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Islam as a source of resilience among Muslim adults in South Africa

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i. Declaration

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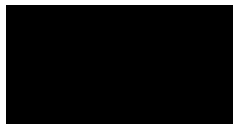
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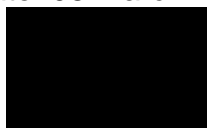
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Date: 08 March 2023



Dr. Nicholas Munro Supervisor

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Table of Contents

<i>i. Declaration</i>	2
<i>ii. Acknowledgements</i>	3
Abstract	6
Chapter 1: Introduction	7
1.1 Introduction	7
1.2. Background and rationale to the study	7
1.3. Resilience in psychology.....	8
1.4. Elements of Islamic psychology	8
1.5. Study aims, objectives, and questions	10
1.6. Conclusion.....	11
Chapter 2 – Literature review	12
2.1. Introduction.....	12
2.2. Resilience and a social ecological theoretical framing.....	12
2.2.1. Theoretical framing: A social ecological dependent construction of resilience..	13
2.3. The relationship between mental health and resilience.	15
2.4. Resilience in the context of culture and religion	16
2.5. Mental health in the context of Islam.....	17
2.6. Conclusion.....	18
Chapter 3- Research methodology	20
3.1. Introduction.....	20
3.2. Research aims, objectives, and questions	20
3.3. Research paradigm	21
3.3.1. Research setting.....	21
3.3.2. Research Design	21
3.3.3. Sampling.....	21
3.4. Recruitment	22
3.4.1. Overview of Participants	23
3.5. Data collection technique.....	25
3.6. Data analysis	25
3.7. Trustworthiness, credibility, reflexivity and triangulation.	25
3.8. Ethical considerations.....	26
3.9. Conclusion.....	27

Chapter 4 – Findings and discussion (Theme 1)	29
4.1 Introduction	29
4.2 Theme 1: Maintaining mental health through an extended support structure ...	29
4.3 Discussion of Theme 1	32
4.3 Conclusion	35
Chapter 5 – Findings and discussion (Themes 2 and 3)	36
5.1 Introduction	36
5.2. Theme 2 the positive role of prayer in Islam and mental health.....	36
5.2.1 Discussion of Theme 2	39
5.3 Theme 3: The blurring of Indian culture with Islam, and the negative impact this has on mental health as a religion	42
5.3.1. Discussion of Theme 3	44
5.4. Conclusion	46
6. Conclusion	47
6.1. Islam as a source of resilience among Muslim Adults in South Africa.	47
6.2. The ways in which Islam constrains the development of resilience	48
6.3. Study Strengths and Limitations	48
6.4. Recommendations for Future Research	49
Reference list	50
Appendices	50

Abstract

The ways in which Islam in the South African Muslim context facilitates resilience has not been extensively interrogated. Therefore, the study focuses on Islam as a source of resilience among Muslim adults in South Africa. The study was directed by implementing the social ecological framework on the context of Muslim adults in South Africa. A qualitative research design was used whereby data was collected by interviews that were conducted via the online platform Zoom. Embedded within a social ecological framework and social constructivist paradigm, this study used purposive sampling to recruit resilient Muslim adults and Muslim religious leaders who worked with Muslim adults into the study. The total sample consisted of nine participants (four Muslim religious leaders and five resilient Muslim adults). The researcher used thematic analysis to analyse the data and identified three themes, namely maintaining mental health through an extended support structure, the positive role of prayer in Islam and mental health, and the blurring of Indian culture with Islam, and the negative impact this has on mental health. The findings indicate that although extended support structures and several types of Islamic prayer were used as resilience enablers, the blurring of “Indian culture” with Islam could have an adverse influence on the resilience and wellbeing of Muslim adults.

Key Words: Resilience, Islam, Muslims, Muslim Religious Leaders, Allah, Indian Culture, Social Ecological Framework.

Chapter 1: Introduction

1.1 Introduction

Although Muslims are the second-largest global religious group, comprising 24.1% of the world population, they form part of a minority group in South Africa constituting only 1.9% of the South African population (StatsSA, 2015). As a result, proportionally less research has been conducted by South African psychologists on mental health among Muslims in the country (Ismail & Laher, 2012). The study reported in this dissertation is focused on Islam as a source of resilience among Muslim adults in South Africa. This introductory chapter first provides a background and rationale to the study, and then an overview of resilience research in (South African) psychology. The third sub-section of the chapter provides a brief introduction to key elements of Islamic psychology, while the last sub-section provides insights into the study aims, objectives and research questions.

