The Relationship Between Coping and Psychological Wellbeing Among South African Muslims During the Covid-19 Pandemic

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The impact of coping on well-being during the COVID-19 pandemic is well established; however, not much is known about the role of culture and religion in shaping coping styles during the pandemic, specifically among a Muslim minority in the African context. It is noted that religious individuals may turn to their faith and spirituality during times of distress. This study explored the predictive relationship between coping, religious coping, and psychological well-being in a sample of South African Muslim individuals during 2020 and 2021. In 2020, 410 participants completed a survey measuring coping styles, religious coping styles, and psychological well-being during the COVID-19 lockdown period in South Africa, and 277 participants completed the survey in 2021. Results indicated that in 2020 and 2021, acceptance and religious coping styles were the most dominant coping strategies employed by individuals. In general, positive coping styles were better predictors of psychological well-being in 2020, with less functional coping styles as negative predictors of psychological well-being in 2021. These results are discussed within the context of promoting psychological well-being during and after the pandemic.

Keywords

coping • COVID-19 • Muslims • psychological well-being • religious coping

Introduction

Early studies on well-being and coping during the COVID-19 pandemic focused largely on fears of infection, mortality, and financial uncertainty amidst a global health crisis (Godinić & Obrenovic, 2020; Porcelli, 2020; Quadros et al., 2021). As the literature surrounding well-being evolved, emphasis was placed on the role of cultural responses to the pandemic, including studies

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on the cultural perceptions of social distancing (Luu Duc Hyunh, 2020) and meaning-making in a time of uncertainty (Isiko, 2020). In faith-based communities, religious coping in particular is often cited as a prevalent coping style in conditions similar to COVID-19 (Wong-McDonald & Gorsuch, 2000). Culture and religion have been shown to influence how communities interpret stressful events and develop resilience (Coppola et al., 2021; Ting et al., 2021). Spirituality acted as a protective factor during the COVID-19 pandemic (Hamka et al., 2022), with studies citing an increase in prayer and religious reflection during that time (Awaad et al., 2021; Safdar et al., 2023). Religion plays a vital role in the lives of many, and religious responses to stressful outcomes become especially important when considering diverse nations like South Africa, which is often celebrated as the "Rainbow Nation" for its multicultural identity (Department of Arts and Culture, 2013). In South Africa, the pandemic occurred within the context of an already strained mental health care system (Nguse & Wassenaar, 2021), with an increased impact on mental health concerns on already vulnerable groups due to the stress associated with containment measures and fear of infection (De Man et al., 2022). Within the South African context, the COVID-19 pandemic constitutes an additional burden for a population already impacted by a legacy of collective trauma (Naidu, 2020). Within this context, South African Muslims, who represent a religious minority, can offer valuable insight into how faith-based coping mechanisms may contribute to psychological well-being during a time of crisis.

Islam in South Africa

Muslims make up a minority in South Africa, constituting less than 5% of the population (Statistics South Africa, 2025). Islam in South Africa has a rich history of displacement and resistance, which has shaped the cultural identity of Muslims in South Africa today. The first presence of Muslims in South Africa was as slaves and political exiles in the 17th century (Dangor, 2003). Islam was repressed at that time, forcing Muslims to practice in secret to preserve their Islamic traditions and practices. Under these conditions, they turned to their faith and spirituality as a way to cope, which strengthened communal bonds and promoted resilience (Dangor, 1997; Sicard, 1989). Among those earliest Muslims were Islamic scholars who were instrumental in keeping Islam alive and promoted an ethos rooted in patience, prayer, and remembrance (Dangor, 1997; Dangor, 2003; Sicard, 1989). In later years, the migration of Muslims from the Indian subcontinent expanded Islam into other parts of South Africa. These Muslims also shaped the institutionalization of Islam, setting up key infrastructures, such as *mosques* (places of worship) and *madrassas* (Islamic schools), further shaping the presence of Islam in South Africa and reinforcing Islamic teachings in the lives of Muslims (Dangor, 2003; Vahed, 2021). During apartheid, Muslims were once again marginalized and subjected to an oppressive, racist regime. Racialized laws segregated individuals of color into specific regions; however, this espoused strength in a collective identity. Many Muslims drew strength from their religious beliefs and practices, with their Islamic ethos shaping their political resistance and providing a means to cope during civil unrest (Sicard, 1989). As a result, the spiritual and moral practices of Muslims today are shaped by their history of oppression and resistance, thereby shaping their potential to overcome difficult circumstances.

Understanding Coping and Religious Coping

Coping can either be directed externally by changing the situation or directed internally by changing the meaning of the situation (Lazarus & Folkman, 1984). Emotion-focused coping is associated with adapting to a distressing situation through emotional responses, whereas

problem-focused coping is an active response aimed at evaluating the situation and developing strategies to reduce the stress effects (Lazarus & Folkman, 1984). Denial and planning coping strategies were related to post-traumatic stress symptoms among participants during the SARS outbreak (Sim et al., 2010). During COVID-19, in 20 countries, individuals with moderate to severe anxiety and depression avoided thinking about the pandemic, reported struggling to cope, and were unsure of which coping strategies to use (Kar et al., 2021). While general coping strategies can be categorized as emotion-focused or problem-focused, religious coping offers an additional layer of meaning for those whose spirituality plays a central role in their daily lives.

