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RELATIONSHIP BETWEEN RELIGIOUS ORIENTATION, SELF-CONCEPT, AND PSYCHOLOGICAL WELL-BEING IN ADOLESCENTS

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Abstract

The study was conducted to find out the relationship between Religious Orientation, Self-Concept, and Psychological Well-being, as well as the intervening part of Religious Orientation in Self-Concept and Psychological Well-being in adolescents. A sample of N=100 students (n=50 Boys and n=50 Girls) aged 14-19 years was recruited for the study. Online data was collected using the Religious Orientation Scale, Self-Concept and Psychological Well-being questionnaire. Data were statistically analysed through SPSS using descriptive statistics, Pearson Product-Moment correlation, Independent sample t-test and Linear Regression. Results of Pearson correlation analysis revealed that significant positive correlation between religious orientation, self-conception and psychological well-being. Results of the independent sample t-test showed a gender difference that boys have a more religious orientation, have good psychological well-being and better self-concept than girls. The result of the regression indicated that religious orientation was the mediator between self-conception and psychological well-being. It was concluded that the research clearly shows a strong beneficial relationship between religious inclination and self-concept and overall well-being. The years are a crucial time for the development of one's self-concept. It is during this time that significant changes occur.

Keywords

Religious orientation, psychological well-being, self-concept, Adolescents



1. Introduction

The transitional period between childhood and adulthood is known as adolescence. According to Stainberg (1996), adolescence brings about major changes in a person's self-concept, or how they view and describe themselves. They begin to see themselves in a more whole human light. Teenagers are better at thinking abstractly than younger people. Teenagers' psychological health, self-perception, and religious affiliation are all examined in this study. The main goal of the current study is to identify the mediating link and the interactions among religious orientations, self-concept, and psychological well-being. According to Yameen and Iftikat (2015), religion personifies existence and is necessary to reach enlightenment. The various facets of religious practice and belief are included in religiosity. It has to do with how much a person identifies with and trusts their religion. Prayers, gatherings, rituals, religious activities, a code of conduct to uphold adherence to the set of values, and texts deemed sacred are examples of faith-based rituals (Allport & Ross, 1967). Religious orientation refers to a person's level of religiosity or their path toward religion. James was the pioneer in the field of psychology to use the term "religion." Institutional religion and personal religion are the two categories of religion, according to James (1902). While personal religion is defined as an individual contact beyond God, regardless of culture, institutional religion is a collection of religions centered on society. He distinguished between religiousness that was sick-souled and religiousness that was healthy-minded in his research of individual religious orientation. A

wholesome attitude in religion is characterized by an emphasis on virtue over vice and a disregard for wrongdoing in the world. However, those who had a sick spirit tended to concentrate more on the negative than the good. One of the main purposes of religion is to preserve and enhance one's bodily and mental well-being. In a research, Motamedi *et al.* (2005) suggested that religious beliefs are an important factor in personal development and have been identified to support the maintenance and improvement of mental as well as physical health. They can play an important role in developing higher emotional resilience and psychological well-being, which will help some individuals cope with psychological challenges and cope with stress. An important point is that religion might allow a person to come to terms with his or her inner fears by providing him or her with a reason to survive, a cause of being, in various situations, religious as well as nonreligious, and a stabilizing force, in the self-centered sense, where there is a stabilizing factor and where it exists as a system of shared as well as personal values. Religious faith can provide direction and also psychological support to a person's emotional and psychological well-being. Individual's perception of physical, mental and social well-being all these factor contribute to how individuals perceive themselves (Neill, 2005). According to Rosenberg (1979), a person's research and thoughts about themselves as an object make up their self-concept. Richard and Rhinanon (2010) describe self-concept as the unique self-made up of characteristics and personality features that set us apart from others. Examples of introverts and extroverts are given. On identity development

