

## **Emotional Intelligence, Religious Orientation, and Mental Health Among University Students**

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Present research explored the relationship among emotional intelligence, religious orientation and mental health of university students. It was assumed that emotional intelligence would be a better predictor of psychological well-being than religious orientation. To study the effect of religious orientation and emotional intelligence on psychological distress and to investigate the role of religiosity in development of emotional intelligence were also focal points of research. The purposive convenient sample included 209 students (89 men and 120 women) from GC University, Lahore, Pakistan. Beck Depression Inventory (Beck, Steer, & Brown, 1996), Positive and Negative Affectivity Scale (Watson, Clark, & Tellegen, 1988), Trait Anxiety Scale (Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983), Age-Universal I-E Scale (Maltby, 1999), Emotional Intelligence Scale (Schutte et al., 1998), and Well-being Manifestation Measure Scale (Masse et al., 1998) were administered to the participants. Results indicated significant positive relationship among emotional intelligence, religious orientation, and psychological well-being while emotional intelligence and religious orientation both have significant negative association with psychological distress. Results of multiple regression showed that emotional intelligence and religious orientation have significant effect on psychological distress. Moreover, emotional intelligence was a better predictor of psychological well-being than religious orientation, while religious orientation also has significant predictive association with emotional intelligence.

*Keywords:* Emotional intelligence, religious orientation, psychological well-being, psychological distress

Being leaders of tomorrow students' mental health is the major focus of attention among psychologists, educators, and sociologist for

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the last few decades. Transition from college to university is a very challenging and demanding period, as students have to face stress and psychological difficulties to attain their future goals of life. Mental health problem in students may disrupt emotional, psychological, and educational development of students, so the ways through which students mental health could be enhance are very important. Therefore, developments of positive personality characteristics are more important than avoiding negatives e.g., depression (Salami, 2012). Emotional intelligence and religious orientation are positive constructs that may be beneficial to enhance the mental health of university students of Pakistan.

Emotional intelligence can be defined as ability to monitor one's own and others emotions, to discriminate among them, and to use the information to guide one is thinking and actions and is now considered essential for successful living (Goleman, 1995; Mayer & Salovey, 1993). Regarding mental health present research takes broader definition of mental health containing two components: Psychological well-being (positive mental health states like self-esteem, happiness, positive affect etc), and psychological distress (negative mental health states like negative affect, anxiety, and depression). Studies also report well-established association between higher emotional intelligence and better mental health (Maccann, Fogarty, Zeidner, & Roberts, 2010; Tannous & Matar, 2010). A growing body of evidence also concluded that emotional intelligence is related to stress (Miklolaiczak, Menil, & Luminet, 2007), conflict (Suliman & Al-Shaikh, 2006), psychological distress (Krim & Weisz, 2011), decreased psychopathology, antisocial behavior, and delinquency (Austin, Saklofske, & Egan, 2005), negative affect, positive affect, and psychological well-being (Betancourt, Holtzman, Minsky, MacCann, & Roberts, 2012).

A large number of previous researches support the fact that cultural and contextual factors may influence emotional intelligence (e.g., Celik & Deniz, 2008; Sharma, Deller, Biswal, & Mandal, 2009), and mental health (Keyes, 2007; Temane & Wissing, 2008) of individuals. Moreover, empirical findings also support the fact that there are significant differences between values and belief of eastern and western cultures (e.g., Markus & Kitayama, 1991; Triandis, 1995). Eastern cultures defined as collective cultures in which people prefer to act as a cohesive group whereas western cultures are said to be very individualistic which promote the individuals' self-interests, needs, demands, and wishes (Hofstede, 1997). Moreover, it was also noted that in Pakistan, previous empirical work regarding emotional intelligence has been done in organizational (e.g., Anka, 2006; Malik,

2005) and educational fields (Asad, Masood, Khanum, & Naqvi, 2004; Quaid & Farooq, 2006). In addition, there is lack of empirical work regarding association of emotional intelligence to mental health. Hence, present investigation fills the gap of knowledge with reference to the role of emotional intelligence in mental health of university students of Pakistan, which is an Islamic eastern state.