Religion holds a strong positive association with meaning in life, even in contexts in which meaning and purpose are challenged (Krok, 2015). Across faith-based communities, religious coping allows individuals to view trying situations as having a higher meaning, an opportunity to grow themselves into better individuals, and gain more control in their lives by placing the experience as a test from God (Paloutzian & Park, 2005; Wnuk & Marcinkowski, 2014). These concepts are further illustrated during the COVID-19 pandemic, where individuals often interpreted difficult experiences as a test from God and a time to reflect on their spiritual state of being (Fatima et al., 2022). Religious coping is dichotomised between positive and negative coping. Religious coping can consist of various systems of practice, such as religious rituals, seeking support from congregations, and through examining events through a relationship with God that impacts well-being (Krägeloh et al., 2012; Adam & Ward, 2016).

The Relationship Between Coping and Psychological Well-Being

Psychological well-being can be described as social and emotional competence derived from perceptions and behaviors that allow for healthy engagement, meaning, and self-realization (Keyes, 2002). Psychological well-being also focuses on individuals' evaluation of themselves, such as recognizing positive aspects of their ability for growth, purpose, relationships, and being self-determined (Ryff & Keyes, 1995). Efficient coping can result in positive psychological outcomes, such as happiness, personal development, life satisfaction, and job performance (Loukzadeh & Bafrooi, 2013). A study on university students determined a significant relationship between psychological well-being and coping styles used, suggesting that the higher the psychological well-being profile was, the greater their use of coping strategies (Freire et al., 2016; Freire et al., 2018). Approach-oriented coping (active coping and seeking instrumental support) showed greater influence on psychological well-being among a sample of Taiwanese nurses, suggesting that occupation, context, and culture can make sense of the differential outcomes in coping strategies employed (Lee, Tzeng & Chiang, 2019).

Muslims engaging in religious coping strategies established the connection between their religious coping and psychological well-being, as evidenced in several studies (Berzengi et al., 2017; Adam & Ward, 2016; Aflakseir & Coleman, 2011). Within Muslim communities, religion is commonly perceived as playing a positive role in well-being (Koenig & Shohaib, 2014). Psychological well-being and religious beliefs are suggested to be positively correlated when Muslims identify as religious, resulting in greater levels of health and happiness than those who do not identify as religious (Green & Elliot, 2010). Muslims may rely on their religious beliefs and teachings to cope with life stressors (Abu Raiya et al., 2008; Adam & Ward, 2016), serving as a protective resource in times of significant distress (Fatima et al., 2018). Although not all religious coping is beneficial, positive religious coping, such as seeking comfort from God, has been associated with better mental health (Abu-Raiya & Pargament, 2015; Saffari et al., 2013). Inversely, negative religious coping, such as spiritual discontent, may contribute to increased distress and lowered states of well-being (Nurasikin et al., 2013). For many Muslims, religion

plays a central role in their coping processes, and engaging in negative religious coping may conflict with their intrinsic religious values, thus negatively affecting their long-term psychological state. Pargament (1997) highlighted the notion that when coping diverges from religious principles, individuals may experience guilt and shame, which can further impact psychological states. These dynamics were even more pronounced during the COVID-19 pandemic, where positive religious coping positively predicted positive appraisals and negative religious coping negatively predicted positive appraisals in a sample of Pakistani Muslims (Fatima et al., 2022). Appraisals are key indicators in how individuals interpret an event as stressful, with positive appraisals associated with positive psychological outcomes during COVID-19 (Daniels et al., 2021; Wallis et al., 2023).

During the pandemic, religious coping was related to reduced stress among American Orthodox Jews (Pirutinsky, Cherniak & Rosmarin, 2020). However, in a sample of older adults in Jordan, most experienced high levels of death anxiety during COVID-19 and lower levels of religious coping and spiritual well-being (Rababa, Hayaineh & Bani-Iss, 2021). Religiosity and religious coping were found to moderate the relationships between coping and well-being, and hope and well-being, in Muslim samples during the pandemic (Hardjo et al., 2021). This suggests that the effects of coping and other protective factors on well-being may vary depending on the level of religiosity in Muslim populations.

Much research into the pandemic and religious coping has been focused on Muslim populations in the Western and Asian contexts, with limited research among those residing in Africa. Given the unique socio-political history of South Africa and the role of spirituality in navigating historical challenges, this study sought to examine the role of coping and religious coping on psychological well-being during a time of significant distress. This research aims to fill a gap in local and international literature, which can contribute to the development of appropriate mental health support systems sensitive to the needs of a religiously devout minority in South Africa. The aim of this study is to determine the coping styles used by South African Muslims, their level of psychological well-being, and the coping predictors of psychological well-being during the COVID-19 pandemic in 2020 and 2021. The following research questions were formulated to meet this aim:

1. What are the prominent coping styles used and the levels of psychological well-being of South African Muslims during the COVID-19 pandemic in 2020 and 2021?
2. Which coping styles are significant predictors of psychological well-being in 2020 and 2021?

Methods

This study took place during the COVID-19 pandemic in 2020 and 2021. South African Muslims over 18 years old were recruited across South Africa to participate in this study in both waves of data collection, implemented in July 2020 and July 2021. Participants were recruited using social media platforms WhatsApp, Facebook, and Instagram, resulting in a non-probability, convenience sample. Additionally, participants were requested to forward the survey link to friends and family members to expand the participant pool. The questionnaire was available through an online link using SurveyMonkey (SurveyMonkey, 2022). The participants were not utilized across both waves, making this a repeated cross-sectional study.

