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## Impact of Muslim Religiosity on Emotional Issues Among University Students: Moderating Role of Life Satisfaction

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**Abstract:** Religiosity plays an important role in mental well-being, particularly within religious populations. This quantitative study examined the relationship between Muslim religiosity (intrinsic and extrinsic) and emotional issues among university students, with life satisfaction as a moderating variable. Data were collected from 400 male and female university students aged 18–35 from various universities in Karachi using a convenience sampling technique. Standardized instruments were used, including the Muslim Religiosity Scale, the Depression Anxiety Stress Scale (DASS-21), and the Satisfaction with Life Scale (SWLS). Statistical analyses were conducted using SPSS 21, employing Pearson correlation and regression techniques. The findings revealed a significant positive relationship between intrinsic and extrinsic religiosity. Intrinsic religiosity showed a significant negative association with psychological distress, whereas overall Muslim religiosity did not show a significant relationship with emotional issues. Intrinsic religiosity was also positively correlated with life satisfaction. However, life satisfaction did not significantly predict or moderate psychological distress. The study highlights the potential value of intrinsic religiosity in promoting mental well-being and suggests that religious concepts and therapeutic approaches may be beneficial in educational and clinical settings for addressing emotional issues among Muslim populations.

### Introduction

Religion is a collective experience and an organized system involving structures of ideas, rules and set beliefs about God or high power. Religiosity means to what level or intensity a person is religious (Koenig, 2009). Religiosity is the degree of commitment to religion's principles, customs, and rituals, which can be displayed both in private and in public settings (Hill & Pargament, 2003). Religiosity is a complex subject firstly the English language ambiguity, according to Lewis (1987), religiosity is interchangeable with concepts like Religiousness, orthodoxy, belief, faith holiness etc. Rather than being synonyms for religiosity, these phrases represent what scholars of religiosity would call its dimensions.

Secondly, the fact that the idea of religiosity is currently of interest to the scholars from variety of academic fields, each of which approaches religiosity in different perspectives and do not likely consult each other (Cardwell, 1980; Demerath & Hammond, 1969). Particularly for Muslims, religiosity has a major impact on emotional health. It is frequently divided into two dimensions. According to Allport (1967), there are two types of religiosities: Intrinsic religiosity which shows a strong personal commitment to religious beliefs and practices that direct everyday life. Extrinsic religiosity, which emphasizes the social or external advantages of religion, including social acceptance or communal ties, while extrinsic religion may offer modest emotional support, research suggests that intrinsic religiosity frequently offers higher psychological advantages, allowing people to cope better with emotional issues (Pargament, 1997).

But there are four facets to religiosity that Cardwell (1980) identifies: cognitive, cultic, social, and emotional. Devotional and partisan. Also, in 1967, Allport and Ross differentiated between two primary features of religiosity. Those that are both internal and external The intrinsic and extrinsic dimensions of religiosity further influence these outcomes. Intrinsically religious individuals seek spiritual growth and demonstrate their faith through meaningful actions, while extrinsically religious individuals engage in religious practices for social or personal benefits (Li & Liu, 2021).

Extrinsically religious people view religion as a tool, often attending services for material support, social acceptance, or social ties rather than spiritual growth, in contrast to intrinsically religious people. There are two types of extrinsic religiosity that is extrinsic personal, where people turn to religion for relief and comfort, and extrinsic social, where people utilize it to connect with others and create communities (Li & Liu, 2021).

Intrinsic religiosity has been widely linked to several important and beneficial psychological effects. Researchers suggest that people who have a high level of intrinsic religiosity internalize their religious principles and enable their faith to influence their moral judgements, emotional reactions and daily life chores. In times of emotional difficulty, this strong connectivity to religion offers a feeling of security, meaning to life. These people report less anxiety, despair, use of substances, and shows increased levels of life satisfaction and emotional resilience (Park, 2007) 3 Additionally, self-control, empathy, understanding, a stronger moral compass these are all encouraged by intrinsic religiosity, and these qualities of the person not just enhance their interpersonal relationships, but it also promotes their psychological wellbeing in long run (Hill & Pargament, 2003).

In countries like Pakistan people with high intrinsic religiosity are more likely to experience authentic spiritual support, because their faith is internally motivated rather than being socially driven. Because their faith is internally motivated rather than socially driven, intrinsically religious individuals are more likely to experience authentic spiritual support, particularly in culturally religious settings. Intrinsic religiosity may be a protective factor against emotional discomfort and a vital source of identity and purpose for adolescence and young adults in societies like Pakistan, where religion is deeply ingrained in social life (Bergan & McConatha, 2000). In comparison to intrinsic religiosity, extrinsic religious people see religion see religious participations as a tool, frequently going to services going to services for material support, for social acceptability, or social relationships rather than spiritual development.

Extrinsic religiosity is subdivided into extrinsic personal, where religion is sought for comfort and solace, and extrinsic social, where it is used for social networking or community building (Li & Liu, 2021). Extrinsic religiosity may not have the depth and constancy of personal belief that intrinsic religiosity does, according to Allport and Ross, classified this orientation as more self-serving because people with high extrinsic

religiosity use their faith as means to achieve their objectives, such as social support and comfort. Extrinsic religiosity might continue to be important in collectivistic and deeply religious nations like Pakistan, especially for young adults negotiating questions of social identity and membership to the community. In few situations, religion might serve as an internalized belief system, but it looks more like a cultural tool to fit in certain areas. In certain situations, religion might serve less as an internalized belief system and more as a social and cultural instrument. Understanding this difference is crucial because it provides important information on the differential ways that various religious 4 orientations intrinsic vs extrinsic affect identity formation, emotional health, and life satisfaction (Saroglou, 2002; Abu-Raiya & Pargament, 2011).

A person's faith and deepest beliefs have a significant effect on their physical and emotional well-being. According to some psychologists, having religion and beliefs 5 makes the body more resilient to psychological discomfort. A study examined the relationship between spirituality, quality of life (QoL), stress, and religious affiliation and practices in breast cancer patients who are surviving and healing. 130 women who were evaluated two years after receiving a diagnosis were included in the sample.

Hierarchical multiple regression study revealed that whereas religious practice had no significant relationship with quality of life or traumatic stress, spiritual well-being had a substantial correlation with both variables (Efficace & Marrone, 2002). Bergan and McConatha (2000) attempted to find out whether there was a correlation between religiousness and happiness in three age groups: youth, middle age, and old age. The research found that those who are more faithful and active in their religious activities report a lower level of stress and higher rates of life satisfaction. Religion has an impact on people as well as to demographic groupings. Several studies discussed the personal benefits if religion, such as improvement of happiness and quality of life, mental wellbeing, also the development of compassion, altruism honesty. (Beit-Hallahmi and Argyle, 1997).