Religious orientation is the extent to which a person lives out his/her religious beliefs. With intrinsic religious orientation, a person lives his/her life according to his/her religion. Whereas a person having extrinsic religious orientation may be more influenced by the other social forces and tend to participate in religious activities to meet personal needs for example social affiliation or for personal advantages (Allport & Ross, 1967). Within the psychology of religion the relationship between measures of religiosity and measures of mental health are well documented but Islam is under represented and mostly researches are west based (Leondari & Gialamas, 2009; Possel et al., 2010).

A substantial amount of investigations report that religious involvement may produces positive mental health outcomes e.g., religiosity has positive correlation with life satisfaction (Amit, 2010); greater self esteem (Yakushku, 2005); social support (Elliott & Hayward 2007), happiness and well-being (Abdel-Khalek, 2006; Francis, Katz, Yablon, & Robbins, 2004). Furthermore religiosity also has association with coping ability, increased ability to find meaning in illness (Büssing, Ostermann, & Matthiessen, 2005), increased hope and optimism (Al, Park, Huang, Rodgers, & Tice, 2007), and with better adjustment during stressfull life events (Hasson-Ohayon, Braun, Galinsky, & Baider, 2009).

Further investigations also revealed the association of religiosity with psychological distress (Lesniak, Rudman, Rector, & Elkin, 2006; Levin, 2011). A wide range of studies posited that religiosity is associated with reduced levels of anxiety and depression (Eliassen, Taylor, & Lloyd, 2005; Mann, McKeown, Bacon, Vesselinov, & Bush, 2008) and decreased post-traumatic stress symptoms (Watlington & Murphy, 2006).

Despite of all these evidence some investigations also have been proved that there is no association between religiosity and mental health (Kritchmann & Strous, 2011; Leondari & Gialamas, 2009; Rosmarin, Kenneth, Pargament, & Mahoney, 2008). The contradiction between results of previous findings regarding association between religious orientation and mental health was another motivation behind the present research. Furthermore, some recent findings have been

proved that the cross cultural perspective influence the association between religiosity and psychological well-being (Klanjsek, Vazsonyi, & Trejos-Castillo, 2012; Nunez, Moral, & Moreno, 2010). Therefore, resent study explores the effects of religiosity in terms of Islam on mental health of university students, which has specific eastern culture.

In previous documented literature little attention has been paid to the relationship between emotional intelligence and religiosity, especially in Pakistan author found no previous research on this theme. Nevertheless, some previous western investigations determined the association between emotional intelligence and religious orientation (Paek, 2006; Prati, Liu, & Bass, 2007; Van Dyke & Elias, 2009). Therefore, the present study includes the possible role of religious orientation in development of emotional intelligence among university students which is largely unexamined in previous published literature.

The major objectives of the present study were to examine the relationship among emotional intelligence, religiosity, and mental health. The study was conducted to redefine the concept of emotional intelligence in relation to mental health in this eastern Muslim country. As indicated previously that culture relevance is very important regarding emotional intelligence and mental health. Secondly, Pargament's (1997) theory of religious coping provides theoretical background to examine relationship between religiosity and mental health. Thus, present investigation explores the idea that whether or not religious involvement in terms of Islam has a beneficial influence on mental health (e.g., depression, anxiety, and negative affect) in Pakistan. Previous literature indicates that the positive aspect of human potential has been neglected so psychological well-being is included in this regard. Furthermore, within the psychology of religion it is well documented that Islam is under represented regarding empirical work on relationship of religiosity to mental health. Third basic purpose of this research was to investigate the possible role of religiosity in the manifestation and development of emotional intelligence skills.