adolescent stage is just a “make or break” time for teenagers to experiment and later become committed to various aspects of the self-concept such as values, beliefs, and roles (Erikson, 1968; Klimstra *et al.*, 2009). The influences that affect this developmental process are multifarious including family, religion and culture (Schwartz *et al.*, 2009; Meca *et al.*, 2017; Schwartz *et al.*, 2024). According to Erikson’s psychosocial theory, adolescents go through a stage “identity vs. role confusion and that stage is crucial to resolve inner conflicts in terms of self-definition for psychosocial well-being (Erikson, 1968). In particular, religious beliefs can be helpful to provide adolescents with a structured system to formulate ways of interpreting life experience to establish a unified sense of self (Crocetti *et al.*, 2008). A person’s life values provide a great definition of psychological well-being. Regale (1997) contends that happiness and other positive emotions are indicators of psychological health. It’s the emotional eruption that happens when someone reacts to their lives with a variety of vivid moods. Moreover, it influences disposition in an unfavorable way. The psychological well-being hypothesis postulates that an individual’s future development of psychological health is influenced by their underlying personality traits and experiences from the past. It is beneficial to one’s well-being. On the other hand, a person’s physical health will be adversely affected by poor psychological health.

2. Literature Review

From a review of the literature that is currently accessible, prior studies have demonstrated the mediating role of religious orientation between

psychological well-being and self-concept. Furthermore, psychological well-being is predicted by religious orientation. Hosseinkhanzadeh *et al.*, (2013) researched students to find out how religious inclination and self-control relate to one another. The findings showed a strong positive correlation between inherent religious inclination and self-control. Kawa *et al.*, (2017) conducted research on college students to look into the relationship between depression and religious orientation. Moreover, to investigate gender difference in depression and religious orientation. The findings showed a negative association with internal religious orientation and a significant positive link with extrinsic religious orientation. Additionally, they discovered that, as compared to male students, female students had the strongest extrinsic religious leaning. Hu and Cheng (2020) investigate the relationship between religious orientation and religious coping which is the ways or religious beliefs of an individual deal with difficult circumstances and challenges that may contribute to strong sense of self-concept and high psychological well-being. As the study’s findings demonstrated, religion may serve as a mediator between religious orientation and religious coping. Additionally, the findings showed that religious participation and orientation were important indicators of religious coping. Sözer and Eskin (2022) investigated the relationship of religiosity, religious orientation, identity confusion, and psychological well-being of students from Turkish universities in the context of religious orientation. Their study showed that intrinsic religious orientation is positively correlated with

psychological well-being, and extrinsic orientation relates to as well as reduced well-being. These results combined emphasize the powerful role of religious orientation and coping mechanism on self-concept and psychological well-being. In a research was done by Blazek and Besta (2012) to find out how religion relates to having a clear sense of one's own identity and purpose in life. The study's findings showed that psychological well-being was strongly influenced by an individual's natural religious predisposition. Moreover, religion acts as a mediator in the connection between a person's psychological health and self-concept. The relationship between psychological well-being and self-concept is also influenced by one's religious orientation. Maltby *et al.*, (2010) researched to learn more about the connection between psychological well-being and religious inclination. The findings showed a strong relationship between psychological well-being and religious orientation. García-Alandete and Bernabé-Valero (2013) looked into the relationship between religious beliefs and psychological health in Spanish students. The study's findings indicate that whereas extrinsic religious orientation had a negative link with psychological well-being, intrinsic religious orientation shown a positive and substantial relationship with well-being. Additionally, a negative association was observed between well-being and religious orientation. Bharathi and Sreedevi (2016) are explored adolescent's self-concepts. The research found that while roughly 72.5% of teenagers had positive self-concepts in all domains such as temperamental, intellectual, physical, and social, only 27.3% of teenagers had a

favorable overall self-concept. Kruse and Wulff (2004) investigated the potential negative effects of religion, such as quest and its relationship to health. Researchers discovered that people who doubted their religious beliefs more than others who did not also reported feeling less content with their health and exhibiting more depressive symptoms. Additionally, they discovered that people with formal church positions were more likely to suffer from the detrimental impacts of theological uncertainty. They believed that these results showed how important it is to consider the possible advantages and disadvantages of adhering to a certain faith. Paradise and Kernis (2002) studied psychological well-being and self-esteem. The study's findings indicate that while low self-esteem results in low psychological well-being and high self-esteem and sense of self-worth such as self-concept leads to higher psychological well-being. Malinauskas and Dumciene (2016) carried out a longitudinal study to look at students' psychological health and self-esteem as they made the move from high school to college. According to the research, psychological well-being peaked in the first year of college and declined in the last academic year. In a research Pinquart and Sorensen (2001) looked at the differences in gender perspectives on well-being and self-concept. According to the survey's findings, women typically think less of themselves than do men. In terms of psychological health, women outperform men. In their study, Steger and Frazier (2005) discovered a relationship between religiousness and life happiness as well as a mediated function for meaning in life. They also find that religious people may be happier overall