Majority of the Pakistani population hold the view that morality is instinct tied to religious belief, you cannot be moral unless you have a belief on GOD Pew Global Attitudes Project (2007). A strongly ingrained cultural and theological viewpoint is reflected in this, where moral responsibility, ethical behaviors, and a feeling of good and wrong are seen as being based on divine power. In many situations, religion serves as a fundamental source of moral direction in addition to being a personal or spiritual issue, impacting interpersonal interactions, legal requirements, and social conventions. University students usually experience the important psychological tasks described by Erikson (1968) during the developmental phases of late adolescence and early adulthood. While young people move towards intimacy vs isolation, they primarily focus on forming intimate and meaningful relationships, while adolescence struggle with identity vs, confusion phase.

In addition, Aflakseir (2012) researched the relationship between religious practice and the well-being of Muslim students who are searching for meaning in life. 60 Muslim undergraduates from England's Southampton and Birmingham universities participated in the research. The Strength of Spiritual Belief Scale, Psychological Well Being Scale, Sources of Meaning Scale, and Life Attitude Scale were administered to participants. The study found that spirituality, religion, and psychological well-being positively linked with personal meaning. However, some religious beliefs or practices may exacerbate psychological distress or lead to adverse health outcomes.

The purpose of this research is to address these gaps by exploring how intrinsic and extrinsic religiosity influence emotional well-being, moderated by life satisfaction, among Muslim university students. Understanding these relationships can inform culturally relevant mental health interventions and provide

support for students navigating academic and emotional challenges. The connection between gender and religion has been broadly described and understood in a several ways in both descriptive and analytical studies. (Trzebiatowska & Bruce, 2012).

According to the centered perspective (specifically, gender orientation theories), biological sex traits account for a significant portion of the religious differences between men and women. Women's strong participation in religious activities and their relationship with God are indicators of their religiosity (Younas & Kamal, 2020). In contrast, men's lack of belief system reflects their natural intelligence and health. According to these interpretations, gender is viewed as an individual trait rather than a component of institutions or social structure (Trzebiatowska & Bruce, 2012). Differences in religiosity between both genders are a topic on which researchers differ. A number of authorities have found that females exhibit higher levels of religious commitment (Stark, 2002). Furthermore, compared to men, women exhibit a higher rate of clinical depression and certain anxiety disorders starting in adolescence. High levels of internalizing negative feelings, like sadness, shame, and anxiety are features of these disorders. Through ideas of structural location and gender role socialization, the constructivist tradition seeks to explain cultural and social factors that contribute to 11 men's and women's different levels of religion.

Previous theories postulated that men and women experience different socialization processes, which explain why women tend to exhibit more emotionality, irrationality, and a preference for community. Furthermore, another independent study that looked at gender differences in religiosity showed that men's practice of religion is less than women while suitable authorities are included. It showed how sociocultural problems like gender role discrimination and somewhat exaggerated gender inequalities prevent the differences from offering a true representation (Cornwall, 1989). Furthermore, Feltey and Poloma (1991) proposed that these results may be misleading in certain situations since women are stereotyped as being more religious.

In Pakistan there is currently a lack of empirical research and fragmented literature analyzing spirituality and religiosity as indicators of life satisfaction, happiness, and well-being. In a sample of 200 women in District Sialkot, Pakistan, Abbas et al. (2018) examined the positive correlation between religion and life satisfaction.

### **Literature Review**

**Religiosity** The term "Religiosity" is an effective way to describe the different areas of religious belief, loyalty, and practice. It is described in terms of structured religious connection, authority, and divine force, as well as religious rituals and beliefs (Pargament, 1997). Religiosity has been a critical area of psychological research, particularly for understanding its role in emotional well-being.

This relationship becomes especially significant in populations such as university students, who often face heightened levels of stress, anxiety, and depression. Among Muslims, religiosity comprising intrinsic and extrinsic dimensions—has been linked to mental health outcomes in various ways. However, the moderating role of life satisfaction in this relationship remains underexplored. Understanding this dynamic is vital for identifying factors that alleviate mental health challenges like anxiety, depression, and stress among Muslim university students. Religiosity, particularly its intrinsic and extrinsic dimensions, plays a complex yet significant role in emotional well-being.

For Muslim university students, life satisfaction may amplify or diminish the psychological benefits of religiosity, making it a critical variable to consider. Spirituality and religious rituals are essential for surviving challenging times in life, according to the World Health Organization's psychological first aid guidance for field workers (WHO, 2011). This review underscores the need for culturally informed mental health

interventions that leverage the protective effects of religiosity while addressing the broader emotional challenges faced by students. Further research is essential to deepen our understanding of these relationships and to develop strategies that promote mental health and resilience in diverse populations.

Numerous studies demonstrate a strong association between the correlation between intrinsic religion and good mental health. Intrinsic religiosity refers to deeply internalized religious beliefs and practices that individuals view as central to their identity. Research indicates that individuals with high intrinsic religiosity often report lower levels of anxiety, depression, and stress, as their faith provides a sense of purpose, hope, and emotional stability (Abdel-Khalek, 2019; Koenig, 2012). These benefits help individuals manage stressors, such as academic challenges and personal difficulties, more effectively. Moreover, findings suggest that intrinsic religiosity is positively associated with hope, optimism, and a greater sense of purpose, all of which contribute to better mental health outcomes (Koenig, 2004; Vasegh & Mohammadi, 2007).

In a study conducted by Moreira-Almeida et al. (2015), regarding intrinsic religiosity in a sample of depressed patients, to see the relationship between intrinsic religiosity and resilient psychological characteristics. The results found a significant relationship between intrinsic religiosity, quality of life and suicide risk. Individuals with high levels of intrinsic religiosity showed high levels of resilience, and a better quality of life and they had fewer prior suicide attempts. The study highlighted that intrinsic religiosity may improve psychological recovery by serving as an emotional source during their depressive phase.

During pandemic covid 19' a study was conducted in seven different countries, to study how intrinsic religiosity was linked with mental well-being of university students. The results of the study revealed that higher commitment to intrinsic religiosity was correlated to lower levels of depression, anxiety, and symptoms of stress among university students. According to this study the religious activities might serve as a psychologically protective factor in situation of crisis (Karakula et al., 2023) Compared to men, women are frequently observed to be more religious, attend religious services more frequently, and experience a greater connection to God (Kim & Kim, 2017). Study results shows that boys only gain from intrinsic religiosity in terms of life happiness and self-esteem, whereas girls do not benefit from religiosity. Also, men show to have a greater correlation between religiosity and spirituality and mental health characteristic than women (Wong et al., 2006).

In contrast, extrinsic religiosity, characterized by religious practices motivated by social or material gains, has shown mixed effects on emotional well-being. While it can provide social support and a sense of community, its benefits for long-term mental health are less consistent (Pargament, 1997). Some research even suggests that extrinsically motivated individuals may struggle to find deeper meaning in their religious practices, which could lead to negative emotional outcomes (Koenig, 2012). Hossain and Rizvi (2016) conducted several studies on wellness and religiosity with individuals of various religions and in different countries.

There were thirty-five Christians, thirty-one Muslims, four Jews, three Hindus, and two Buddhists among them. Except for Christianity, every religion demonstrated a positive correlation between religiosity and mental health. According to Castaldelli-Maia et al. (2019), medical students have much greater levels of psychological discomfort, anxiety, and depression than those who study in other areas. Their poor mental health gets worse by academic pressure, emotional strain during training, and the stigma associated with getting treatment. Increased hope, optimism, self-worth, and a sense of purpose in life are all associated with beliefs (Dein, 2018).