### **Hypotheses**

1. There is a positive relationship among emotional intelligence, religious orientation, and psychological well-being.
2. Emotional intelligence and religious orientation have negative relationship with psychological distress.

3. Religious orientation is a predictor of emotional intelligence.
4. Emotional Intelligence is the strong predictor of psychological well-being than religious orientation.
5. There is a effect of religious orientation and emotional intelligence on psychological distress.

## **Method**

### **Participants**

The purposive sample included 209 students (89 men & 120 women) from GC University, Lahore, Pakistan. Mean age of men from intermediate and under-graduation (grade 11-16) was  $M = 19.52$  ( $SD = 2.74$ ) and that of women average age was  $M = 19.36$  ( $SD = 2.54$ ). Average age of men from post-graduation (grade 17-18) was  $M = 27.28$  ( $SD = 3.83$ ) and women aged 25.43 years on the average ( $SD = 3.46$ ). All the participants indicated Pakistani nationality and they were Muslim by religion.

### **Measures**

**Emotional Intelligence Questionnaire.** Emotional Intelligence Questionnaire was developed by (EIS; Schutte et al., 1998), based on Salovey and Mayer's (1990) theoretical model of emotional intelligence was used. The questionnaire contains 33 items and 5-point Likert scale (1 = strongly disagree to 5 = strongly agree) with higher scores indicating a higher level of emotional intelligence, possible range of scores is 33 to 165. The EIS has demonstrated high internal consistency (Cronbach's alpha ranging from .87 to .90), good two-week test-retest reliability ( $r = .78$ ). Coefficient alpha was .81 and item total correlations were ranged from .41 to .74 ( $p < .01$ ) for the present sample.

**The Age-Universal I-E Scale-12:** The Age-Universal I-E Scale-12 (Maltby, 1999) was an amended measure of the Religious Orientation Scale (Allport & Ross, 1967). It consisted of 6 items of intrinsic orientation towards religion, 3 items of an extrinsic-personal orientation towards religion, and 3 items of an extrinsic-social orientation towards religion. Extrinsically motivated individuals see faith as way to provide comfort or status. In the reverse, those intrinsically motivated see faith in their life as integrated, and directed

by the master value of religion (Allport & Ross, 1967). Responses to items were scored on a 3-point scale, that is, *No* (0), *Do not know* (1), and *Yes* (2). Minor adaptations were made in last three items because of Muslim sample. An ample amount of previous studies conducted on Muslim sample indicates the use of scale to measure religious orientation (Khan & Watson, 2006; Khan, Watson, & Habib, 2005; Momtaz, Ibrahim, Hamid, & Yahaya, 2010). For the present sample alpha coefficient ranged between .70 - .75 for subscales of religious orientation and for the total religious orientation scale alpha value was .77, and the range of item-total correlations (.34 - .67,  $p < .01$ ) were also statistically significant.

**Measures of Mental Health.** It has been previously indicated that present research contains broader definition of mental health in terms of psychological distress and psychological well-being. So according to main purpose of investigation, for measurement of the psychological distress Beck Depression Inventory II (Beck et al., 1996), Trait Anxiety Scale-Y (Speilberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983), Negative Affectivity Scale of The Positive and Negative Affect Schedule (PANAS: Watson, Clark, & Tellegen, 1988) were used and similarly to assess the psychological well-being of students Well-being Manifestation Measure Scale (Masse et al., 1998) and Positive Affectivity Scale of PANAS (Watson et al., 1988) were administered.

**Beck Depression Inventory II.** Developed by Beck, Steer, and Brown (1996) comprising 21-items was used to measure the intensity of depressive symptoms. Scores on each item ranged across a 4-point scale, for example, 0 = *I do not feel sad*, to 3 = *I am so sad or unhappy that I can't stand it*. The total inventory score ranged from 0 to 63. The BDI-II has been reported to have high internal consistency of .93 and excellent validity (Beck et al., 1996). Coefficient alpha was .89 and item-total correlations were ranged (.35 - .62,  $p < .01$ ) for the present sample.