because they can find meaning in their religious rituals and beliefs. Edwards (2005) discovered in another study that mental health and psychological well-being are synonymous. Ismail and Desmukh (2012) study discovered a significant correlation between religion and life satisfaction. In a study, Maltby, Lewis, and Day (2010) presented two claims: (1) The frequency of psychological well-being and religious and psychological well-being measurements can be a mediator in this relationship; and (2) a major variable to be included in the notion of religious coping could be one's own personal prayers. According to Campbell *et al.* (1996), having a strong and unique self-concept on its own can have a number of favorable effects on mental health. In order to learn more about university students' religious choices and life happiness, Iqbal and Javaid (2015) performed a study. According to the findings, there is a strong positive association between intrinsic religious orientation and life happiness and a negative correlation between extrinsic religious orientation and life satisfaction. Saleem and Saleem (2017) looked into the mental and spiritual health of medical and non-medical students in their study. The findings demonstrated that a strong predictor of psychological well-being was religiosity. The findings also showed a connection between psychological well-being and religion. It has not previously been widely studied how psychological health, religious preference, and self-concept are related to each other. There aren't any known examples of earlier research initiatives completed in Pakistan. It is undeniable, however, that prior studies have connected religious orientation,

psychological well-being, and self-concept. Since religious orientation, self-concept, and psychological well-being have not been extensively examined in previously published studies, the current study looks into the potential roles that these factors may have in teenagers. Research on the connection between self-esteem and the lucidity of one's self-concept was done by Campbell *et al.*, (1991). The study's findings showed that people who believe highly in their own value are more self-assured. In addition, those who lack self-esteem have a poor perception of themselves and a vague understanding of who they are. They seemed less certain of their positive traits than of their negative ones, as their self-perceptions were more neutral, unstable, unclear, and inconsistent. How someone feels about themselves affects what they do. Being optimistic about oneself helps one develop a positive self-concept, which boosts confidence and self-esteem. Feeling good about oneself helps one feel capable and competent. Thus, the person has greater social skills (Baumeister, 1995).

3. Objectives

1. To investigate the relationship between religious orientation, self-concept, and psychological well-being in adolescents.
2. To find out Predictive relationship between religious orientation, self-concept, and psychological well-being in adolescents
3. To explore the significance of gender differences of religious orientation and self-concept on gender.

4. Hypotheses

H1. There will be a significant relationship between religious orientation, Self-concept and

psychological well-being in adolescents.

H2. There will be a significant relationship between sub scales of Religious orientation, self-concept, and Psychological well-being.

H3. There will be a significant relationship between religious orientation, Self-concept and psychological well-being in adolescents

H4. Demographic variables (Gender, education, Socio-economic status, parent's education and sect) will be the predictor of Religious Orientation and self-concept.

H5. There will be a difference between religious orientation, self-concept and psychological well-being with across gender.

5. Methodology

5.1. Research Design

A Cross-sectional research design was used in recent research to investigate the relationship between psychological well-being, self-concept, and religious orientation in adolescents.

5.2. Sample

The data were collected from school and college students through questionnaire. Participants were aged between 14 - 19 years and included male and female students in Matriculation and Intermediate classes. A convenience sampling technique was used to obtain N=100 students. The data collection was done through an internet platform using Google Forms.

5.3. Assessment Measures

Assessment measures that were used in the study include demographic sheet, religious orientation scale, Tennessee self-concept scale, and psychological well-being.

5.3.1 Demographic Sheet.

A Self-made demographic information sheet was used to collect the information from the participant. The demographic datasheet contained age, gender, and education.