The majority of studies have worked on inverse relationship between aspects of psychological illness and

religious indicators (Bergin, 1983). The buffering hypothesis is the underlying mechanism that explains this association religion might reduce the negative effects of anxiety on both psychological and physical health (Kendler, Gardne). Several findings are shown by another study of almost 200 papers. First, it was discovered that there is a favorable correlation between religious belief and psychological well-being in several domains (Gartner, Larson & Allen, 1991).

Emotional problems are complex concerns including emotions and feelings. The American Psychological Association APA, defines emotional disorders as challenges in controlling emotions, which might show up as stress, anxiety, or low mood and impact a person's everyday functioning and mental health. Many years ago, researchers and physicians were interested in the connection between anxiety and depression Both Watson and Clark Stress, anxiety, and depressed symptoms were found to be strongly and negatively connected with life satisfaction by Lopes and colleagues (2021), who investigated factors of life satisfaction among Brazilian university students during the COVID-19 pandemic.

Furthermore, heightened psychological discomfort was found to be significantly predicted by characteristics like substance use, female gender, and pre existing medical disorders. These findings underline the need of mental health care in preserving life satisfaction during times of crisis and highlight the variety of factors that contribute to emotional issues in university populations. 23 Studies conducted in Pakistan, where depression affects approximately 30–50% of adults (Farooq et al., 2019), suggest that religiosity can play an important role in terms of mental health.

According to research conducted by Nadeem et al. (2017), adolescents who have a greater level of religiosity are less likely to exhibit symptoms of depression, anxiety, and stress. In a study, Haruna et al. (2025) found that 49% of first-year university students in sub-Saharan Africa reported depression, 75% reported anxiety, and 73% reported stress, indicating startlingly high levels of emotional distress. These emotional problems were found to be significantly predicted by academic stress, underscoring the susceptibility of students making the move to higher education. These study results were compiled by using DASS-21.

University students face various emotional challenges, including anxiety, depression, and stress, which significantly impact their academic performance and overall quality of life. Approximately 30% of university students experience emotional distress during their academic journey (Bayram & Bilgel, 2008). Anxiety, characterized by fears of failure and social apprehensions, is particularly common among students (Gonzalez et al., 2010). Similarly, depression is widespread, manifesting as sadness, hopelessness, and a lack of interest in previously enjoyable activities (Bayram & Bilgel, 2008). Chronic stress, often triggered by academic deadlines and social pressures, further exacerbates these issues and contributes to long-term psychological disorders.

Individuals' levels of life satisfaction, which is characterized as what they think of their life, have an important effect on their mental health. People who tend to have high levels of Life Satisfaction shows better emotional resilience and less symptoms of anxiety, depression, and stress (Diener, 1984). Within the context of religiosity, life 25 satisfaction can moderate how religious beliefs and practices affect emotional well being.

Research suggests that individuals with higher life satisfaction derive greater psychological benefits from their faith, as it reinforces their sense of purpose and ability to cope with stress. Conversely, those with lower life satisfaction may not experience the same positive effects, as they may feel disconnected from their faith or view it through a more utilitarian lens (Abdel-Khalek, 2019; Koenig, 2012). In order to examine the relationship between religiosity and positive as well as negative emotions, Abdel-Khalek and Naceur



(2007) interviewed university students. Five dimensions of well-being religiosity, physical health, mental health, happiness, and life satisfaction were evaluated using self-rating questionnaires.

The study primarily focused on gender discrepancies and the psychological impacts of religiosity in Muslim students. The results of the study stated that religion was linked with many positive traits in women, such as life satisfaction, optimism, physical and mental health, it was negatively correlated with pessimism and anxiety showing that women who were more into the religious practices faces lower level of anxiety and pessimism. Whereas religiosity was associated with mental health only in men. Also, women showed high levels of life satisfaction and religiosity than men. Life satisfaction is a multifaceted construct that has been demonstrated to be the cognitive element of subjective well-being (Pavot & Diener, 2008).

In a study of university students demonstrated that, higher levels of life satisfaction were associated with enhanced mental well being, and it significantly reduced the feelings of anxiety and hopelessness associated with stress. Life satisfaction not only reduced but was even partially controlled the effects of stress on mental health. The results of the current study highlighted that using affiliation and mindfulness techniques to foster life satisfaction, could help in improving and maintaining mental wellbeing (Padmanabhanunni, Pretorius, & Isaacs, 2023).

A study conducted with Muslim college student demonstrated that religiosity could boost their meaning in life and reduces their stress. The students with high levels of Muslim religiosity showed lower levels of stress, particularly related to personal and emotional issues. Comparatively students with lower religiosity reported high level of stress and emotional issues. They concluded that elements of religiosity could be incorporated in counselling programs to support Muslims student's mental health (Abu Hilal, Al-Bahrani, & Al-Zedjali, 2017). According to research by Khokher and Khan (2005), 31.4% of Pakistani students reported having suicidal thoughts overall. A survey conducted by Dawn in 2018 aimed at explaining the context and patterns of suicide in Pakistan (Rehman and Haque, 2020).

Most of the people who responded were in the 18–40 age range. According to the survey, 9% of participants had tried to attempt suicide, while a startling 45% had considered suicide but never followed through. Over the past five years, hundreds of people have tried suicide, and at least a dozen have died. Additionally, Aflakseir (2012) studied Muslim students who are interested in the purpose of life and who are looking to religion and its connection to personal well-being for meaning. For the study, 60 Muslim students from the Universities of Southampton and Birmingham in England were chosen.

The following scales were given to the participants: the Strength of Spiritual Belief Scale, the Life Attitude Profile-Revised Scale, the Sources of Meaning Profile-Revised Scale, and the Psychological Well-Being Scale. The study's findings demonstrated a favorable relationship between many aspects of psychological well-being, spirituality, and religiosity and various dimensions of personal meaning. Although extensive research has explored religiosity and mental health, much of the work has their attention on Christianity, with limited attention to Muslim populations (McCullough & Larson, 1999). Additionally, there is a lack of research on Muslim college students' mental health and how life satisfaction influences the correlation between religiosity and these outcomes. Addressing these knowledge gaps will allow us to better understand this population's specific problems and provide interventions that respect their religious and cultural beliefs.

In the same way, Koenig and Larson (2001) thoroughly reviewed 850 studies and found multiple associations between mental health and religiosity across all studies. Eighty percent of the research that showed a relationship between religiosity and life satisfaction showed that religious beliefs and practices lead to a higher level of life satisfaction. Religious persons reported lower levels of anxiety and depression than non

religious people, according to other studies showing the influence of religion in depression. Overall, it indicates that there is a positive correlation between mental health and religiosity.