1.2. Background and rationale to the study

Laher (2014) states that there is a need to create awareness and integrate other worldviews in the field of research and teaching among healthcare practitioners. Mkhize (2004) reasons that it is illogical to solely explain the psychological needs and experiences of people in developing societies with specific reference to philosophical systems imported from the West. However, McConnochie et al (2012) express that the problem of explaining the psychological needs and experiences in developing countries based on the philosophical systems of the west is not only restricted to developing societies. For example, in the Australian context, McConnochie et al (2012) provide evidence of the restrictions of Western models in understanding and treating Aboriginal Australians. They argued that the Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Classification of Diseases (ICD) needs to move beyond Eurocentric emphasis and recognise psychological diversity existent in world populations. There is therefore a demand for current mental and health classification systems to support the various cultural and religious classifications that exist (Sodi & Bojuwoye, 2011).

In particular, mental illnesses such as depression and anxiety need to be understood according to various contexts such as tradition, religion and culture. Depending on the context of the individual, this would need to be understood and incorporated with the diagnoses (Laher, 2014). However, if a psychologist does not have an understanding on the broader aspect of religion or culture, this could hinder the understanding of the individual and may have negative effects on the therapeutic relationship (Laher, 2014). Therefore, in order to understand Islam, as a source of resilience, among Muslims in South Africa, healthcare practitioners need to look within the context that Muslims live in. Furthermore, despite there

being an array of literature on resilience, there is limited coverage of this topic within the South African Muslim context.

1.3. Resilience in psychology

Psychological research on resilience in South Africa has typically been conducted by researchers on members of the population who belong to majority race and religion groups, and/or who experience more visible forms of vulnerability, e.g., poverty, and educational and socioeconomic disadvantage (Mkhize, 2004). Resilience in (Western) psychology is specific to culture (Brick, 2015) and western psychology cannot be applied universally to other cultures, especially non-western cultures which differ notably from the culture of the west. If western methods of resilience and their understanding are applied without taking religious identity into consideration, we would fail to understand the individual holistically (Skinner & Kaplic, 2017). Therefore, countries that are not from the West have developed psychology from their own traditions and Enriquez (1990) terms it as indigenous psychologies from within.

1.4. Elements of Islamic psychology

Islam has a tradition of mental health principles and constructs (i.e., Islamic psychology; ritual prayer, supplication and meditation) embedded in its literature, and this starts with the Quran (Haque, 2004). It is important to understand how a person is conceptualised in Islam as this will assist in understanding various coping mechanisms. A person in Islam is conceptualised holistically as being the arrangement of four interrelating parts, namely, the mind (Aql), the heart (Qalb), the desires (Nafs), and the soul/spirit (Ruh) (Laher & Khan, 2011). Based on the above, we can derive that since Islam views the person holistically by looking at the balance between the mind, heart, desires and the soul/spirit (Haque, 2004), should an imbalance occur between these domains, it would result in physical, emotional or spiritual illness (Skinner 2010). As a result, intervention for Muslims should consider these needs/elements and be holistic to include physical, emotional and/or spiritual treatment (Ally & Laher, 2008). The study reported in this dissertation focused on the ways in which the spiritual elements of Islam can (or cannot) promote resilience among Muslim adults.

According to the International Association of Islamic Psychology, Islamic Psychology is based on Islamic paradigms. Paradigm, is derived from the Greek word and can be defined as a foundational motif according to Rothman and Coyle (2018). However, Skinner (2017) notes that while acknowledging the concept of the paradigm in Islamic psychology, the clinician still needs to understand psychopathology and how its treated. However, the clinician should view the individual holistically. Thereafter, what can be understood on the Islamic

paradigm can be integrated and culturally adapted to allow for a psychology that is more inclusive and applicable to Muslims (Kaplick & Skinner, 2017)

Despite the tradition of Islamic psychology, there seems to be limited studies focusing on the Muslim community, and specifically pertaining to mental health and resilience (Pargament & Abu-Raiha, 2011). The studies that do exist reveal that mainstream secular mental health services are typically underused by Muslims (Weatherhead & Diaches, 2010), possibly due to their secular nature. In addition, a common conception among Muslims is that when a person presents with symptoms of a mental condition, that person might be possessed by a *jinn* (also known as a demon) (Ally & Laher, 2008). This (mis)conception could lead a Muslim person to seek the services of a religious leader and/or their religion to cope with the symptoms of a mental condition rather than mainstream mental health services.

