both extrinsic and intrinsic religiosity. Hosein Soury and Turaj Hasanirad (2011) investigated the links between resilience, optimism, and psychological well-being in a study. 414 medical students (213 males and 191 females) were chosen using cluster sampling. The findings demonstrated that resilience can predict psychological well-being. In a study, Michele VandeMerghel Arney (2018) looked at the link between mental health wellness, spirituality, locus of control, and exercise. Male and female students enrolled in at least one class at a Southern community college, with a population ranging from 18 to 64 years old. The results of this study demonstrated the locus of control was discovered to be a predictor of psychological well-being.

The Seventh and Important Hypothesis is that, Resilience would moderate between Religiosity, Locus of control and Psychological well-being among Muslim undergraduate Students. So the moderation analysis of first table revealed that the Moderating role of Resilience on Psychological well-being was found to be significant and the interaction effect of Religiosity and Resilience on Psychological well-being is also significant. This means that the Moderating variable Resilience moderate the relationship between Religiosity and Psychological well-being. The Moderation analysis of second table revealed that the interaction effect of Locus of Control and Resilience on Psychological well-being is insignificant. This means that the Moderating variable Resilience was not moderating the relationship between Locus of control and Psychological well-being. Previous literature about the moderating role of resilience like, Bhatti, Mazhar Iqbal, and Asghar Ali (2017) conducted a study on flood victims with the purpose of evaluating the influence of psychological well-being, meaning in life, and the moderating role of resilience, the study findings revealed that resilience was a moderator between psychological well-being and meaning in life. In the literature there is no clearly result found about the moderating role of resilience between Religiosity, locus of control and Psychological well-being. My findings are something new for the upcoming researchers.

The eighth and last hypothesis which is related to Gender differences that, there would be significant gender differences psychological well-being among Muslim undergraduate Students. After the Analysis Independent sample T-test indicates that there were not significant differences between the Psychological well-being of Male and Female among Muslim undergraduate Students. The previous study also supports our analysis one of them are, Shemaila Saleem (2017) studied the impact of religion on psychological well-being in medical and non-medical students. Result revealed that psychological well-being inequalities between male and Female were determined to be statistically insignificant, which means there are no gender differences.

#### **4.1 Conclusion**

The current study was aimed to find the relationship of Religiosity, Locus of Control, Resilience and Psychological well-being and as well as the role of Intrinsic Religiosity and Extrinsic Religiosity on Psychological well-being, the role of Internal Locus of Control and External Locus of Control on Psychological well-being among Muslim undergraduate Students. Result showed that a significant relationship among Religiosity, Locus of Control, Resilience and Psychological well-being. Result revealed that there is a positive relationship between Intrinsic Religiosity and Psychological well-being, while a negative relationship between Extrinsic Religiosity and Psychological well-being.

Result also revealed that there is a positive relationship between Internal Locus of Control and Psychological well-being, and a negative relationship between External Locus of Control and Psychological well-being. Psychological well-being was significantly predicted by Internal Religiosity, Internal Locus of Control, External Locus of Control and Resilience, and insignificant prediction would found with Extrinsic Religiosity. Moderation Analysis shows that Resilience can moderate between Religiosity and Psychological well-being while result shows that Resilience would not moderate between Locus of Control and Psychological well-being. It was also found that there were no significant gender differences between Male and female in Psychological well-being among Muslim undergraduate Students. Previous literature also support our hypothesis.

#### **4.2 Strength of the Study**

The present study has several strong points, which increase the credibility of the research. Most importantly, the use of the standardized scales ensured the quality and validity of the measurement. The research also followed the recommendations of the American Psychological Association, which only strengthens its credibility. The collection and processing of the data appeared to be consistent and reliable, which can also be considered a strong point. The thorough research of the available data on the topic also became an essential basis for the analysis. Finally, all the variables demonstrated almost perfect relationships, which also strengthen the research. The high level of all relationships makes results valid and reliable.

#### **4.3 Limitations**

The limitations of the study include the fact that the sample represented Muslim undergraduate students and was gathered in one country, including District Mardan, Peshawar, Islamabad, and Lahore. The sample size was also relatively small, reaching only 220 students. The study also tested the impact of religiosity, locus of control, and resilience on psychological well-being in general terms without separating the dimensions of the latter. In addition, correlational statistics were used, and although they were sufficient for the study, they did not allow making causal inferences. Moreover, the purposive sampling was employed, and the characteristics of the studied sample are not representative. Finally, the use of self-report measures creates room for response biases.

#### **4.4 Suggestions**

For future research, I would recommend that students from various religious backgrounds should be selected and the sample should be extended to cities outside District Mardan, Peshawar, Islamabad, and Lahore and on various educational levels including Matric, FA/FSc, and postgraduate students with increased sample size for better validity and reliability. Moreover, more independent variables should be researched including quality of life, perfectionism, scrupulosity, personality traits, intelligence, and all six dimensions of psychological well-being should be included and their impacts studied. A prospective longitudinal design should be used instead of correlational statistics and purposive sampling be adopted. The mediation roles of religiosity and resilience should be observed, and projective techniques used to avoid response set.

#### **4.5 Implications of the Study**

The practical implications of my study helps to provide an understanding regarding the importance of Religiosity and Locus of Control in Psychological well-being, and also the link of Intrinsic and Extrinsic Religiosity, Internal and External Religiosity and Resilience with Psychological well-being. Improving the Religiosity and locus of control may enhance the Psychological well-being of Students, these variables will be used as a treatment aspects of Psychological well-being.

For example Religion is one of the important part of our society we find that effect of Religiosity on Psychological well-being was positive, now a therapist will be used Religiosity as a counseling part for Psychological issues of students, like praying Nimaz, Recite Holy Quran will increase Psychological well-being. However the role of Internal Locus of control and External Locus of control and Resilience on the mental health of the Muslim students will also be helpful in clinical setups like the therapist will be focus on the improving of their locus of control. And after knowing their resilience level, hen their copying ability will be improving and their studies will be improving gradually.

The theoretical implication is to provide a direction to the teachers and educationists to add some interesting activities in their lectures, instead of conventional styles of teaching, to keep interactive class environment. And also to add such activities that can increase Psychological well-being of the students. The current study would also be helpful for researchers to assessing further and work on psychological well-being. They will find out the role of other aspects on mental health for improving student's psychological well-being.

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