### **Theoretical Framework**

#### **Eric Erickson's Psychosocial Theory**

There are eight stages of psychosocial development, according to Erik Erikson's theory. Each of these stages is known by a fundamental conflict that impacts both the personality and the emotional health of the individual. The stage of identity vs role confusion, followed by the stage of intimacy versus isolation, becomes particularly prominent during the young adult years (Erickson 1950). Erickson's theory focuses on physical, emotional and mental functions, and recognizes changes in mind and body. This theory claims that emotional and social growth occurs at different stages of life, each stage is characterized by a unique ego achievement. Hence this gives a framework for explaining the development process. Students at universities frequently engage in those activities such as discovering their identities and cultivating relationships that are significant to them. In the process of identity formation, religiosity plays a very important role by providing moral frameworks, a sense of belonging to a community, and significance on an existential level.

#### **Allport's Theory (1967)**

Allport's theory gives a chance to understand the two separate dimensions of religion that are Intrinsic and Extrinsic. Intrinsic religiosity is the internalized faith that shapes our behaviors and decisions in life. While extrinsic religiosity is using religion for the purpose of gaining social or personal gains. When it comes to distinguishing the level of religious commitment, these aspects are necessary. Extrinsic religiosity may bring limited or weaker emotional advantages, whereas intrinsic religiosity is generally connected with improved emotional regulation and psychological well-being. Intrinsic religiosity is characterized by a strong sense of spirituality. Intrinsic religiosity of Muslim students may be associated with increased resilience and decreased emotional distress in the context of the Muslim student population. These dimensions are crucial for exploring their differential impact on emotional issues like anxiety, depression, and stress. This research hypothesizes that, because it agrees with internal meaning systems and stable identity structures, intrinsic religiosity is linked to reduced levels of anxiety, stress, and depression.

#### **The Cognitive Appraisal Theory of Stress (1984)**

The Cognitive Appraisal Theory of Stress by Lazarus and Folkman (1984) emphasizes the role of cognitive evaluation in determining whether a situation is perceived as stressful. When it comes to determining emotional responses, the Cognitive Appraisal Theory places an importance on the individual's judgement of the triggers that cause stress. It is possible for religiosity to have an effect on both primary and secondary evaluations. For instance, an individual who views stress as a test from God can reinterpret perceived threats as challenges that can be managed. Intrinsic religiosity, which increases reliance on spiritual ideas during stressful circumstances, is a particularly helpful factor in facilitating this cognitive reappraisal. All of these processes are associated with a decrease in both anxiety and sadness. In the context of Muslim religiosity, this theory helps explain how religious beliefs and practices affect our judgement. It emphasizes how these phenomena interact. An individual's religion may affect main and secondary measurements. Spiritually committed people can see unpleasant situations as opportunities for personal growth or tests from God (a positive first identification). They may also find religious coping mechanisms like prayer, confidence in the divine will (tawakkul), or communal aid effective (positive secondary appraisal), which boosts their resilience.



### **Diener's Theory of Subjective well-being (1984)**

Life satisfaction is the central concept in Diener's framework since it is a cognitive measure of overall quality of life. When people are happy with their lives, they are better able to deal with emotional challenges and stress. Meaning, moral coherence, and social integration are three ways in which intrinsic religiosity might improve life pleasure. 32 According to this research, students whose lives are more fulfilled may be better able to handle stressful situations because their levels of life satisfaction function as a buffer between their religion and emotional problems. In addition, the moderating effect of life satisfaction is laid forth in Diener's (1984) Theory of Subjective Well-Being.

### **Conservation of Theory Resources (COR) Hobfoll, 1989**

As a stress and resilience framework, Hobfoll's Conservation of Resources (COR) Theory (1989) states that people are driven to acquire, hold on to, and protect valuable resources. These resources can be both material (such as money and social connections) and immaterial (such as one's sense of self-worth, optimism, mental health, and religious convictions). The capacity to mobilize and conserve resources under stressful conditions determines psychological resilience, according to Hobfoll, while stress happens when there is a risk of losing resources, when resources are actually lost, or when there is not enough gain from investments. This theory complements the idea that intrinsic religiosity fosters resilience, while extrinsic religiosity may have a weaker or more conditional impact on emotional well-being.

### **Meaning-Making Model (Park & Folkman, 1997) Park and Folkman's (1997)**

Meaning-Making Model examines how people maintain psychological stability in the face of adversity by making sense of it, reinterpreting it, and incorporating it into their preexisting belief systems. Discording 33 between one's situational meanings, the significance one gives to a particular event and one's global meaning their overarching set of ideas, aspirations, and assumptions about the world is what causes stress, according to this paradigm. Unexpected loss, uncertainty, or failure are examples of stressful circumstances that break underlying assumptions and can create psychological distress in individuals. As a coping mechanism, people try to make sense of what happened by finding common ground with their larger system of meaning.

Existential Theory (Frankl, 1985) This theory focuses on the importance of meaning and purpose in life as protective factors against emotional distress. When individuals are able to establish a meaningful framework within which their experiences can be anchored, they are more likely to exhibit resilience, hope, and emotional stability. On the other hand, a lack of meaning, which is frequently referred to as an existential vacuum, can result in severe psychological suffering, which can be exhibited in the form of emotions of emptiness, depression, anxiety, or indifference. Religiosity, particularly intrinsic religiosity, provides a sense of existential meaning, helping individuals to navigate the challenges of anxiety, depression, and stress.

### **Self-Determination Theory by Deci and Ryan (1985)**

Self-Determination Theory (SDT) by Deci and Ryan states that good psychological functioning and well-being depend on satisfying three intrinsic psychological needs: Autonomy, Competence and Relatedness The person's acts are voluntary and self-endorsed when they align with personal ideals and interests. Being competent is feeling capable of completing tasks and problems. Relatedness is connecting and belonging to other people in the environment. When these requirements are met, intrinsic motivation increases, which promotes psychological growth, resilience, and emotional well-being. In contrast, if people deny these psychological needs this eventually lead to tension, worry, and lower life satisfaction. Moreover, the

highlights the role of intrinsic motivation, which aligns with intrinsic religiosity, in fostering emotional well-being by catering to the most fundamental human desires for independence, mastery, and connection. Therefore, SDT contributes to the explanation of the processes through which Muslim religion influences emotional issues, as well as the ways in which higher levels of life satisfaction may improve these protective effects among university students.

### **Hypotheses**

- Muslim Religiosity (Intrinsic and Extrinsic) is significantly associated with emotional issues among university students
- Intrinsic religiosity is more negatively associated with emotional issues as compared to extrinsic religiosity.
- Life satisfaction moderates the relationship between Muslim religiosity and emotional issues, such that higher life satisfaction reduces the negative impact of lower religiosity.
- University students with higher intrinsic religiosity and greater life satisfaction will report the lower levels of emotional issues.

### **Methodology**

#### **Research Design**

The present research is exploratory in nature. It aims to explore the predictive nature of Muslim Religiosity on Emotional issues among university students having life satisfaction as a moderator. The sampling technique used was convenience sampling technique.

#### **Participants**

For this research, a sample size of 400 has been studied including both Male and Female university students between the ages of 18 and 35 studying at different universities. The language known to all participants was English and the nationality of each participant was Pakistani. Additionally, participants of all socio-economic classes were part of the research. Furthermore, there were no age restrictions. Anyone who fit the sample's requirements.