In terms of mental health understanding, Laher and Kaloo's (2014) study found that 60% of Muslim general medical practitioners understood what mental health is while only 30% displayed an intellectual understanding of what mental health is and the role that the psychologist undertakes in society. Generally, the participants' perception of what mental health is, was based on the western psychological perspective. The study also elaborated on some of the adversities Muslims typically face such as family conflict, financial issues, marital issues, and bereavement.

It is important to note that different types of people (even those sharing a religion or culture) experience various kinds of adversity in relation to different contextual realities (Abdirahman et al., 2019). For example, Muslims from Somalia who are faced with war and poverty, experience adversity differently as compared to Muslims from the United Kingdom, where adversity based on substance abuse was mostly found to be most common among Muslims (Abdirahman et al., 2019).. However, despite the different forms of contextual realities and adversity experienced, Muslims generally seem to use Islam as a coping mechanism and basis for developing resilience (Abdirahman et al., 2019). Islam as a religion is also used as resilience in the context of providing individuals feasible methods to obtain happiness from tragic events which is also known as adversity that may have occurred at some time during their life (Lamoshi YA, 2015).

Kneier et al (2006) stated that faith and prayer can be used in different ways to benefit those individuals who hold spiritual beliefs. These include a strong sense of peace, improving quality of life by praying, understanding inner strengths by praying and coping with challengers by praying and seeking help from mental health practitioners. God mentions in chapter 93 verse 6 of the Holy Quran, "your lord has not abandoned you". This verse is intended to

indicate that a person is never alone and could find strength, support and motivation (in God) when in distress or facing any form of adversity.

Considering that the concept of resilience was first researched in developed countries, it is understandable that just as the DSM and ICD, have also been shaped from either a Eurocentric or western cultural perspective (Ungar, 2012; Masten et al., 2013). As time progressed, resilience can now be understood as a sociocultural process which also incorporates the contributions and perspectives of minority cultures. The process of understanding resilience within the cultural context is vital but religion and culture should both be considered to understand resilience. According to Bottrell (2009); Masten and Wright (2010), research within the field of resilience would be incomplete if developing world cultures' contributions to resilience processes were overlooked. As such, resilience has therefore been understood as a process that is shaped by various contexts with culture being one of them. This further supports the demand to understand what else contributes to what is resilience, and what does it mean (Bottrell, 2009; & Malindi and Theron, 2010). Therefore, as resilience in different cultures needs to be understood on a deeper scale, it also needs to be applied to religion to evaluate how can it be understood as a means of coping for Muslims regardless of culture.

Khalili et al (2002) state that Islamic Psychology had identified the concepts, treatments and causes of mental health illnesses prior to the developments of these concepts in Western Psychology. Among these individuals were Ibn Sinna (Avicenna), Al-Razi (Rhazes), Al Bhalki, Al Farabi, Ibn Rushd (Averroes), Al-Ghazali, and Al-Kindi. Various constructs such as the conscious and unconscious, sleep, the mind-body relationship, and resilience are among the many topics that have been mentioned and studied by these esteemed Islamic scholars (Laher, 2014). Laher (2014) states that many aspects of various mental health concepts can be taken from the Quran and the teachings of Prophet Muhammed (PBUH). Since resilience falls under the banner of Islamic Psychology, it is noted that many lessons can be understood from the Quran and the teaching of Prophet Muhammed (PBUH) although the word "resilience" is not mentioned directly, from the interpretations of the stories from the Quran, it can confidently be noted that resilience is evident in Islam from the beginning (Musharraf et al., 2013).