**Trait Anxiety Scale-Y.** The Trait Anxiety Scale from State-Trait Anxiety Inventory (Speilberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983) was used in the study for measuring anxiety. It consisted of 20 items to measure trait anxiety, with items scored on a 4-point response scale. Higher scores on this measure indicated a higher level of trait anxiety. Reliability coefficients for the trait-anxiety scale ranged from .65 to .86. Coefficients alpha ranged from .65 to .86 for Trait Anxiety

Scale. Coefficient alpha was .86 and item-total correlations were ranged (.39 - .68,  $p < .01$ ) for the present sample.

**Positive and Negative Affectivity Scale.** Positive and Negative Affectivity Scale (PANAS; Watson, Clark, & Tellegen, 1988), consisted of 10 positive affects and 10 negative affects items. Positive affect refers to positive experience of emotions in which individuals experience pleasurable engagement with the environment whereas negative affect indicates subjective distress and unpleasurable engagement. Participants were asked to rate items on a scale from 1 to 5, based on the strength of emotion where 1 = *very slightly or not at all*, and 5 = *extremely*. Initial studies in development of the PANAS showed that the scales are stable at appropriate levels over a 2-month time period, highly internally consistent, and largely uncorrelated (Watson et al., 1988). For the present sample the coefficient alphas were .75 for both subscales and the range of item-total correlations were .49-.78 ( $p < .01$ ).

**Well-being Manifestation Measure Scale (WBMMS).** Developed by Masse et al., 1998) contained 25-items with six factors. The six factors or subscales of WBMMS were Control of Self and Events, Happiness, Social Involvement, Self-Esteem, Mental Balance, and Sociability. The authors found an overall Cronbach's alpha of .93 for the questionnaire and range of .71 to .85 on the subscales and reported that the items explained 52% of variance in psychological well-being. For the present sample alpha coefficient ranged between .80 - .85 for subscales of Psychological Well-being Scale and for this total scale alpha value was .81. The item total correlations were statistically significant ranging from .39 to .67 ( $p < .01$ ).

## **Procedure**

The questionnaires were administered in classroom settings at university. Ethical permission was obtained from authorities of university before data collection. The data collection took approximately four weeks; two weeks for graduate students and two for post-graduate students. All participants of the study participated voluntarily. The researcher visited each class prior to class time when questionnaire was filled out and informed the participants about the purpose of study. The participants filled out first consent form then demographic sheet. Later questionnaires were administered to them. Although all scales used in this study were Western but reliability and

validity analyses of all these scales for present sample indicates that these scales can be successfully used for student population, moreover the medium of instructions in both educational institutions was English.

## Results

In order to assess the association among study variables Pearson correlations were computed. Regression analyses were conducted to see the predictive relationship among the variables of interest.

Table 1  
*Correlation Matrix for all the Study Variables (N = 209)*

	1	2	3	4	5	6	7	8	9	10	11
1. EI	-	.16*	-.16*	.15*	.55*	.35**	.57**	-.09	-.32**	-.28**	-.32**
2. IR		-	-.19**	.84**	.15*	.18**	.16*	-.02	-.19**	-.03	-.15*
3. ER			-	.66**	-.17**	-.18*	-.22**	.05	.22**	.08	.15*
4. RT				-	.19**	.19*	.23**	-.02	-.06	-.19**	-.12
5. WB					-	.29**	.61**	-.33**	-.49**	-.39**	-.53**
6. PA						-	.90**	.03	-.22**	-.11	-.43**
7. PsyW							-	-.09	-.47**	-.28**	-.38**
8. NA								-	-	.24**	.62**
9. TA									-	.57**	.84**
10. BDI										-	.83**
11. PsyD											-

*Note.* EI= Emotional Intelligence, IR= Intrinsic Religiosity, ER= Extrinsic Religiosity, RT= Religiosity Total, WB = Well-being Measure, PA= Positive Affectivity, PsyW= Psychological Well-being, NA= Negative Affectivity, TA= Trait Anxiety, BDI = Beck Depression Inventory, PsyD = Psychological Distress