#### **Procedure**

Initially an email was sent to each of the authors to obtain their permission to use the scales that were used in the research. After receiving permission from the appropriate authorities at Bahria University, as well as the authorities of several other academic organizations. The participants were contacted in a general sense as well as at institutions. Every individual who took part in the research was provided with a form of consent as well as an explanation of the research. Participants were given an explanation of the structure of the questionnaire as well as the amount of time that was required to complete it. They were informed that their participation in the research would be performed on a completely voluntary basis and that they might withdraw from the research at any moment. The participants were given the assurance that their responses would not be disclosed to their parents or any other individual if they accepted the opportunity to take part. Participants were given instructions to complete the questionnaire in the most independent manner possible, and they were also asked to answer any questions they had concerning any of the people who were being tested. A demographic form, the Muslim Religiosity Scale by Musarrat Jabeen Khan, the Depression Anxiety and Stress Scale (DASS-21), and lastly a 6-item Satisfaction with Life Scale (SWLS) were all components of the questionnaire package that were to be filled out. The consent form was located on the first page of the questionnaire package. It took the participants between twenty and thirty minutes to finish filling out the surveys. Once all of the information obtained from the questionnaires had been compiled, they were evaluated. All of the surveys that were either lacking replies or incomplete were

thrown away. In addition to the individuals who reported no symptoms 41 of anxiety, depression, or stress, as well as those who left the DASS questionnaire blank, the only questionnaires that were taken into consideration for the analysis of the data were the ones that were filled out.

## Results

Table 1. Frequency and Percentages of Demographic Variable (N=400)

Variables	<i>f</i>	%
<b>Age</b>		
18-20	185	45.6
21-22	127	31.3
23-24	62	15.3
25-26	26	6.4
<b>Religion</b>		
Muslim	400	100
<b>Gender</b>		
Male	159	39.2
Female	239	58.9
Others	1	.2
<b>Heritage</b>		
Sindhi	38	9.4
Punjabi	23	5.7
Saraiki	25	6.2
Urdu-Speaking	175	43.1
Pathan	42	10.3
Gujrati	16	3.9
Balochi	51	12.6
Rajasthani	14	3.4
Rajput	3	.7
Memon	12	3.0
Kashmiri	1	.2
<b>Socio-Economic Status</b>		
Upper-class	42	10.3
Upper-middle-class	147	36.2
Middle-class	191	47.0
Lower-Middle-Class	8	2.0
Lower-Class	12	3.0
<b>Occupation</b>		
Full-Time-Student	307	75.6
Part-Time-Employee	73	18.0
Full-Time-Employee	20	4.9
<b>Family Structure</b>		
Nuclear	234	57.6

Joint/Extended	144	35.5
<b>Birth Order</b>		
First Born	128	31.5
Middle Born	154	37.9
Last Born	111	27.3
Only Child	7	1.7
<b>Educational Level</b>		
Intermediate/Alevels	1	.2
Undergraduate	399	98.3
<b>University Sector</b>		
Government	140	34.0
Private	200	49.3
Semi-Private	60	13.8
<b>Academic Discipline</b>		
Arts	44	10.8
Social Sciences and Humanities	114	28.1
Management Sciences	81	20.0
Science and Life Sciences	30	7.4
Law	8	2.0
Medical and Allied Health Sciences	7	1.7
Engineering	29	7.1
Others	87	21.4
<b>Current Semester 1</b>		
	54	13.3
2	57	14.0
3	87	21.4
4	36	8.9
5	31	7.6
6	46	11.3
7	51	12.6
8	37	9.1
<b>Current CGPA 1-</b>		
1.9	46	11.3
2-2.9	86	21.2
3-3.9	262	64.5
4	3	.7
<b>Have you ever gone to Madrassa Yes</b>		
	222	54.7
No	176	43.3

If yes specify since how many Years are you going to Madrassa		
Haven't-gone-to-Madrassa	164	40.4
Less than one year	32	7.9
1-2years	52	12.8
3-4years	37	9.1
5-6years	41	10.1
7-8years	24	5.9
9-10years	15	3.7
11-12years	33	8.1
Do you think promotion of Islam		
Yes	123	30.3
NO	192	47.3
Prefer not to Answer	72	17.7

The sample consists of 400 participants, primarily young adults with the average age of 21.82 having SD 0.92. Majority of the participants were within 18-20 years old (45.6%). There were significantly more women (58.9%) than men (39.2%), with only 0.2% identifying as others. Religious uniformity is demonstrated by the fact that 98.5% of the respondents were identified as Muslims.

Regarding ethnic background, most individuals (43.1%) identified as Urdu speaking, after which Balochi (12.6%) and Pathan (10.3%), with lower percentages of people belonging to other ethnic categories. Most respondents stated that their socioeconomic backgrounds were middle-class (47%) or upper-middle-class (36.2%).

Nearly all were undergraduates (98.3%), and many were pursuing studies in government (34%), or private (42.3%) universities. The academic disciplines with the highest representation were Management Sciences (20%) and Social Sciences and Humanities (28.1%). The mean CGPA was 2.56 (SD = 0.76), with a considerable portion (64.5%) falling in the 3.0–3.9 GPA range. The majority of those involved were in their first to mid-semester.

Students who study full-time made up the majority (75.6%), while traditional families predominated (57.6%). The distribution of birth order was quite even, with the biggest group being middle born (37.9%). Throughout terms of religious education, 54.7% of respondents stated they had spent one to two years or less at a madrassa. Nearly half (47.3%) were against Islamic promotion, 30.3% were in favor of it, and 17.7% would rather keep their opinions to themselves.

Table 2. Descriptive Statistics and Alpha Reliability Coefficients, Univariate Normality of Research Variables (N=400)

Variables	Items	A	M	SD	SK	K	Range	
							Actual	Potential
MR	26	.810	86.10	13.36	-.61	2.72	13-76	1-100
DASS	21	.918	27.48	13.72	-.21	-.81	6-65	0-63
LS	6	.614	27.23	6.64	-.03	2.81	0-35	1-35

Note. LS=Life Satisfaction, MR= Muslim Religiosity, DASS= Depression Anxiety and Stress, M= Mean & SD= Standard Deviation, SK=Skewness, K=Kurtosis

The psychometric characteristics of the research variables are shown in the table. The 26-item Muslim Religiosity (MR) scale showed strong internal consistency ( $\alpha = .81$ ). A moderately high distribution was indicated by the volunteers' mean score of 86.10 (SD = 13.36), considerable kurtosis ( $K = 2.72$ ), and a minor negative skew ( $SK = -0.61$ ). There was limited variation in extreme answers, as evidenced by the fact that the actual score range (13–76) was somewhat less than the theoretical range (1–100).

The 21-item Depression, Anxiety, and Stress Scale (DASS) demonstrated outstanding reliability ( $\alpha = .92$ ). A very symmetrical and somewhat lower distribution was observed. By the mean score of 27.48 (SD = 13.72), minimum skewness ( $SK = -0.21$ ), and negative kurtosis ( $K = -0.81$ ). The actual scores deviated somewhat from the predicted least of the scale, ranging from 6–65 under a conceivable 0–63 range. Furthermore, the six-item Life Satisfaction (LS) measure had an average of 27.23 (SD = 6.64), indicating reduced but still adequate reliability ( $\alpha = .61$ ). Despite having high kurtosis ( $K = 2.81$ ), the distribution was symmetrical ( $SK = -0.03$ ). With real scores ranging from 0 to 35, the whole possible score range (1–35) was mostly used.