5.3.2 Religious Orientation Scale

The Religious Orientation Questionnaire (ROS) was developed by Allport & Ross (1967). Within the two categories of extrinsic religious orientation and intrinsic religious orientation, the fourteen items in this questionnaire are further separated. Furthermore, a Likert-type scale was used for scoring. There were five points on a Likert-type scale for each item. Five, on the other hand, signify significant agreement, while 1 indicates severe disagreement. It was Kirkpatrick (1990) created this scale. The Likert-type scales have 20 items. Religious inclination, both intrinsic and extrinsic, was divided into two types by Kirkpatrick. In addition, two categories of extrinsic religious orientation were identified: societal and personal. A third category for religious orientation was quest religious orientation was later added by Maltby and Lewis (1999) in an effort to enhance their psychometric qualities. Translated by Khan *et al.*, (2016) the Religious Orientation questionnaire utilized in this study. The three types of religious orientations covered by this questionnaire are search, intrinsic, and extrinsic. On a scale of 1 to 5, the items were rate. When someone chooses a point count of 5, it indicates that they strongly agree with the statement, whereas range 1 indicates they strongly disagree. Someone with a high score on the scale is said to be religiously oriented, whilst someone with a low score is said to be less so.

5.3.3 Tennessee Self-Concept Scale (Fitts & Warren, 1996)

A 36-item measure of Tennessee self-concept was first published by Fitts and Warren (1996). On the scale, each statement was rated from 1 (not at all) to 5 (very true). On this scale, a low score denotes a negative self-concept, while a high score denotes a positive self-concept. Gul (2016) translated the Tennessee self-concept scale was valid. This scale is unquestionably dependable, as evidenced by its retest reliability of $\alpha=.83$, internal consistency of $\alpha=.75$, and cronbach alpha of $\alpha=.89$.

5.3.4 Psychological Well-Being Scale (Ryff, 1995)

The psychological well-being measure was initially presented by Ryff (1995) translated by Manzoor (2014). A score of one indicates total disagreement, while a score of six indicates total agreement, according to a 5-point Likert-type scale. There are 54 items that are further divided into six categories: environmental mastery, personal growth, positive connections with others, autonomy, self-acceptance, and purpose in life. Each subscale contains nine items. The scale has Cronbach alpha ranges from $\alpha=.77$ to $\alpha=.90$, and its internal reliability coefficient is between $\alpha=.83$ and $\alpha=.91$.

5.4 Procedure

In the beginning, permissions were obtained from the original authors of the scales and authors who translated the scale via email for the use of the Religious Orientation Scale, Ryff's Scale of Psychological Well-Being, and the subscale personal self-concept scale of the Tennessee Self-Concept Scale. A Google form was used for online

data collection. The nature and goal of the study were stated in detail on Google. Pupils were free to leave at any time. The individuals' consent and the inclusion criteria were spelled out in detail in the form. Students received assurances regarding research confidentiality and privacy. The study's main goal was to explore the relationship between psychological well-being and one's self-concept and religious inclination. Purposive sampling was utilized to choose the sample for this purpose, and a survey research methodology was employed. Demographic sheets were created in Google Docs, and each questionnaire was then included with the appropriate guidance. The link was then shared on several platforms, including Instagram, WhatsApp, and Facebook. Following data gathering, student responses were downloaded onto an Excel spreadsheet. Data then added to Statistical Package of Social Sciences, and after that, analysis and conclusions were drawn from the data.

5.5 Ethical Considerations

During the whole research process, careful attention was paid to ethical considerations. Students knew the goal of the study before data collection. Through message and connection, the entire goal, process, and consent were succinctly described. Their privacy was guaranteed, with assurances that all of their data would be kept private and anonymous. It was explained to participants that their data would only be utilized for the study. Subjects were granted the freedom to discontinue participation in the study at any point.

6. Results

The present research was conducted to explore the relationship between religious orientation, self-

concept, and psychological well-being in adolescents. SPSS- 20 version was used to conclude the statistical analyses of the present research. The data was analyzed by using statistical approach that involved performing descriptive statistics i.e. mean, stander deviation, frequencies and percentages of demographic variables (gender, education, Socio-economic status, Parents education) were computed to overview the characteristics of the sample. Correlation analysis was run to assessing

the relationship between religious orientation, self-concept, and psychological well-being in adolescents. Independent sample t-test was conducted to explore gender differences between religious orientation, self-concept, and psychological well-being in adolescents. Regression was used to predict the relationship between religious orientation, self-concept, and psychological well-being in adolescents.