1.5. Study aims, objectives, and questions

This study aimed to gain insight into the ways in which Islam is or is not perceived to be a source of resilience among Muslim Adults in South Africa. The objectives of this study

were related and twofold. The first objective was to explore how Islam is understood to “potentially” promote the development of resilience among Muslim adults, and the second related objective was to explore how Islam is understood to “potentially” constrain the development of resilience among Muslim adults as mention in chapter 3 sub-section 3.2

Key Questions to be Addressed

The first research question for the study is:

- How does Islam promote the development of resilience among Muslim adults?

Sub-questions for the first research question include:

- How do Muslim religious leaders help Muslim adults develop resilience in their lives through Islam?
- How do Muslim adults make use of Islam to develop resilience?

The second research question for the study is:

- How does Islam constrain the development of resilience among Muslim adults?

Sub-questions for the second research question include:

- In what ways are Muslim religious leaders unable to help Muslim adults develop resilience in their lives through Islam?
- In what ways does Islam not help Muslim adults develop resilience?

1.6. Conclusion

In this chapter, core aspects that are of importance for the overall understanding of the research study were introduced. Specifically, it was noted that Muslims form part of a minority group in South Africa (Vahed, 2007) and as a result, limited research on mental health (and specifically adversity and resilience) among Muslim adults seems to have been conducted (Ismail & Laher, 2012). It is also noted that people from diverse demographics experience adversity in different ways (Gopalkrishnan, 2018). As mentioned above by Laher and Kaloo (2012), Muslims in South Africa experience adversity in the following ways - financial pressure, family issues, limited family time, the death of a loved one and conflict in marriage. The Quran and teachings of Prophet Muhammed (PBUH) have been used in several ways (Laher, 2014) to cope and adapt according to the situations they experienced and enabled people to come back stronger from their adversities. However, despite the above being noted it should not be recognized as the only types of adversity that Muslims in South Africa face making it important to conduct research on Muslims in South Africa (Gopalkrishnan, 2018).

Chapter 2 – Literature review

2.1. Introduction

Chapter 2 provides an overview of the process of resilience, a social ecological dependent construction of resilience, the relationship between mental health and resilience, resilience in the context of culture and religion, and mental health in the context of Islam (Elliot, 2016). Human beings may experience several challenges and transitions in their lifetime and these challenges can either form a foundation of growth for the person or they can alter a person's life negatively. Examples of challenges and transitions that humans may experience include a lack of family/social support, relationship discord, financial insecurity, substance abuse, poverty, gender-based violence, rape, lack of education, and malnutrition (Theron, 2012). Humans are seen as in a constant process of transition (Elliott, 2016), and these transitions often result in stress and pressure and hinder a person's ability to cope with the demands brought upon them (Kaplick et al., 2019). According to Al- Karam (2018), an indication of an individual's resilience is linked to how well they cope when faced with life transitions. Furthermore, Luthar et al (2000) explain resilience as a dynamic process encompassing positive adaptation within the context of significant adversity, and the resilience process is generally culture, religion and context-specific (Ungar, 2008).

2.2. Resilience and a social ecological theoretical framing

Resilience is a process which results in a set of positive outcomes despite threats or significant adversities in our environments (Masten, 2001). Adversity is context-specific and each individual has a different experience and outlook on how to "bounce back" (Windle, 2011). Therefore, the problems people face and the way they cope has an impact on them, but it also differs between individuals (Windle, 2011).

Luthar et al (2000) explain resilience as a dynamic process encompassing positive adaptation within the context of significant adversity, and the resilience process is generally culture, religion and context-specific (Ungar, 2008). This means that the process of resilience may differ depending on the culture, religion or context a person may be situated in or find themselves in. Luthar et al (2000) further explain resilience as a complex mechanism involving positive adaptation in the context of severe adversity. Resilience is also an interactional process where a person's daily interactions and environment influences how they "bounce back" and cope (Ungar, 2008). Therefore, everyday interactions between individuals and their environments and social ecologies can be regarded as falling within the subject of resilience (Ungar, 2008). A social ecology entails the relationship between the person and the environment they are in (Bookchin, 2017).

When meaningful resources (e.g., relationships, beliefs, attitudes, motivators) are found in social ecologies, they provide the basis for meaningful resilience (Windle, 2011).

However, as indicated earlier, these resources are culture and context-specific and vary for individuals globally, so what might be meaningful for Muslims in South Africa, might not be meaningful for Muslims in other parts of the world (Windle, 2011). Therefore, these resources must be culturally and contextually appropriate should they enable resilience (Theron, 2012).