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

Pearson product moment correlation analysis was performed to test the hypothesis 1 and 2. Results of Table 1 indicated that emotional intelligence has significant positive relationship with well-being measure, positive affect and psychological well-being ( $p < .01$ ), and inverse relationship with negative affect, trait anxiety, depression, and psychological distress respectively ( $p < .01$ ). Correlation matrix also reveals that emotional intelligence has significant positive relationship with religious orientation total and intrinsic religiosity, ( $p < .05$ ), whereas significant negative correlation with extrinsic religiosity ( $p < .05$ ).

Intrinsic religiosity has significant positive relationship with well-being measure, positive affect and psychological well-being ( $p < .01$ ) whereas inverse association with trait anxiety and psychological distress ( $p < .01$ ). Extrinsic religiosity has significant negative association with well-being measure, positive affect and psychological well-being ( $p < .01$ ). It also has significant positive relationship with trait anxiety and psychological distress ( $p < .01$ ). Religious orientation total has significant positive relationship with well-being measure, positive affect, and psychological well-being ( $p < .01$ ) and inverse association with depression ( $p < .01$ ).

Regression analyses were conducted to test the hypothesis No. 3. Results indicate that religious orientation was a significant predictor of emotional intelligence as it explained 21% variance in it,  $F(1, 207) = 4.50$ ,  $p < .05$ , whereas neither intrinsic religiosity nor extrinsic religiosity independently predict emotional intelligence significantly as intrinsic religiosity explained 14% variance in emotional intelligence,  $F(1, 207) = 2.86$ ,  $p < .05$ , and extrinsic religiosity explained 13% variance in emotional intelligence,  $F(1, 207) = 2.75$ ,  $p < .05$ .

Table 2

*Multiple Regression Analyses showing Predictors of Mental Health (N = 209)*

Predictors	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>p</i>
Psy WB ( $R = .60$ , $R^2 = .35$ )					
Gender	0.48	1.94	.01	.24	.80
Age	1.98	3.03	.06	.65	.51
Education	2.96	2.97	.09	.99	.32
Emotional Intelligence	0.70	0.07	.53	8.99	.00
Extrinsic Religiosity	-8.24	5.12	-1.37	1.61	.10
Intrinsic Religiosity	8.74	5.28	.53	1.65	.10
Religiosity Total	0.81	0.32	.14	2.53	.01
Psy Distress ( $R = .40$ ., $R^2 = .16$ )					
Gender	-4.79	2.83	-.11	1.69	.09
Age	-3.24	4.41	-.07	.73	.46
Education	-4.22	4.33	-.10	.97	.33
Emotional Intelligence	-0.45	.11	-.27	4.00	.00
Extrinsic Religiosity	10.63	7.46	1.38	1.42	.76
Intrinsic Religiosity	-9.06	1.43	-.43	1.17	.15
Religiosity Total	-0.74	.13	-.10	5.39	.01

To discover the true nature of relationship among variables of interest multiple regression was used. Results of multiple regression analyses presented in Table 2 showed that gender, age, education, emotional intelligence, extrinsic religiosity, intrinsic religiosity, and religiosity total together contribute significant amount of variance 35% in psychological well-being and 16% in psychological distress  $F(8, 208) = 13.71, p < .001$ ;  $F(8, 208) = 4.86, p < .001$ , respectively.

Results in Table 2 also showed that emotional intelligence has the greatest influence on psychological well-being ( $\beta = .53, t = 8.99, p < .001$ ) and psychological distress ( $\beta = -.27, t = 4.00, p < .001$ ) followed by religiosity total which contributed ( $\beta = .14, t = 2.53, p < .01$ ) for psychological well-being, and ( $\beta = -.10, t = 5.39, p < .01$ ) for psychological distress.