Table 3. Pearson Product Moment Product Correlations of Intrinsic Religiosity, Extrinsic Religiosity and DASS (N=400)

Variables	Intrinsic Religiosity	Extrinsic Religiosity.	DASS
Intrinsic Religiosity	-	.205**	-.126*
Extrinsic Religiosity.		-	.079
DASS			-

Notes: \*\*Correlation is significant at the 0.01 level (2-tailed), \*Correlation is significant at the 0.05 level (2-tailed), DASS= Depression Anxiety and Stress

The table demonstrated the correlation between intrinsic religiosity, extrinsic religiosity and DASS. The analysis showed a strong positive correlation between intrinsic and extrinsic religiosity having  $p < .01$  ( $r = .205$ ). It suggests that those with greater level of intrinsic belief were more likely to participate in extrinsic religious activities. More internal religious belief is linked to less psychological distress, according to a substantial negative connection between intrinsic religiosity and DASS scores ( $r = -.126$ ,  $p < .05$ ). Conversely, there was no significant correlation between external religious activity and mental suffering, as seen by the non-significant positive link between extrinsic religiosity and DASS ( $r = .079$ ).

Table 4. Pearson Product Moment Product Correlations of Muslim Religiosity with Depression Anxiety and Stress (N=400)

Variables	MR	DASS
MR	-	-.035
DASS	-.035	-

Note: MR= Muslim Religiosity, DASS= Depression Anxiety and Stress

The Pearson association between psychological distress (DASS) and Muslim religiosity (MR) is seen in table 4. According to the statistics, both variables exhibit a weak, negative, and insignificant association ( $r = -.035$ ). It indicates that there was no significant correlation between Muslim individuals' feelings of stress, anxiety, or depression and their religion.

Essentially, there was no significant association between Muslim religiosity and psychological distress, suggesting that there was no effect of any religious orientation on the recorded mental health issues of this cohort.



Table 5. Pearson Product Moment Product Correlations among Intrinsic Religiosity, Depression Anxiety and Stress &amp; Life Satisfaction (N=400)

Variables	IR	DASS.	LS
IR	-	-.126*	.198**
DASS		-	-.198**
LS			-

Note: \*Correlation is significant at the 0.05 level (2-tailed), \*\*Correlation is significant at the 0.01 level (2-tailed), IR=Intrinsic Religiosity, DASS= Depression Anxiety and Stress, LS=Life Satisfaction

The coefficients of correlation between Life Satisfaction (LS), Depression, Anxiety, and Stress (DASS), and Intrinsic Religiosity (IR) are illustrated in Table 5. The results show a substantial negative relationship among psychological distress and intrinsic religiosity ( $r = -.126$ ,  $p < .05$ ), indicating that those who are more intrinsically religious are less likely to suffer from stress, anxiety, and depression. On the other hand, there was a significant and beneficial relationship between intrinsic religiosity and life satisfaction ( $r = .198$ ,  $p < .01$ ), suggesting that internalized faith is linked to higher levels of life pleasure. Furthermore, there was an opposite relationship between psychological distress and life satisfaction ( $r = -.198$ ,  $p < .01$ ), confirming the idea that greater suffering is linked to less wellbeing.

Table 6. Multiple Regression Analysis Showing Muslim Religiosity and Life Satisfaction as a Predictor of Depression Anxiety and Stress (N=400)

Depression Anxiety and Stress						
Predictor	R	R <sup>2</sup>	ΔR <sup>2</sup>	B	T	p
	.198a	.039	.034			.001a
Muslim Religiosity			.000	-.004		.997
Life Satisfaction			-.198		-3.963	.001

Note.  $\beta$ =Standardized beta, R<sup>2</sup>=R-squared,  $\Delta$ R<sup>2</sup>=Adjusted R-squared CI=Confidence Interval, a. = Predictors: (Constant), Muslim Religiosity and Life Satisfaction

The findings of a multiple regression study looking at Muslim religiosity and life satisfaction as predictors of depression, anxiety, and stress (DASS) are provided in Table 6 With a highly significant overall regression model having  $p = .001$ ,  $R = .198$ ,  $R^2 = .039$ ,  $\Delta R^2 = .034$ , the variables together accounted for around 3.9% of the variation in psychological distress.

Life satisfaction stood out among the variables as an important adverse factor because of  $p < .001$  ( $\beta = -.198$ ,  $t = -3.963$ ), indicating that lower levels of stress, anxiety, and depression are linked to greater levels of life satisfaction. On the other hand, there was no significant correlation between religious orientation and mental health outcomes in this model, as Muslim religiosity did not substantially predict psychological distress as  $p = .997$  ( $\beta = .000$ ,  $t = -.004$ ).

Table 7. Simple Linear Regression Analysis Showing Intrinsic Religiosity as a Predictor of Depression Anxiety and Stress (N=400)

Depression Anxiety and Stress						
Predictor	R	R <sup>2</sup>	ΔR <sup>2</sup>	$\beta$	t	p
	.159a	.025	.023			.001a
Intrinsic Religiosity				-.159	-3.214	.001

Note.  $\beta$ =Standardized beta,  $R^2$ =R-squared,  $\Delta R^2$ =Adjusted R-squared CI=Confidence Interval, a. = Predictors: (Constant), Intrinsic Religiosity

The table indicates the linear regression on intrinsic religiosity and DASS. The overall statistics show a higher reliable as  $p = .001$  ( $R = .159$ ,  $R^2 = .025$ ,  $\Delta R^2 = .023$ ). The statistics signify the 2.5% of the variation in DASS was explained by intrinsic religiosity. A substantial adverse factor was found to be intrinsic religiosity ( $\beta = -.159$ ,  $t = -3.214$ ,  $p < .001$ ), indicating that those who are more internally religiously committed also had lower levels of stress, anxiety, and depression.

Table 8. Multiple Regression Analysis with Moderation Showing as a Predictor of Depression Anxiety and Stress (N=400)

Depression Anxiety and Stress						
	R	R <sup>2</sup>	$\Delta R^2$	$\beta$	t	p
	.217a	.047	.042			0.001a
Life Satisfaction				-.090	-1.81	.072
Intrinsic Religiosity				-.180	-3.60	.001

Note.  $\beta$ =Standardized beta,  $R^2$ =R-squared,  $\Delta R^2$ =Adjusted R-squared CI=Confidence Interval, a. = Predictors: (Constant), Life Satisfaction & Intrinsic Religiosity

The table demonstrates a multiple regression analysis focused on life satisfaction and intrinsic religiosity as a factor of depression, anxiety and stress (DASS). The findings were found to be significant as  $R = .217$ ,  $R^2 = .047$ ,  $\Delta R^2 = .042$ ,  $p = .001$ . It suggests that overall variables show 4.7% variation in DASS. While intrinsic religiosity protects to stop depression, anxiety, and stress because it was shown to be an important adverse factor as  $p < .001$  ( $\beta = -.180$ ,  $t = -3.60$ ). On the other hand, life satisfaction had a minor & non-significant effect on psychological distress ( $\beta = -.090$ ,  $t = -1.81$ ,  $p = .072$ ), indicating its effects may be influence by context.