Table 1 presents the demographic characteristics of participants in 2020 and 2021. In 2020, 410 participants completed the survey, while 281 participants completed it in 2021. Most participants resided in the Gauteng region in the 2020 and 2021 samples, and the majority were of Indian ethnicity. The sample for both years consisted mostly of female participants, with 70.7% in 2020 and 56.6% in 2021. Across both years, most participants were married, and the age group with the highest response rate was 25–34. For the 2020 data, a variable was created from age and medical history to determine which respondents would be at a greater risk of the effects of the COVID-19 virus. According to the Centers for Disease Control and Prevention (CDC, 2025), individuals over 60 and those with medical conditions, such as cardiovascular disease, chronic respiratory disease, or diabetes, were coded into this variable as high risk. Participants under 60 and without any stated conditions were categorized as low risk. Most samples were reported as low risk (72.9%) in 2020. In 2021, additional questions were reported on COVID-19 diagnosis in the past year. Most participants (60.5%) did not have a diagnosis in the past year, while 38.8% did. Most participants (53.7%) also said that a family member was diagnosed in the past year, while 44.1% did not have a family member diagnosed. In 2021, 77.9% of participants indicated they had lost a family member or friend during the past year, while 20.3% indicated they had not.

Table 1. Sample Characteristics.

Variables	**2020- N (%)**	**2021- N (%)**
Sample size	**N = 411**	**N = 281**
Gender		
Male	119 (29.1%)	122 (43.4%)
Female	289 (70.7%)	159 (56.6%)
Age		
18 to 24	63 (15.3%)	28 (10%)
25 to 34	106 (25.7%)	63 (22.4%)
35 to 44	103 (25%)	49 (17.4%)
45 to 54	60 (14.6%)	37 (13.2%)
55 to 64	51 (12.4%)	55 (19.6%)
65 to 74	25 (6.1%)	40 (14.2%)
75 or older	2 (0.5%)	9 (3.2%)
Marital status		
Married	278 (67.5%)	196 (69.8%)
Single	121 (29.6%)	54 (19.2%)
Widowed	6 (1.5%)	14 (5%)
Other	7 (1.7%)	17 (6%)

(Contd.)

Variables	2020- N (%)	2021- N (%)
Sample size	**N = 411**	**N = 281**
Number of people in household (including you)		
1	8 (1.9%)	11 (3.9%)
2 to 3	113 (27.4%)	105 (37.4%)
4 to 6	239 (58%)	144 (51.2%)
7 or more	47 (11.4%)	20 (7.1%)
COVID-19 risk[a]		
Low risk	298 (72.9%)	
High risk	111 (27.1%)	
COVID-19 diagnosis in past year[b]		
Yes	–	109 (38.8%)
No	–	170 (60.5%)
Prefer not to say	–	1 (0.4%)
Family member COVID-19 diagnosed in past year[b]		
Yes	–	151 (53.7%)
No	–	124 (44.1%)
Prefer not to say	–	4 (1.4%)
Lost a family member or friend during past year[b]		
Yes	–	219 (77.9%)
No	–	57 (20.3%)
Prefer not to say	–	4 (1.4%)
Variable	**Mean (SD), Min/Max**	**Mean (SD), Min/Max**
Level of religiosity	3.59 (SD = 0.8), Min = 1; Max = 5	3.64 (SD = 0.78), Min = 1; Max = 5
Physical Health	15.43 (SD = 2.83), Min = 3; Max = 24	9.21 (SD = 3.95), Min = 3; Max = 24
Mental Health	13.55 (SD = 3.27), Min = 5; Max = 20	12.81 (SD = 3.24), Min = 5; Max = 20

Note. [a]Requested in 2020 only. [b]Requested in 2021 only.

Measures

Participants were given an online questionnaire consisting of a demographics section, and the Brief Cope (Carver, 1997; Carver, Scheier & Weintraub, 1989), Brief Religious Coping Scale (Pargament, Feuille & Burdzy, 2011), and Psychological Well-Being Scale (Ryff & Keyes, 1995) were employed. Information requested in the demographic section included age, gender, region,

education status, home language, population group, marital status, number of children, number of people in the household, and medical history. These questions helped to describe the sample across both years and contextualize the findings within the South African Muslim population. In 2020, age and medical history were used together to code individuals into a low risk or high risk group for moderate to severe COVID-19 symptoms. In 2021, the survey asked if the participant or their family members had contracted COVID-19 in the past year. Additionally, they were asked if they had lost a family member or friend in the past year due to the virus.

Physical and Mental Health

The Global Health and Mental Health Scale identified as the Patient-Reported Outcomes Measurement Information System (PROMIS) (Hays et al., 2018) was used to determine the general physical and mental health of this sample, and to exclude any respondent who scored low or high (10th or 90th percentile) on either physical or mental health to limit the impact of extreme values on our results. This measure aligns with the World Health Organization (WHO) assessment of health and is a reliable and valid measure for physical and mental health across general populations (Bató et al., 2024; Pellicciari et al., 2021).

Coping

To assess coping, the Brief COPE inventory (Carver, 1997) was used to determine various coping styles suitable for assessing how individuals cope during acute and highly stressful circumstances (García et al., 2018). This scale has been validated in numerous contexts and populations, including Muslim samples (Rodrigues et al., 2022). This scale consists of 14 subscales, comprising problem-focused, emotion-focused, and maladaptive coping styles (active coping, planning, positive reframing, instrumental support, emotional support, venting, humor, acceptance, religion, self-blame, self-distraction, denial, substance use, and behavioral disengagement) (Carver, 1997). The Brief Cope consists of 28 items, with two items per subscale. Items are answered using a 4-point Likert scale (from 1: *I haven't been doing this at all*, to 4*: I have been doing this a lot*). Higher scores indicate a greater use of the specific coping strategy. All subscales exceeded .60 alpha reliability except venting, denial, and acceptance (Carver, 1997). The Brief Cope has shown excellent internal consistency reliability for each of the 14 subscales, with omega values ranging from 0.70Ω to 0.97Ω (Monzani, Dario, Patrizia et al, 2015). In the 2020 sample, internal consistency reliability for the subscales ranged from 0.85 (humor) to 0.61 (active coping). In the 2021 sample, subscale reliabilities ranged from 0.87 (substance use) to 0.62 (venting).