## Discussion

The present study was intended to determine the effects of emotional intelligence on mental health of Pakistani university students. Results demonstrated that emotional intelligence has positive relationship with psychological well-being in terms of well-being measure and positive affect. In addition, it was also found that emotional intelligence was a strong predictor of psychological well-being. These results support most of previous findings that indicates significant positive relationship between emotional intelligence and good physical and psychological health (Tsaousis & Nikolaou, 2005), and a positive relationship between emotional intelligence and positive affect (Kafetsios & Zampetakis, 2008) was noted.

The results support the hypothesis that emotional intelligence has negative association with psychological distress in terms of negative affect, trait anxiety and depression respectively. In literature, various empirical studies have well documented the significant negative relationship between trait emotional intelligence and psychological distress and its sub dimensions e.g., depression and anxiety (Bauld & Brown, 2009; Besharat, 2007), and with negative affect (Kafetsios & Zampetakis, 2008). In line with previous findings (Bauld & Brown, 2009), the present results indicates that emotional intelligence is also a predictor of psychological distress as Karim (2009) found the direct effect of emotional intelligence was stronger for positive affect as compared to its influence on negative affect. These findings support the fact that emotional intelligence has very important role in mental health of university students in specific eastern context of Pakistan. Therefore, through emotional intelligence skills students

psychological well-being can be enhanced and psychological distress may be reduced.

The results of this study confirmed the assertion that religious orientation has positive role in mental health of Pakistani university students. In past few years, research in this area has produced many empirical studies but they are mostly west based and in Pakistan, there was a lack of findings in this area, where religion is considered a very important aspect of life. Results suggest that religious orientation shows positive relation with positive affect, well-being measure and psychological well-being, moreover it has negative association depression. These findings are in line with some previous investigations which suggest association between religiosity and mental health. Ismail and Desmukh (2012) found from Pakistani Muslim sample that there is a strong positive relationship between religiosity and life satisfaction, moreover, religiosity has significant inverse association with anxiety and loneliness. Vasegh and Mohammadi (2007) also determined the relationship between religiosity, anxiety, and depression in a sample of Muslim students. Results revealed that religiosity is negatively associated with anxiety and depression. Another study of Muslim Malaysian sample indicates positive relationship between psychological well-being and religiosity (Momtaz et al., 2010). It is perhaps because in eastern Muslim society high importance is given to religion that is considered as a source of motivation for connection to God, achieving happiness and provides hope and peace during psychological distress as suicide, which is symptom of depression, is strongly prohibited in Islam.

Intrinsic religiosity has significant positive association with well-being measure, positive affect and psychological well-being and inverse relation with psychological distress and trait anxiety. Moreover, extrinsic religiosity has negative relationship with measures of well-being, positive affect and psychological well-being and inverse relationship with trait anxiety and psychological distress. These results support some other previous findings which indicate negative correlation between an intrinsic religious orientation and psychological distress (González-Anleo, 2010; Paloutzian & Park, 2005); moreover, positive relationship between intrinsic religiosity and psychological well-being and inverse between extrinsic and psychological well-being (García-Alandete & Bernabé-Valero, 2013; Mela et al., 2008).

One explanation of these findings might be that Islam appreciates the intrinsic religious orientation. Moreover, according to Islamic teachings, remembrance of Allah gives hearts peace and rest. It is also advisable that during difficulties of life Muslims should seek help

through patience and prayer. In addition, extrinsic religiosity is considered as a sign of hypocrisy (Nifaq) in Islamic teachings. Therefore, these results are in line with some previous findings, which indicate that Islam has important role to enhance psychological well-being and to reduce psychological distress (Amer, Hovey, Fox, & Rezcallah, 2008).