### Discussion

Different religious scholars define religiosity using different synonyms, like holiness. Faith, belief, and devotion. These synonyms fulfil the concept of religion to express what scholars refers to as the traits of religiosity. Roget's Thesaurus (Lewis, 1978). Different academic fields use different terminologies to characterize what may be considered similar elements of religiosity. That is the reason that it becomes challenging to address the topic without a clear definition from the perspective of religious education and the application of that knowledge to the lived experience.

In order to characterize the broadest spectrum of religiosity, Bergan and McConatha (2000) defined religiosity as a collection of qualities that are associated to some form of religious practice or beliefs. The multidimensional focus of religiosity was emphasized in another research that were based on the concept of religiosity. These studies included topics such as the subjective, behavioral, cognitive, cultural, and social dimensions of religiosity. Chumbler (1996), Ellison (1991), and Ellison et al. (1989).

It was discovered by Allport and Ross (1967) that there are two main components of religiosity, which are intrinsic and extrinsic religiosity. According to their understanding, extrinsic religiosity is a self-serving perspective on religion that provides the believer with comfort and peace. On the other hand, a person who possesses intrinsic religiosity is one who internalizes every facet of their belief to be intrinsically religious, such as going beyond the attendance at church services. An investigation into the connection between religion and well-being in a variety of cultures has been the focus of the most recent studies. A

significant relationship was discovered by Pargament et al. (1988) between the way a person copes with their religious beliefs and the degree to which they are religious.

Students are a unique group of people who are now in the process of transitioning from the most significant stages of their lives. For students to be successful in achieving their goals for the future, the transition from college to university is a challenging period for them since they have to deal with high levels of stress and psychological issues. It is necessary to work towards improving the mental health of students since negative mental health may hinder the emotional, psychological, and intellectual development of students. They are faced with challenging circumstances throughout this stage of their education since higher education exposes them to more stressful circumstances, such as challenging coursework, challenging projects, and so on.

Most of the time, depression and anxiety are experienced by college students who are dealing with all of these stressors throughout their academic careers. The symptoms of fear and hopelessness among adolescents become worse when they have a deep-rooted fear of failing. In addition, the students have reported experiencing physiological symptoms such as shivering, sleep disruptions, and decreased appetite.

According to Davieson (2008), typical symptoms of anxiety include a state of nervousness, internal conflicts, and an unpleasant feeling of worry about the events that are to come. Every adolescent experiences anxiety to a different degree, some adolescents experience anxiety for years prior to entering puberty, and even though they are in discomfort, they are nevertheless able to perform effectively. Because adolescents are becoming more focused on their peers and because their parents are placing greater expectations on them in middle school and high school, it is possible that their anxiety will develop and become worse. There is a possibility that teenager who did not experience anxiety as children could develop anxiety disorders that have developed in their teenage years.

Based on the available research document the following hypotheses were tested:

- Muslim religiosity (intrinsic and extrinsic) is significantly associated with emotional issues among university students.
- Intrinsic religiosity is more negatively associated with emotional issues compared to extrinsic religiosity.
- Life satisfaction moderates the relationship between Muslim religiosity and emotional issues, such that higher life satisfaction reduces the negative impact of lower religiosity.

University students with higher intrinsic religiosity and greater life satisfaction will report the lowest levels of emotional issues.

The current research investigated the various manners in which psychological issues are connected to the two types of religiosities that Muslims practice that are Intrinsic and Extrinsic Religiosity. A positive connection was found between intrinsic and extrinsic religiosity, which means that those who are intrinsically religious also tend to exhibit some level of extrinsic religiosity. The findings demonstrate that there is a correlation between the two dimensions of religiosity.

Allport and Ross (1967) conducted research that supports the idea that although it is true that intrinsic and extrinsic religiosity are two distinct motivational perspectives, it is also possible that they can coexist with individuals who, through religion, attempt to find both social connection and personal meaning for themselves. It states that students who have a genuine commitment to their faith, in which religion is deeply embedded in their beliefs and the decisions they make daily, are being honestly inspired by their

religion. When people are religious, they frequently combine both their personal beliefs and their participation in the community. This is especially true in collectivist countries like Pakistan. They adhere to their beliefs without being influenced by outside forces.

On the other hand, these adolescents might have chosen religion to achieve non-spiritual goals such as social acceptance, status, and security. Furthermore, because many families put pressure on children to engage in religious behaviors to be socially acceptable, the religious commitment of adolescents was found to be highly influenced by the religiosity of their parents (Smith et al. 2003).

Furthermore, the results indicate that there is a negative correlation between intrinsic religiosity and the Depression, Anxiety, and Stress Scale (DASS). This suggests that students who have higher levels of intrinsic religiosity also typically have lower levels of stress, anxiety, and depression. This is due to the fact that these students consider their belief system to be a vital aspect of their lives and have an intense belief regarding their religious beliefs.

According to Koeing (2012), people who have a high level of intrinsic religiosity are able to develop hope and purpose, as well as provide themselves with effective coping strategies, as a result of their faith in their religion. Through the use of coping methods such as acceptance, forgiveness, and trust, claim that individuals can experience reduced stress, anxiety, and depression when confronted with challenging circumstances. Specifically, this is because these coping strategies are tied to faith (Ano & Vasconcelles, 2005)

The findings also indicate that there is no significant correlation between extrinsic religiosity and DASS. According to the findings, it is possible to conclude that the observed relationship is the consequence of random changes in the data. It is possible that extrinsic religiosity does not create a sense of purpose and inner calm that is beneficial to one's emotional well-being, in contrast to the intrinsic religiosity, which does require a deeply ingrained belief system.

The findings of this research show that there is a significant relationship between intrinsic religiosity and psychological distress. This implies that intrinsic religiosity does, in fact, provide psychological advantages, although extrinsic religiosity does not. This is supported by the findings of previous studies carried out by Sedikides and Gebauer (2010), who stated that extrinsic religiosity does not bring any psychological benefits. In their study, they stated that extrinsic religiosity is mostly related to self-improvement objectives and social acceptability, rather than having a real internalized spiritual commitment. However, it does not offer any sense of meaning, emotional foundation, or an effective way of coping with this situation. It is easy to draw a comparison between the current research and earlier research to explain why extrinsic religiosity is not linked to lower levels of psychological distress.

Furthermore, the findings of the research provide support to the earlier conceptual work of Donahue (1985), which suggested that the psychological benefits of extrinsic religiosity might be lower than those of intrinsic religiosity. This is due to the fact that extrinsic religiosity is mainly motivated by things like societal limitations or rewards from the outside world, rather than by an intrinsic faith in spirituality. It is possible that extrinsic religiosity does not have the same protective benefits on psychological health as intrinsic religiosity does, as indicated by the findings of the current research and the literature that has been published in the past.