To assess religious coping, the Brief RCOPE was used, which is the short form of the Religious Coping measure by Pargament, Feuille & Burdzy (2011). It measures positive and negative religious coping strategies. Positive religious coping illustrates a secure relationship with God, whereas negative religious coping reflects tensions to spiritual connectedness (Pargament, Feuille & Burdzy 2011). This measure is relevant given that Muslims may turn to faith and spirituality during a time of crisis, therefore employing numerous religious coping strategies to mitigate acute stressors due to the COVID-19 pandemic. This scale was used to measure religious coping among different religious denominations, including Muslims (Mohammadzadeh & Najafi, 2018; Saunders & Stephenson, 2024). The domains of positive and negative coping were especially useful in examining the impact of positive and negative coping on psychological well-being and were, therefore, included in this study. This scale consists of 14 items, with seven items to measure each of the two subscales. Items are answered using a 5-point Likert scale (from 1: *strongly disagree*, to 5: *strongly agree*). Higher scores indicate a greater use of the

religious coping domain. Internal consistency coefficients in a Muslim sample indicated that positive religious coping has a Cronbach alpha coefficient of 0.91 and negative religious coping has an alpha coefficient of 0.68 (Berzengi et al., 2017). The internal consistency reliability alphas in the 2020 and 2021 samples ranged between 0.85 and 0.92 for both subscales.

Psychological Well-Being

The Psychological Well-Being Scale-revised, developed by Ryff and Keyes (1995), measures aspects of positive functioning and well-being, and relates to long-term psychological states that may be impacted by the pandemic. This scale has been validated in a Muslim sample (Khanjani et al., 2014). This scale consists of 18 items measuring six psychological well-being domains. These domains are autonomy, environmental mastery, purpose in life, positive relations with others, personal growth, and self-acceptance. These items are answered on a 5-point Likert scale, from 1 (strongly disagree) to 5 (strongly agree). A higher score reflects higher levels of psychological well-being. Ryff and Keyes (1995) reported internal consistency reliability coefficients ranging from .33 (purpose in life) to .56 (positive relations with others). In 2018, Costea-Barlutiu, Bălas-Baconschi & Hathazi reported Cronbach alpha coefficients ranging from 0.62 to 0.75 for the six dimensions of psychological well-being. The internal consistency reliability coefficients in the 2020 sample ranged between 0.83 (Total Psychological Well-Being) and 0.61 (Environmental Mastery and Personal Growth). In 2021, the internal consistency reliability coefficients ranged from 0.81 (Total Psychological Well-being) to 0.54 (Personal Growth).

Ethics

Ethical clearance for this study was obtained from the Human Research Ethics Committee at the University of the Witwatersrand (Protocol number: MASPR/20/06) and was deemed low risk. Participants were presented with a Participant Information Sheet (PIS) outlining the purpose of the study and the voluntary nature of their participation. Anonymity and confidentiality were ensured by not requesting identifying information and removing IP addresses from the extracted dataset from the survey platform. The PIS also provided a Muslim-focused nationwide hotline for counseling services to mitigate vulnerability. At the end of the PIS, participants were requested to consent to participating, ensuring informed consent before completing the questionnaire. The links were open for one month at each data collection point. Data was extracted and analysed using SPSS Version 27 and 28 (IBM Corp., 2020).

Data Analysis

Descriptive statistics were used to analyze demographic information, coping styles, and psychological well-being in the samples in 2020 and 2021, with standard deviations reported for normally distributed data and medians and interquartile ranges for non-normally distributed data. A backward stepwise multiple linear regression was conducted to determine the predictors of overall psychological well-being and each domain of psychological well-being for 2020 and 2021, while controlling for religiosity and gender. The backward stepwise linear regression approach starts with all predictors in the model, sequentially removing the least significant predictors until a final model is reached with predictors that best explain the variance in the dependent variable (Field, 2013). Assumptions for the multiple linear regression were checked (linearity, normality of residuals, homoscedasticity, and outliers). The alpha level of significance was set at 0.05 for all inferential statistics.

Results

Coping Styles Utilized and Levels of Psychological Well-Being

As seen in Table 2, the coping styles were consistent across 2020 and 2021, displaying a similar pattern of ranking from most to least endorsed strategies. The most reported coping strategy was turning to religion, with a mean of 6.43 (SD = 1.54) in 2020 and 6.29 (SD = 1.66) in 2021. This was followed closely by acceptance for 2020 (mean = 6.31, SD = 1.45), which indicates a marginal decline in endorsement in 2021 (mean = 5.62, SD = 1.87). This was similarly evident with positive reframing reported higher in 2020 (mean = 5.28, SD = 1.66) than in 2021 (mean = 4.77, SD = 1.87). However, the overall pattern of coping strategies remained constant across the years. The lowest reported strategies include substance use reported in 2020 (mean = 2.16, SD = .69) and in 2021 (2.17, SD = .617). This was followed by behavioral disengagement in 2020 (mean = 2.87, SD = 1.22) and in 2021 (mean = 2.96, SD = 1.34), and denial in 2020 (mean = 2.96, SD = 1.35) and in 2021 (mean = 3.04, SD = 1.42). The highest reported less-than-functional coping style was self-distraction in 2020 (mean = 4.73, SD = 1.55), which reduced slightly in 2021 (mean = 3.66, SD = 1.60).