Table 1: Frequencies and Percentage of Gender, Education and Parents Education. Mean and Standard Deviation of Age and socio-economic status of students (N=100)

Variables	F(%)	M(S.D)
Age		18.18(1.68)
Socio-economic status		1.91 (.32)
Gender		
Male	50 (50)	
Female	50(50)	
Education		
Matriculation	12(12)	
F.A	30(30)	
F.Sc	38(38)	
I.CS	17(17)	
I.Com	3(3)	

Note. S.D=Standard Deviation, M= Mean, f=Frequency, %=percentage

Descriptive analysis of the sample was presented in Table 4, with the findings showing that the majority of participants were between the ages of 18 (27%) and 19 (22%) and 17 (17%). Fifteen percent of the students belonged to the 16–20 age range. Additionally, 2% of students were 15 years old. Boys (50%) and girls (50%) made up the two categories into which the sample was split. Participants' socioeconomic standing was broken down into three categories, with the majority (89%), belonging to the middle class. One percent

of participants belonged to a lower class family, while ten percent were members of a higher class family. The five categories of participant education were Martric, F.A., F.Sc., I.CS, and Table 1 indicated results for the reliability analysis for Religious Orientation Scale, Self-concept and Psychological well-being has been found highly reliable. The Urdu translated version of Religious Orientation Self-concept and Psychological well-being was used due to cultural and language difference and was found to be suitable helpful.

Table 2: Cronbach's Alpha Reliability of Religious orientation, Self-Concept, Psychological Well-Being (N=100).

Scale	N	M	SD	Ranges	Cronbach's alpha α
Religious Orientation Scale	100	32.93	6.58	38-20	.85
Personal self-concept	100	35.72	5.69	36-180	.75
Psychological Well-being	100	215.38	33.14	55-220	.88

Table 3: Pearson Correlation and descriptive statistics of Religious Orientation, Self-Concept and Psychological Well-being in Adolescents (N=100)

Variables	N	M	SD	1	2	3
Religious Orientation	100	32.93	6.58	-	.88*	.71**
Self-Concept	100	25.72	5.69		-	.71**
Psychological Well-being	100	215.38	33.14			-

Note. M=mean, SD=standard deviation, 1=religious orientation, 2=self-concept, 3=Psychological Well-being.

In order to determine the relationship between religious orientation, self-concept, and psychological well-being, the Pearson product-moment correlation analysis was used. The table's results show a highly significant relationship

between religious orientation, self-concept, and psychological well-being and religious orientation. The findings also suggest that there is a significant relationship between adolescents' psychological well-being and self-concept.

Table 4: Inter correlation between subscales of religious orientation

Variables	1	2	3
Intrinsic Religious Orientation	-	.48**	.40**
Extrinsic Religious Orientation	s	-	.72**
Quest Religious Orientation			-

Note. ** $p < .01$

Inter- correlation between the subscales of religious orientation scale was explored using Pearson product moment. Findings indicate significant

relation between intrinsic religious orientations, extrinsic religious orientation and quest religious orientation.

Table 5: Correlation among Religious orientation (subscales), Self-concept and Psychological well-being (Subscales) in Adolescents (N=100).

	1	2	3	4	5	6	7	8	9	10	11	12
1.Re.O	-	.88**	.71**	.26**	.09	.03	.16	.28**	.12	.13	.18	.28**
2.S.Con		-	.71**	.11	-.04	-.09	.17	.27**	.11	.16	.16	.25*
3.P.WB			-	.02	-.11	-.21*	.46**	.51**	.45**	.39**	.44**	.45**
4.I.R.O				-	.48**	.39**	-.24*	-.23*	-	-	-.15	.02
									.27**	.26**		
5.E.R.O					-	.72**	-	-.15	-	-.27	-.17	.05
							.26**		.27**			
6.Q.R.O						-	-	-.21*	-	-.17	-.16	.05
							.30**		.28**			
7.AUTONOMY							-	.84**	.93**	.87**	.87**	.75**
8.En.M								-	.79**	.80**	.79**	.82**
9.Pe.G									-	.82**	.82**	.69**
10.P.Re										-	.83**	.73**
11.Pu.L											-	.86**
12.Se.A												-
Mean	32.93	35.72	215.38	9.03	10.11	9.60	33.71	34.27	34.26	34.56	33.09	33.04
SD	6.58	5.69	33.14	3.95	4.10	3.26	5.79	5.68	6.05	6.43	6.26	6.23