2.2.1. Theoretical framing: A social ecological dependent construction of resilience

For this study, the researcher made use of the social ecological resilience framework (Ungar (2011)). Overall, developed countries were among the first to explicitly research and document and then develop the theory on resilience (Masten et al., 2013). Resilience was shaped from a western cultural point of view but signals the value of social-cultural processes (Masten et al., 2013). Therefore, resilience may provide value in terms of explaining how healthy development can be attained during times of adversity (Windle, 2011).

Despite risk factors being evident in Muslim individuals (Laher & Kaloo, 2014) (e.g stressful lifestyles, lack of family support, marital problems, stigmatisation and financial stress), and resilience incorporating religious and cultural specificity into its explanatory basis, more emphasis could be directed to understanding the specific role of social, ecological and cultural processes in terms of how Muslim adults experience resilience (Ungar, 2011). According to Ungar (2011), ecological interpretation is about understanding the relationship between the environment and the individual (i.e., the risk factor and the person). When examining the interactional process between the environments of children, it was discovered that the sustainability of environmental resources impacts development and resilience in children (Bronfenbrenner, 1992; Elliot *et al.*, 2006; Ungar, 2011). To aid the research process, the social ecological framework will be used. With this framework, individual qualities linked with coping under adversity are triggered to the degree that the individual has the ability in social and physical ecologies to facilitate processes of promoting positive development and protect the individual against risk (Ungar, 2011).

The social-ecological conceptualisation of resilience is grounded in four principles namely: decentrality, complexity, atypically, and cultural relativity (Ungar, 2011). Decentrality aims to place attention away from the individual and emphasize on the environment by looking at the various systems of the individual (Ungar, 2011). According to Lerner (2006), the interaction between the individual and their environment contributes to the resilience process. A system signifies a set of interrelated attributes that work

together where each system influences another system (Bronfenbrenner, 1992). The three systems of Bronfenbrenner (1992) used in this study include the microsystem, mesosystem and macrosystem.

The microsystem represents the interactions within the system that is closest to the individual such as family members and close friends which serve a vital role in the support system of the individual (Bronfenbrenner, 1992; Elliot *et al.*, 2006; Ungar, 2011). The mesosystem represents the relationship between the microsystems and the environment of the individual and this could be places of worship, universities or certain work environments that provide resources that are supportive to individuals (Bronfenbrenner, 1992; Elliot *et al.*, 2006; Ungar, 2011). The macrosystem refers to larger systems such as institutions that provide help to individuals (Bronfenbrenner, 1992). The larger systems could be classified as governmental organizations (such as public hospitals or non-governmental institutions) (Bronfenbrenner, 1992; Elliot *et al.*, 2006; Ungar, 2011). Furthermore, according to Ryan (2001), the macrosystem indicates that cultural elements also have an impact on the individual.

Researchers need to focus on the individual, the change that occurs within the individual and the manner of interaction between protective mechanisms and risk factors to measure the overall impact on the individual (Ungar, 2011). However, Elliott *et al.* (2006) discovered that culture and society had a large influence on the quality of the individual's environment and by making use of a subject-centred approach, the researcher places emphasis on the process in which the environment provides resources for the individual to cope under adversity (Ungar, 2011).

The second principle of a social-ecological perspective on resilience (i.e., complexity) can be understood as past efforts that are used to recognise relationships that lead to resilience and aims to focus on the contextual development of the individual's process (Ungar 2011). Furthermore, complexity prioritises focusing on the variably complex and contextual development of an individual's process towards resilience (Ungar 2011). Context serves as an important element in complexity and according to Ungar (2011), "many different starting points can lead to many different but equally desirable ends by many different processes relevant to different ecologies" (p. 7). The complex process towards resilience can be understood to include the environmental resources that are available to individuals, and how individuals make use of their environment (i.e., their context) to develop resilience (Ungar, 2011).