Positive religious coping was a highly endorsed coping style in both 2020 (median = 31, IQR = 7) and 2021 (median = 32, IQR = 7), while negative religious coping was reported consistently lower than positive religious coping in 2020 (mean = 12.28, SD = 5.49) and 2021 (mean = 13.55, SD = 5.69).

Psychological well-being varied across the years, with the most highly rated psychological well-being domain in 2020 as personal growth (mean = 8.74, SD = 1.25), and self-acceptance in 2021 (mean = 11.04, SD = 2.51). The two subscales produced different mean scores across both years, with the environmental mastery mean score increasing from 7.53 (SD = 1.52) in 2020 to 10.58 (SD = 2.39) in 2021. Similarly, self-acceptance resulted in a mean increase from 7.72 (SD = 1.57) in 2020 to 11.04 (SD = 2.51) in 2021. In addition, total psychological well-being increased from 45.84 (SD = 5.82) in 2020 to 51.56 (SD = 7.47) in 2021.

The descriptive results suggest that participants demonstrated a reliance on functional coping strategies more than less functional coping strategies during 2020 and 2021. However, some functional coping strategies were utilized less in 2021 than in 2020, such as acceptance and positive reframing. Participants utilized positive religious coping strategies more than negative coping for both years. The environmental mastery and self-acceptance well-being domains were rated higher in 2021 than in 2020, resulting in an increased mean score for total psychological well-being in 2021. However, these differences were not statistically significant, and marginal differences in scores across the years can be attributed to sampling bias.

Table 2. Comparison of Coping Styles, Religious Coping and Levels of Psychological Well-Being in 2020 and 2021.

Variables	**Means/medians (SD/IQR)**	**Means/medians (SD/IQR)**
	2020 n = 411	**2021 n = 279**
Brief COPE[a]		
Active coping	5.00 (SD = 1.58)	4.74 (SD = 1.82)
Planning	4.99 (SD = 1.69)	4.71 (SD = 1.95)
Positive reframing	5.28 (SD = 1.66)	4.77 (SD = 1.87)

(Contd.)

Variables	Means/medians (SD/IQR)	Means/medians (SD/IQR)
	2020 n = 411	**2021 n = 279**
Acceptance	6.31 (SD = 1.45)	5.62 (SD = 1.87)
Humor	3.79 (SD = 1.68)	3.30 (SD = 1.56)
Turning to religion	6.43 (SD = 1.54)	6.29 (SD = 1.66)
Emotional support	4.24 (SD = 1.73)	3.84 (SD = 1.66)
Instrumental support	4.03 (SD = 1.65)	3.66 (SD = 1.60)
Self-distraction	4.73 (SD = 1.55)	4.54 (SD = 1.73)
Denial	2.00 (IQR = 2)	3.00 (IQR = 2)
Venting	3.73 (SD = 1.33)	3.73 (SD = 1.53)
Substance use	2.00 (IQR = 0)	2.00 (IQR = 0)
Behavioral disengagement	2.00 (IQR = 1)	2.00 (IQR = 2)
Self-blame	2.00 (IQR = 2)	3.00 (IQR = 2)
Brief Religious COPE[b]		
Positive Religious coping	31.00 (IQR = 7)	32 (IQR = 7)
Negative Religious coping	12.28 (SD = 5.49)	13.55 (SD = 5.69)
Psychological Well-Being[c]		
Autonomy	8.15 (SD = 1.52)	8.19 (SD = 1.48)
Environmental mastery	7.53 (SD = 1.52)	10.58 (SD = 2.39)
Personal growth	8.74 (SD = 1.25)	8.62 (SD = 1.28)
Positive relations with others	6.90 (SD = 2.17)	6.65 (SD = 2.08)
Purpose	6.80 (SD = 1.74)	6.44 (SD = 1.84)
Self-acceptance	7.72 (SD = 1.57)	11.04 (SD = 2.51)
Total Psychological Well-Being[d]	45.84 (SD = 5.82)	51.56 (SD = 7.47)

Note. [a]Min = 2, Max = 8. [b]Min = 7, Max = 35. [c]Min = 3, Max = 15. [d]Min = 18, Max = 90.

Coping and Religious Coping as Predictors of Psychological Well-being

Tables 3 and 4 present the final models with significant predictors of each psychological well-being domain in 2020 and 2021. The results for each model are reported below.

Significant Predictors of Autonomy in 2020 and 2021

After 13 model iterations in 2020 and 15 model iterations in 2021, the Autonomy domain models' statistics revealed that the model for 2020 accounted for 13% of the unique variance in autonomy, while the model in 2021 only accounted for 9% of the variance. In 2020, gender emerged as a significant negative predictor for autonomy (B = –0.39, $p < 0.05$), suggesting that males reported higher rates of autonomy in that year. Active coping positively predicted autonomy for both 2020 (B = .14, $p < .05$) and 2021 (B = .15, $p < 0.05$). Additionally, positive reframing was a significant positive predictor in 2020 (B = 0.11, $p < 0.05$), whereas instrumental

support negatively predicted autonomy in the same year (B = –0.10, p < 0.05). Self-blame was a consistent negative predictor across both years (2020: B = –.22, p < .001; 2021: B = –.24, p < .001). Denial was a negative predictor in 2021 (B = –0.14, p < 0.05). The results indicate a similar pattern of predictors in both years, with self-blame and active coping emerging as consistent predictors of autonomy.