Note: Re.O=Religious Orientation; I.R.O= Intrinsic Religious Orientation; E.R.O=Extrinsic Religious Orientation; Q.R.O=Quest Religious Orientation;

S.C=Self Concept; P.WB=Psychological Well-being being; En.M=Environmental Mastery; Pe.G=Personal Growth; P.Re=Personal Relation;

Pu.L=Purpose in Life; Se.A=Self Acceptance. ** $p < .01$; * $p < .05$

According to Table 5, there is a significant positive correlation ($r=.88$, $r=.71$, $p<.01$) between religious orientation, self-concept, and psychological well-being. This suggests that students who have an understanding of religion also have high self-concept and psychological well-being. The results also show a substantial positive link between religious orientation and the psychological well-being subscales (self-acceptance, environmental mastery) ($r=.28$, $r=.28$, $p<.05$). However, there is no statistically significant correlation between religious orientation and other psychological well-

being subscales. The findings showed that self-concept had a substantial positive correlation with the self-acceptance subscale of religious orientation and a highly significant positive link with subscales of psychological well-being (environmental mastery) ($r=.71$, $r=.27$, $p<.01$). However, the results showed no significant link with the other religious orientation and psychological well-being subscales. The table also shows a highly significant positive association between psychological well-being and its subscales, which include autonomy, self-acceptance, environmental mastery, personal

relationships, purpose in life, and personal growth. The psychological well-being and the quest religious orientation subscale of religious orientation were found to be negatively correlated in the table. This means that students who scored highly on psychological well-being also scored poorly on the quest religious orientation subscale. Psychological well-being, inherent religious orientation, and extrinsic religious orientation do not correlate. The table's results demonstrated a strong positive association between the religious orientation subscale and the other components. The table also shows a highly significant positive association between psychological well-being and

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Table 6: Gender difference between Religious Orientation, Self-Concept and Psychological Well-being in Adolescents (N=100).

Variables	Male		Female		<i>t</i> (98)	<i>p</i>	<i>Cohen's d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Religious Orientation	34.22	6.84	31.64	6.11	-1.98	.05	-2.58
Self-concept	36.96	6.20	34.48	4.88	-2.22	.02	-2.48
Psychological Well-being	220.90	38.17	208.86	26.06	-1.99	.04	-13.04

**p*=0.05

To analyze religious orientation, self-concept, and psychological well-being with across gender, independent sample t-test was used. The findings show a significant difference in the mean scores for psychological well-being, self-concept, and religious orientation; *t* (98) = 220.90, 36.96, and

34.22. Thus, the findings indicated that there are significant gender differences in psychological well-being, self-concept, and religious inclination. The findings show that men scored higher than women on measures of self-concept, psychological health, and religious inclination.

Table 7: Linear regressions analysis for Religious Orientation

Variable	<i>B</i>	<i>SE B</i>	<i>β</i>
(Constant)	-5.76	2.13	
SC	.88	.07	.76

PW	.03	.01	.17
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Note. $R=.89$; $R^2=.79$; SC=Self-Concept, PW=Psychological Well-Being $p=.00$; $*p<.05$

a. Dependent variable: Religious Orientation

b. Predictors: Self-Concept, Psychological Well-being

A simple linear regression was used to predict religious orientation as a mediator between psychological well-being and self-concept. A significant regression equation was found, with $F(2, 97) = 182.92$, $p<.00$, and an R^2 of .79. The amount that each participant estimated to be religious is equal to +.03 (psychological well-being), -5.76 (self-concept), and .88 (each). All of the independent variables (self-concept and psychological well-being) strongly predicted the dependent variable (religious orientation).