In line with previous theories (Andreasen, 1972; Jung, 1933; Maslow, 1954), present research indicates positive influence of religious orientation on psychological well-being and psychological distress as it explain significant amount of variance in them. These findings indicates that overall religious orientation in terms of Islam has strong and beneficial influence on mental health of university students of Pakistan and how personal and social aspects of religiosity effects mental health of students. These results also support the Pargament's (1997) theory of religious coping, which indicate that religion may have problem-focused and emotion-focused properties. It is recommended that religiosity should be used as a stable social force to shaping the behavior of university students of Pakistan.

Third main objective of present research was to study the predictive association between religious orientation and emotional intelligence in university students of Pakistan because there was also lack of research in this area. Results reveal that emotional intelligence has significant positive relationship with religious orientation including positive association with intrinsic religiosity which is in line with previous researches (Van Dyke & Elias, 2009), and negative association with extrinsic religiosity. Regression analyses also indicate that religious orientation was a significant predictor of emotional Intelligence, which support the finding of Kyung (2004). Present findings showed that overall religiosity has some beneficial role in development of emotional intelligence among population of Pakistani university students. On the whole it is suggested by this investigation, that religiosity in terms of Islam can promote emotional intelligence of Pakistani students. One reason behind these findings could be that Pakistan is an Islamic states in which majority of population is Muslim. In addition, Islamic beliefs and practices are dominant on people's life whether they are good or not good Muslims. Islam is not merely a religion but a comprehensive way of life, which covers all aspects of human life including emotional aspect. Regarding emotions, Islam teaches moderation to create balance and avoid extremes in negative or positive emotions, as extremes can be destructive if left uncontrolled. In Islamic literature, many Verses of Holy Quran and Hadith (Saying of Prophet Muhammad S.A.W) mentioned about self-awareness, managing emotions, time

management, self-control, interpersonal relationships, and empathy, which are the key concept of emotional intelligence defined by modern psychologists. Therefore, these findings indicate that Islam is very important aspect of life in Pakistan, which may be the main source of manifestation and development of emotional intelligence skills.

In conclusion, the study has shown that emotional intelligence and religious orientation both have positive impact on mental health of Pakistani students, moreover religiosity can also play beneficial role in development of emotional intelligence among university students of Pakistan. Based on these results we can also conclude that in Pakistani Muslim society intrinsic religiosity and religiosity total both dimensions have positive impact on mental and emotional health as compared to extrinsic religious orientation which refers to using the religion for social purposes. Therefore, religiosity and emotional intelligence should be focus of attention of educators, counselors, clinician's parents and policy makers.

### **Limitations and Suggestions**

This research has several limitations. The results are specific to student sample from one university and school situated in one geographical area and may not be generalize on general population. That is why it is recommended that more universities and schools from different areas of Pakistan should be included in further research moreover other type of samples should be included for generalizability of results on general population. These findings can also be useful on theoretical level, for that purpose the replication studies are needed in Pakistan. Furthermore, future research should take into account moderating effects of religious orientation on association between emotional intelligence and mental health. Another serious limitation of present study is use of western-based psychometric measures. Other type of indigenous valid and sound measures should also be used for measuring religiosity, emotional intelligence and psychological health. The cultural factor should be considered for further exploration and consistency of results. The role of demographic variables e.g., age, gender, education level, marital status, and income level should be assessed in relationship of these study variables for broader picture these constructs.

### Implications

Despite of these limitations present study provides very important and useful theoretical and practical implications. On the bases of findings, it is recommended that religious involvement of students should be appreciated and enhanced by teachers and parents of Pakistani students. It can be useful not only for psychological well-being of Pakistani students but also for development of emotional intelligence. As a result, present study opens a new area of investigation regarding the role of religiosity in development of emotional intelligence skill in eastern Muslim culture of Pakistan.

These results can be very helpful for clinical and counseling purpose of students because emotional intelligence may have important clinical and therapeutic implications as on theoretical background emotional regulation should affect vulnerability to disorder and response to treatment. Moreover, emotional intelligence of students should be enhanced through different strategies so that they can have better mental health and achieve their future goals.

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