Significant Predictors of Environmental Mastery in 2020 and 2021

After 10 model iterations in 2020 and 14 model iterations in 2021, the final predictive models for environmental mastery accounted for 24% in 2020 and 39% in 2021. In 2020, positive reframing was a significant positive predictor of environmental mastery (B = 0.11, p < 0.05), while instrumental support emerged as a negative predictor (B = –0.14, p < 0.05). This trend reversed in 2021 with instrumental support becoming a positive predictor (B = 0.20, p < 0.05). Among the less functional coping styles, self-blame was a strong negative predictor in 2020 (B = –0.33, p < 0.001) and 2021 (B = –0.35, p < .001). Similarly, self-distraction also negatively predicted environmental mastery in 2020 (B = –0.14, p < 0.05), with larger effects noted in 2021 (B = –0.31, p < 0.01). Additionally, behavioral disengagement was a negative predictor in 2021 (B = –0.54, p < 0.01). The results indicate that more functional coping styles predicted environmental mastery in 2020, while less functional coping styles were stronger predictors of environmental mastery in 2021.

Significant Predictors of Personal Growth in 2020 and 2021

After 14 model iterations in 2020 and 12 model iterations in 2020, the final predictive model revealed that the predictors in 2020 explained 19% of the unique variance in personal growth and 25% of the variance in 2021. Active coping emerged as a positive predictor in both years, with a stronger effect in 2021(2020: B = 0.13, p < 0.05; 2021: B = 0.33, p < 0.001). In 2020, acceptance (B = 0.10, p < 0.05) and positive reframing (B = 0.08, p < 0.05) were significant positive predictors of personal growth. Instrumental support was a significant positive predictor in 2021 (B = 0.22, p < 0.05); however, emotional support unexpectedly emerged as a negative predictor in 2021 (B = –0.24, p < 0.05). Several less functional coping styles emerged as negative predictors in 2021. These were behavioural disengagement (B = –0.15, p < 0.05), denial (B = –0.20, p < 0.05) and self-distraction (B = –0.16, p < 0.05). Substance use (B = –0.23, p < 0.001) and self-blame (B = –0.11, p < 0.05) were the only significant negative predictors in 2020. Results indicate a greater influence of dysfunctional coping over time.

Significant Predictors of Positive Relations with Others in 2020 and 2021

After 15 model iterations in 2020 and 12 model iterations in 2021, the models' statistics revealed that the predictors in 2020 accounted for only 8% of the variance in 2020 and 29% of the variance in 2021. In 2020, instrumental support was a significant and positive predictor of positive relations with others 2020 (B = 0.23, p < 0.05), while positive reframing (B = 0.17, p < 0.05) and emotional support (B = 0.20, p < 0.05) were positive predictors in 2021. Behavioral disengagement (B = –0.24, p < 0.05) and self-blame were significant, negative predictors in 2020 (B = –0.27, p < 0.05). Whereas, self-distraction (B = –0.35, p < 0.001) and negative religious coping (B = –0.07, p < 0.05) were significant negative predictors in 2021. Results indicate that coping predictors in 2020 were characterised as supportive and avoidance, while 2021 included more maladaptive coping and showed greater explanatory power.

Significant Predictors of Purpose in Life Subscale in 2020 and 2021

After 17 model iterations in 2020 and 14 model iterations in 2021, the model statistics revealed that the predictors in 2020 accounted for only 2% of the unique variance in 2020 and 9% in 2021. Self-distraction was the only predictor in 2020 ($B = –0.19$, $p < 0.05$), negatively predicting purpose in life. Emotional support ($B = 0.24$, $p < 0.05$) significantly and positively predicted purpose in life in 2021. Self-distraction ($B = –0.25$, $p < 0.05$) negatively predicted this subscale in 2021. From the results, self-distraction appears to undermine purpose in life across both years.

Significant Predictors of Self-acceptance Subscale in 2020 and 2021

After 13 model iterations in 2020 and 12 model iterations in 2021, the final models' statistics revealed that the predictors for self-acceptance accounted for 25% of the unique variance in 2020 and 30% in 2021. Positive reframing ($B = 0.11$, $p < 0.05$) and emotional support ($B = 0.09$, $p < 0.05$) predicted self-acceptance in 2020 only. Behavioral disengagement and self-blame consistently negatively predicted this self-acceptance across both years, with negative religious coping only marginally predicting self-acceptance in 2020 ($B = –0.06$, $p < 0.05$) and 2021 ($B = –0.12$, $p < 0.05$).

Significant Predictors of Total Psychological Well-Being in 2020 and 2021

After 12 model iterations in 2020 and 13 model iterations in 2021, the final predictive models accounted for 29% of the variance in total well-being in 2020 and 38% in 2021. Positive reframing significantly and positively predicted total psychological well-being in 2020 ($B = 0.51$, $p < 0.05$) and in 2021 ($B = 0.68$, $p < 0.05$), while active coping ($B = 0.46$, $p < 0.05$) predicted total well-being in 2020 alone. Positive reframing consistently predicted total well-being in 2020 ($B = 0.51$, $p < 0.05$) and 2021 ($B = 0.68$, $p < 0.05$). Behavioral disengagement negatively predicted total well-being in both 2020 ($B = –0.44$, $p < 0.05$) and 2021 ($B = –1.65$, $p < 0.001$). This was similarly reflected with self-blame as a negative predictor in 2020 ($B = –1.1$, $p < 0.001$) and 2021 ($B = –1.11$, $p < 0.001$). Self-distraction was a negative predictor in 2021 ($B = –0.91$, $p < 0.05$), while substance use was a negative predictor in 2020 ($B = –0.63$, $p < 0.05$). Negative religious coping negatively predicted total psychological well-being in both 2020 ($B = –0.12$, $p < 0.05$) and 2021 ($B = –0.21$, $p < 0.05$).