7. Discussion

The results of the current research are discussed from the perspective of the previous research to determine if the results of the current research are related or different from the findings of previous research. The aim of the present study was to determine the relationship between religious orientation, psychological well-being and self-concept in adolescents. Results showed a positive relationship between religious orientation, self-concept and psychological well-being. In addition, there are also gender differences identified. The first hypothesis was that there will be a significant relationship between religious orientation, Self-concept and psychological well-being in adolescents. The results showed that these relationships were in fact highly significant. The findings supported the hypothesis that religious orientation positively and significantly affects one's sense of self and psychological health. This

indicates that a person's psychological well-being and self-concept are both highly correlated with their religious orientation. Our results are corroborated by earlier research, as Blaine *et al.*, (1998) study on self-concept and religious belief also assessed the implications for psychological adjustment. They discovered a considerable correlation between self-concept and religious belief. The findings also show that psychological adjustment and religious orientation were incompetently positively correlated with self-concept. Our findings, which show a highly positive and significant association between religious inclination and self-concept, complement the research. Prior research backs up the outcome. In order to investigate the significance of psychological well-being and self-esteem Totan, Dogan, and Sapmaz (2013) conducted a study. Additionally, to determine how happiness and emotional self-efficacy are influenced by self-esteem and a healthy balance. The findings show that there is a strong correlation between psychological well-being and self-esteem. Between the variables emotional self-efficacy and effective balance on happiness, a further positive significant link is shown. Thus, this study confirmed our findings as well. According to a study by Chamberlain and Zika (1988), there is a correlation between religiosity, well-being, and life purpose. The study's conclusions showed that inherent religious inclination and well-being were positively

correlated. The study undertaken by Maltby *et al.*, (2010) aims to investigate the relationship between religious activities and psychological well-being indicators. Additionally, it explores the theoretical perspective that suggests religion can function as a coping mechanism. The research findings indicated a noteworthy correlation between psychological well-being and religiosity. They also discovered a mediation function for religion and well-being in the relationship between the frequency of one's own prayers and psychological health. Thus, this investigation validates our conclusions as well. Our results show a highly substantial positive association between psychological well-being and religious inclination as well as self-concept. They are connected to each other. Ismail and Desmukh (2012) looked into Muslim students' levels of religiosity and life happiness. The findings of the study showed a significant correlation between life happiness and religiosity. Furthermore, the results indicated a negative association between religiosity and anxiety. According to research on adjustment by Armistead and Austin (2003), there is a general correlation between increased psychological functioning and religiosity. You and Lim (2018) investigated the connection between religious inclination, subjective well-being, and life purpose. Additionally, they made an effort to investigate the mediating function of meaning in life in the relationship between religious orientation and subjective well-being. The study's findings demonstrated that subjective well-being and life purpose are significantly predicted by inherent religious inclination in both males and females.

Results of these research studies aligned with the current research. The psychological well-being and religious orientation subscales (Quest religious orientation scale, intrinsic, and extrinsic) also show relationships, based on our findings. Literature is therefore employed to support our findings. Religious orientation was shown to be substantially positively correlated with subjective well-being in Witter *et al.*'s (1985) study. More mature adults than young adults exhibit it strongly. They also discovered that as time went on, the relationship between religiosity and well-being weakened. Lavrič and Flere (2008) go into the investigation of the correlation between gender-specific psychological well-being and religiosity. The findings show an extremely substantial correlation between well-being and religious orientation (quest, intrinsic, and extrinsic). In terms of self-concept, psychological well-being, and religious orientation, there was a statistically significant difference between the scores of boys and girls, as per our hypothesis. According to the study's findings, male teenagers exhibit higher levels of psychological well-being, religious orientation, and self-concept. Previous studies have validated this outcome. Yameen and Iftikhar (2018) conducted a study to investigate the relationship between religious inclination and life satisfaction in relation to death anxiety. Learn more about the gender differences in religious orientation and life-oriented abilities. According to the study's findings, religious orientation and life satisfaction are strongly correlated. Male adolescents are more religiously oriented than female adolescents, according to the results. The findings are consistent