This is because intrinsic religiosity appears to operate as a safeguard to the psychological health of individuals. When it comes to determining the effects that religion has on mental health, these findings of the research not only emphasize the significance of comprehending the existence of religious activity, but

they additionally focus on the factors that impact it. Specifically, about the cultural setting in which this research was carried out. This shows a significant adoption of religious beliefs into everyday life.

Furthermore, the findings of the current research indicate that there is not a significant relationship between religiosity and DASS. This suggests that there is not always a clear connection between religiosity and mental health issues. Although religion and spirituality have the ability to provide support and resilience, the findings of this research suggest that a higher level of religious practice does not necessarily correlate with a lower level of psychological distress. Despite the fact that religious activities can provide some individuals with a sense of peace and comfort, for others, they might not have the same level of significance.

According to the findings of Abdel-Khalek (2011), for instance, it was shown that higher levels of Muslim religiosity were connected with lower levels of anxiety and depression in Arab Muslim countries. This was found to be the case. Similar findings were found in another study conducted by Thomas and Barbato (2020), who found that Islamic practices, such as praying and reciting the Quran, frequently serve as a supportive coping method for those who are facing psychological distress.

The results could be the result of cultural and contextual factors, such as the fact that religion is practiced to some extent in some Muslim nations but not in other Muslim countries (Pew Research Centre, 2008). It is possible that these factors are the cause of the results. A person's understanding of their religious beliefs may be influenced by a variety of factors, including cultural and environmental circumstances. These factors may play an important role in the individual's perception.

Despite the fact that religious behavior's might not exhibit a profound spiritual connection or might not deliver the same personal psychological advantages as those shown in other situations, they are still considered to be acceptable. In communities that have a strong connection to their religion, behaviors related to religion are believed to be normal and are thought to be a behavior that is expected by society. This is the reason why practices associated to religion are considered to be normal (Hood et al., 2009).

The results of the correlation analysis show significant relationship between intrinsic religiosity, psychological distress, and are slight but a negative correlation was found between intrinsic religiosity and DASS Depression, Anxiety, Stress Scale. This negative correlation indicates that students who have high levels of intrinsic religiosity show slightly low levels of psychological distress.

This conclusion aligns with the findings of a previous study that highlighted the protective impact of intrinsic religiosity on mental health. Individuals who have internalized their faith are more likely to perceive the challenges they face in life through the perspective of religion. This can lead to the development of more adaptive coping mechanisms, such as praying, finding meaning in circumstances, and having faith in the will of God (Pargament, 1997).

In addition to this, it is stated that there is a moderately positive relationship between the level of life satisfaction and the level of intrinsic religiosity. According to this, students who have a deeper understanding and acceptance of their religious beliefs have a tendency to be satisfied with their lives, and they report experiencing high levels of happiness and comfort in their lives. According to the findings of earlier studies, older people, particularly women, who consider religion to be a vital part of their lives had a more optimistic perspective on life (Alim et al., 2021).

The result of the research also supports the previous research which states that religious practices often provide moral directions, a sense of community, and existential purpose, all these factors lead to a more positive way of life (Diener et al., 2011). The Muslim communities place a significant amount of emphasis

on expressing thankfulness (shukar) and placing their trust in God (tawaqal). There is a correlation between higher levels of subjective wellbeing and societal solidarity, which is a form of socialism that is fostered through the teachings of faith-based organizations (Abdel- Khalek, 2011).

Additionally, in the current study a negative correlation was found between DASS and Life satisfaction. This suggest that students who report higher levels of psychological distress also express lower levels of life satisfaction. The results also support to the notion that, intrinsic religiosity serves as a protective factor of mental wellbeing. According to the findings of a previous study conducted by Waheed and Aziz (2004), there is a negative correlation between psychological stress and life satisfaction among university students.

According to the findings of research that was carried out by Keyes in 2005, mental health is not simply the absence of mental illness; rather, it is the foundation of our entire wellbeing. He stated that the degree of a person's psychological, social, and emotional well-being serves as an objective for determining whether they are considered healthy. His statement was that the lack of mental illness is a good indicator of higher levels of life satisfaction.

The results of the research examined the role of Muslim Religiosity and life satisfaction in predicting the levels of depression, Anxiety, and stress in the results the Muslim religiosity although, did not significantly predict depression, anxiety, and stress when studied separately. But when studied together so overall the regression model was statistically significant. On the other hand, life satisfaction was a significant predictor, and higher life satisfaction was associated with lower psychological distress levels. Students' level of Muslim religiosity and life satisfaction is responsible for 3.9% of reasons why they experience depression, anxiety, and stress.

Moreover, the finding of the research suggests that having strong intrinsic religiosity, in comparison to life satisfaction, will have an impact on the emotional issues of the students. Furthermore, a high level of intrinsic religiosity compared to life satisfaction may influence student's emotional issues. Life satisfaction is not the only variable that reduces symptoms of depression, anxiety, and stress, according to the research, which showed that no significant differences were found between the two groups. Furthermore, the impact of life satisfaction may be influenced by other factors, like cultural values, coping strategies and the presence of other protective elements in individual's life.

Exline, Yali, and Sanderson (2000) investigated the role that core religious beliefs play in psychological coping, especially in stressful or difficult situations. Strong, internalized religious beliefs are frequently used by people to control their emotions, find purpose in life, and find support, which enables them to deal with challenging situations with more psychological stability, according to their research. By providing comfort and a sense of control, this type of spiritual coping lessens the impact of upsetting feelings. Given that intrinsic religiosity offers more direct and individualized tools for coping with emotional difficulties, these results contribute to the understanding of why it might be a better indicator of emotional well-being than overall life satisfaction in the circumstances of the current research.

### **Conclusion**

This research investigated the link between Muslim religiosity, especially its intrinsic and extrinsic characteristics, and emotional issues such as depression, anxiety, and stress among university students, while life satisfaction acts as a moderator. Overall, the findings suggest that intrinsic religiosity had a calming impact on university students' emotional difficulties as well as life happiness. Intrinsic religion was substantially associated with less psychological discomfort and more life happiness. Extrinsic religiosity



and overall Muslim religiosity, on the other hand, did not clearly predict emotional well-being. It demonstrates that internalizing one's religion or religious beliefs is more important than their exterior religious behaviors. Furthermore, simple and repeated regression analyses revealed that, even after controlling for life satisfaction, intrinsic religion was a significant predictor of reduced discomfort. There was some evidence that life satisfaction was independently associated with less emotional issues. Lastly, it implies that students with higher degrees of profound, intimate, and practical religiosity might exhibit more emotional resilience. Life satisfaction may improve mental well-being. Yet it fails to decrease the association amongst religion and emotional difficulties to the extent that one might expect. Research stresses the mental advantages of genuine religious participation over fake and societal-based religiosity. These findings may be useful for university mental health programs, but it also implies that spiritual well-being and personal faith development might be included into comprehensive student support services. Overall, the research emphasizes religiosity's multifaceted role in teenage psychological wellness, promoting more individualized and centered on values initiatives to emotional health.

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