Table 3. Linear Regression Models for Autonomy, Environmental Mastery, and Personal Growth for 2020 and 2021.

Variable	Autonomy		Environmental mastery		Personal growth	
	2020	***2021***	***2020***	***2021***	***2020***	***2021***
Constant	8.98** (0.41)	9.00** (0.38)	8.57** (0.34)	11.94** (0.82)	8.05 (0.33)	13.39 (0.41)
Gender	–0.39*	–0.33	–	–	–	
Level of religiosity	–	–	–	–	–	
Active coping	0.14*	0.15*	–	–	0.13*	0.33**

(Contd.)

Variable	Autonomy		Environmental mastery		Personal growth	
	2020	***2021***	***2020***	***2021***	***2020***	***2021***
Planning	–	–	0.09	–		–
Positive reframing	0.11*	–	0.11*	–	0.08*	–
Acceptance	–	–	–	–	0.10*	–
Humor	–	–	0.07	–	–	–
Religion	–	–	–	–	–	–
Emotional support	–	–	0.10	–	–	–0.24*
Instrumental support	–0.11*	–	–0.14*	0.20*	–	0.22*
Self-distraction	–	–	–0.14*	–0.31**	–	–0.16*
Denial	–	–0.14*	–	–	–	–0.20*
Venting	–	–	–	–	–	
Substance use	–	–	–0.12	–	–0.23**	
Behavioral disengagement	–	–	–	–0.54**	–	–0.35**
Self-blame	–0.22**	–0.17*	–0.33**	–0.35**	–0.11*	–
Positive religious coping	–	–	–	0.07*	–	–
Negative religious coping	–0.03	–	–0.03*		–	–0.05*
Model statistic F(df)	11.25** (6, 402)	7.85** (4, 262)	15.02** (9, 399)	35.60** (5, 261)	20.04** (5, 403)	13.42** (7,260)
Adjusted R-square	0.13	0.09	0.24	0.39	0.19	0.25

*p < 0.05, **p < 0.001.

Table 4. Linear Regression Models for Positive Relations with Others, Purpose, Self-Acceptance, and Total Psychological Well-Being for 2020 and 2021.

Variable	Positive relations with others		Purpose		Self-acceptance		Total PWB	
	2020	***2021***	***2020***	***2021***	***2020***	***2021***	***2020***	***2021***
Constant	7.24**	9.59**	6.45**	12.45**	9.41**	13.83**	47.18**	56.62
Gender	–	–	–	–	–	–0.66*	–	–
Level of religiosity	–	–	–	–	–	0.34	–	–
Active coping	–	–	–	–	–	–	0.46*	–
Planning	–	–0.17*	–	–	–	–	–	–

(Contd.)

Variable	Positive relations with others		Purpose		Self-acceptance		Total PWB	
	2020	***2021***	***2020***	***2021***	***2020***	***2021***	***2020***	***2021***
Positive reframing	0.13	0.17*	–	–	0.11*	–	0.51*	0.68*
Acceptance	–	–	–	–	–	–	0.36	–
Humour	–	–	–	–	–	–	–	–
Religion	–	–	–	–	–	–	–	–
Emotional support	–	0.20*	–	0.24*	0.09*	0.29*	–	–
Instrumental support	0.23*	–	–	–	–	–0.21	–	–
Self-distraction	–	–0.35**	0.19*	–0.25*	–	–	–	–0.91*
Denial	–	–	–0.12	–	–	–	–	–
Venting	–	–	–	0.16	–	–	–	–
Substance use	–	–	–	–	–0.19*	–	–0.63*	–
Behavioural disengagement	–0.24*	–0.20	–	–	–0.15*	–0.34*	–0.44*	–1.65**
Self-blame	–0.27**	–0.16	–	–	–0.30**	–0.40**	–1.1**	–1.11**
Positive religious coping	–	–	–	–0.05*	–	–	–	0.14
Negative religious coping	–	–0.07**	–	–0.06*	–0.04*	–0.06*	–0.12*	–0.21*
Model statistic	9.61** (4, 401)	16.72** (7, 260)	4.65* (2, 404)	6.33** (5, 262)	23.97** (6, 402)	17.19** (7, 260)	22.79** (7, 398)	31.84** (6, 259)
Adjusted R-square	0.08	0.29	0.02	0.09	0.25	0.30	0.27	0.41

*p < 0.05, **p < 0.001

Discussion

In South Africa, the COVID-19 pandemic introduced challenges to psychological well-being, including grief, isolation, and financial insecurity. For Muslims, these challenges can be understood through a spiritual lens shaped by historical resilience. It is established that coping and religious coping play a role in psychological well-being, particularly in individuals who ascribe to a religious grouping (Krok, 2015; Lee, Tzeng & Chiang, 2019), but this needs to be explored further during the COVID-19 pandemic. The relationship between coping and psychological well-being has also never been explored in the Muslim population living in South Africa. It was

hypothesized that religious coping would be prevalent in this population and that coping styles would have an impact on psychological well-being in an adult sample of Muslims residing in South Africa during the COVID-19 pandemic.