with the premise that there is a large gender difference between boys and girls. The results of several empirical investigations on gender differences in religious orientation, self-concept, and psychological well-being have been well-documented in the literature. In keeping with earlier studies, the current findings show a considerable gender difference. Najjar *et al.*, (2018) conducted a research to investigate the relationship between male and female students' mental health and religious orientation. The findings showed that there is a substantial extrinsic religious inclination difference between male and female students. This study confirms our findings that teenagers who are male are more inclined toward religion than those who are female. Naz and Gul (2016) conducted a study to validate the self-concept questionnaire and found that boys had a higher self-concept than girls. According to Ayub (2010) research, there is a considerable correlation between happiness with life and self-concept among teenagers, regardless of their gender. Additional findings showed that the self-concept measure exhibited gender differences. Compared to women, men often have stronger self-concepts. Male students outperform female students in terms of intrinsic, extrinsic, and quest religious orientation, according to a study by Hussain *et al.*, (2017) stated gender differences in Muslim immigrants that are noteworthy. In terms of religion, men scored higher than women. Our hypothesis states that there is a mediating effect of religious orientation between religious orientation and self-concept. As a study by Blazek and Besta (2012) looked into the relationship between well-being, self-concept clarity, and religious orientation

as well as the mediating effect of religious orientation on sense of meaning in life and self-concept, our findings and earlier research also supported our hypothesis. According to the study's findings, self-esteem is significantly predicted by religious orientation, but intrinsic religious orientation is a strong predictor of a sense of meaning in life. The findings also indicated that religion functions as a mediator between one's sense of self and life's purpose. Our findings indicate a positive association between religious orientations and purpose in life, as well as self-concept.

8. Limitation and Recommendation

There are not many restrictions on this study. The study's big sample size is one of its primary weaknesses. The results involving religious orientation, self-concept, and psychological well-being could have been more significant if the sample size had been more diversified. The COVID-19 pandemic had reduced the number of people available for data collecting. People's unwillingness to answer the questionnaire caused significant problems.

9. Contextual Considerations

Notwithstanding its many drawbacks, this study offers significant and practical consequences. With relation to Pakistani culture, this latest study opens up new avenues for research on the mediating impact of religious orientation on psychological well-being and self-concept. This study will be beneficial for pursuing and looking into more studies as well. Additionally, this study will advance ongoing research. The findings' ramifications apply to teenagers generally. Stronger

psychological well-being will develop as a result of a greater religious orientation and self-concept, according to the study's findings. The results of this study show that developing a positive self-concept and religious orientation contribute to psychological well-being. Therefore, improving one's self-concept and solidifying one's religious orientation can aid pupils who have struggled to build psychological well-being.

10. Implications

This study has important and worthwhile consequences despite its limitations. It creates new opportunities for examining how, in the context of Pakistani society, religious orientation mediates the relationship between psychological health and self-concept. This study will add to the corpus of knowledge already in existence and be useful for future research. The results indicate that improved psychological well-being is correlated with a higher religious orientation and self-concept in teenagers. Thus, improving one's self-concept and solidifying one's religious orientation can help students who are having psychological difficulties. The study's conclusions will also be useful for future replications of studies that Pakistan may require. It is important to include cultural aspects in order to conduct additional research and ensure consistent results. Those between the ages of 15 and 20 were among the participants. There was no targeting of other school-age youngsters. Because of this, the results did not hold true for the whole population. For the results to be applicable to the entire population, additional sample types should be used. Pakistan has produced relatively few studies on religious orientation. Thus, self-concept and

religious orientation should be considered in future study. Further studies are required to examine the relationship between psychological well-being, self-concept, and religious inclination. To fully investigate these aspects, both experimental and qualitative study should be done. To ensure the validity of the results, a wide range of demographics should be included.

11. Conclusion

There have been a lot of empirical studies conducted on this topic over the past several years, but they have primarily been based in the west, and there haven't been many findings in Pakistan in this area where religion is regarded as a very important component of life. The fact that Islam values religious orientation may be one reason for these outcomes. Furthermore, remembering Allah brings to tranquility and restfulness, according to Islamic teachings. Muslims are also advised to seek medical attention when facing challenges in life. These findings therefore correspond with a small number of earlier research findings that show how Islam's practice of patience and prayer has a significant positive impact on psychological well-being. In conclusion, Islam is a comprehensive lifestyle that embraces every facet of human existence, not just a religion. Thus, we draw the conclusion that the research clearly shows a strong beneficial relationship between religious inclination and self-concept and overall well-being. The teenage years are a crucial time for the development of one's self-concept. It is during this time that significant changes occur. And religion has a big influence on youth when it comes to becoming a perfectionist. Adolescent personality development or shaping is

more influenced by psychological health. In general, there is a relationship between all three variables.

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