The findings of this study indicate that acceptance and turning to religion were the most prevalent coping strategies in 2020 and 2021. Similarly, during COVID-19, Muslims in the UAE also made use of religious coping more than other religious denominations (Thomas & Barbato, 2020). Acceptance and religion were also seen to be prominent coping styles among Muslims during challenging situations such as loss and bereavement (Rubin & Yasien-Esmael, 2004). Religious coping is categorized as a problem-solving or emotion-focused coping strategy that has positive outcomes and is an expression of how one would turn to religion in times of stress (Krägeloh et al., 2012). Acceptance in Islam is intimately tied to the Islamic tradition of *Qadr*, which means "accepting God's will" (Ahaddour & Broeckaert, 2018). Considering the nature of the COVID-19 pandemic and the lack of personal control over the circumstances surrounding the virus, acceptance can provide a strategy to cognitively accommodate the stressors associated with the pandemic.

Prominent coping predictors for 2020 and 2021 were active coping and self-blame. The use of active coping strategies and acceptance was also the most used coping method during the mandatory lockdown in the United States (Park et al., 2020). According to the American Psychological Association (APA), active coping is associated with less mood disturbance and self-efficacy (APA, 2020). It is an adaptive process that involves recognizing internal strengths and responsibility in changing one's habits and managing the stressor through set behaviors (APA, 2020). A study during the early stages of the pandemic indicated a significant relationship between active coping and life satisfaction during this time (Zacher & Rudolph, 2020). These results indicate that individuals who actively look for ways to overcome the stressors associated with COVID-19 will likely experience a greater sense of well-being. This is corroborated by a recent study indicating religious groupings, endorsing more functional coping strategies during the pandemic (Peneycad et al., 2024).

Self-blame indicates that individuals who tend to blame themselves for events that occur would likely experience lower psychological well-being. This aligns with a study that indicated self-blame was negatively associated with self-acceptance, autonomy, and environmental mastery (Balzarotti et al., 2016). Aligned with the results of this study, another study reported that self-blame was a predictor of significant and negative impact on psychological functioning during the pandemic (Umucu & Lee, 2020). This is consistent with less adaptive coping responses, resulting in lower well-being (Chao, 2012).

Negative religious coping negatively predicted areas of well-being in this study, consistent with previous findings in Muslim samples. It was revealed that negative religious coping was a significant predictor of PTSD (Berzengi et al., 2017), death depression (Sharif et al., 2018), and psychiatric morbidity (Aflaksier & Coleman, 2011). Negative religious coping was also associated with lower life satisfaction (Abu Raiya et al., 2020). Positive religious coping significantly predicted only a few areas of well-being, consistent with previous studies, which found non-significant results for positive religious coping on well-being (Berzengi et al., 2017; Sharif et al., 2018). However, in one study, positive religious coping was found to be positively associated with positive effects and life satisfaction in a Muslim sample (Abu Raiya et al., 2019).

This study posits the significance of religious coping in the Muslim population as Muslims rely on their religious beliefs and teachings to cope with life stressors (Abu Raiya & Pargament, 2011; Adam & Ward, 2016). Religious practices, such as prayer and supplication, understood

as behavioral coping practices, were present in times of happiness to illustrate gratitude in a Muslim sample (Adam & Ward, 2015). This may have helped some Muslim people to recognise that COVID-19 was beyond their control, and so persevered through the challenges associated with it while being grateful for the positives in their lives, which contributed positively to their psychological wellbeing. This is illustrated by a recent study, which cited meaning in life as a fundamental mechanism through which well-being can be promoted during the pandemic (Tutzer et al., 2024). In this sample, positive religious coping positively predicted environmental mastery, suggesting that coping strategies focused on connecting with a higher power may produce efforts in making positive changes in one's environment. Similar religious coping responses to the pandemic lockdown have been found across multiple denominations, with evidence of promoting well-being (Iyer et al., 2024).

However, this study is not without its limitations. A repeated cross-sectional design limited the researchers in determining any temporal ordering of variables, as the same participants were not matched across each year, which increased sample variability and allowed them to observe trends in both years. If a panel design, in which the same participants completed the questionnaire in both waves, were used, this would have allowed the researchers to track changes within-subjects, thereby increasing statistical power and reducing subject variability. In addition, this would have allowed for fixed and random effects to be modeled. It is also important to note that the majority of the participants were Indian, suggesting that the results cannot be attributed to other Muslim ethnic communities within South Africa. Furthermore, the Muslim population represents only one segment of individuals who subscribe to a religion. Thus, given the findings linked to the positive contributions of functional coping strategies, as well as religious coping strategies for psychological well-being, future research should investigate the impact of coping on psychological well-being across other religious and non-religious groupings. This can assist in better understanding the needs of South Africans and can inform suitable therapeutic interventions during times of distress.

Conclusion

This study contributes uniquely to the literature on well-being and coping among a Muslim minority in an African country. It examines the trajectory of coping and well-being during the COVID-19 pandemic, where changing landscapes impacted the utilization of different coping styles and their impact on well-being. This study found that religious coping and acceptance were prominent coping styles used by this sample in both years. Active coping as a functional coping strategy was found to positively predict many areas of psychological well-being in 2020 and 2021. However, less functional coping strategies were consistently impacting psychological well-being in 2021. This evidence suggests that while less functional strategies may have been useful as an immediate relief from the pandemic, their prolonged use had lasting effects on long-term psychological states. It also points to the protracted nature of the pandemic as an enduring stressor. This may present a long-term weathering of psychological resources in countries with stunted public mental health care provisions, suggesting that a greater need for resilience-building strategies is necessary in these contexts. In addition, among minority groups such as Muslims in South Africa, faith-based organizations and religious institutions that are fundamental features in Muslim communities can work to promote healthy coping strategies in this population to ensure lasting psychological well-being.

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Typesetting queries

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