The third principle of the social-ecological framework is atypicality and it cannot be understood without understanding complexity (Ungar 2011). The notion of complexity aims to focus our attention on the process of coping instead of individual characteristics (Ungar 2011),

while typically refers to the openness (in reference to coping mechanisms) that works for individuals but is not always recognised as resilience (Ungar, 2011). However, the need to focus on an individual's environment is an important aspect of understanding the individual holistically and by making use of the principle of atypicality, we assert the fact that resilience will be apparent in various ways that we may or may not want to endorse. Furthermore, it is important to understand that even though we may not agree that resilience is evident according to various individuals; we need to be open in understanding it according to context because it is part of the social ecology of individuals that enables them to cope under adversity (Ungar, 2011).

Lastly, cultural relativity suggests that contextual features revolve over time. Therefore, psychological interventions should consider these revolutions so that the individuals' environment can constitute development (Ungar, 2011). Culture in the context of cultural relativity is understood as everyday practices and individual beliefs. The process of positive growth in relation to adversity is culturally embedded (Ungar, 2011). Cultural relativity can be understood as context-specific and how culture contributes to the resilience of individuals as it is unique to each individual. Furthermore, resilience in an individual is influenced by geographical and demographical factors such as location, age, gender and race (Ungar, 2011).

From the above, it can be concluded that these four principles are unique to the process of the individual and their environment as they both impact each other. However, when understanding resilience, emphasis is placed on the manner in which the individual manages adversity within their environment. Furthermore, culture is unique and varies from individual to individual and it is also influenced by time. Therefore, when understanding how culture influences the resilience process, it is important to be cognisant that the above four principles contribute to the social ecology of the individual along with the system they are in.

2.3. The relationship between mental health and resilience.

Mental health is considered as intellectual, emotional and spiritual development, positive self-perception, a sense of dignity and physical health, and interpersonal harmony (Manwell et al., 2015; Bhugra et al., 2013). Positive mental health enables an individual to carry out daily activities, establish a functional and healthy relationship with oneself and others, and exhibit socially and culturally acceptable behaviour (Banaian & Parvin, 2006).

Resilience is often incorporated into conceptualisations of positive mental health.. Mental health focuses on the manner in which the individual copes with stress, solves

problems, and responds to adversity (Srivastava, 2011). Resilience, an element of positive psychology, places emphasis on establishing a balance between life activities and psychological well-being (Srivastava, 2011). Furthermore, there is a significant relationship between mental health and resilience (Lee et al., 2013). People who are more resilient, tend to have better mental health (Lee, et al., 2013; Hu et al., 2015). In a study conducted by Ziaian et al. (2012), the results indicated that resilient individuals had lower levels of depression and emotional problems. Therefore, if an individual is resilient, their resilience can serve as a protective mechanism against mental illnesses and can therefore support mental health (Rajabi et al., 2015). Because religion is also used as resilience in the context of providing individuals with feasible methods to obtain happiness from adversity (Lamoshi YA, 2015), it is important to understand what resilience in the context of culture and religion is.

2.4. Resilience in the context of culture and religion

Religion can be regarded as a broad-band construct and can be understood as a system of beliefs in which the individual directs their worship (people's daily beliefs) to a higher power (Argyle & Beit-Hallahmi, 1997). Beliefs, daily practices, emotions and personal experiences are considered as functional mechanisms that enable us to understand existential questions such as the meaning in life, death and injustice (Bruce, 1996; Pargament, 1997). However, Batson et al., (1993) describe religion from a functional approach indicating it is as "whatever we as individuals do to come to grips personally with the questions that confront us because we are aware that we and others like us are alive and that we will die" (p. 8). Despite several explanations of religion, religion can be understood as a person's daily beliefs, way of life, and a form of guidance and grounding. Religion can be viewed on a global, cultural, social and individual level (Paloutzian & Park, 2014).

According to Theron (2012), people's daily beliefs and practices shape the resilience process. In other words, how resilience enablers play out in one culture and context is not necessarily the same in a different culture and context (Hargreaves, 2016). Hargreaves (2016), also reports that friendships, spirituality and perseverance are seen as resilience enablers. Generally, Islam is understood as more of a religion than a culture, and according to Islam, if culture contradicts religion, religion is given preference (Salleh, 2015). Islam is a religion that entails believing in one God and the Prophet Muhammad (PBUH) as the last and final messenger of God without eliminating all the other messengers from the time of Adam (Salleh, 2015). Islam is considered a way of life, a system of beliefs and rituals that encompass daily living (Salleh, 2015). To better understand the findings, it is important to briefly contextualize the Muslim individual, and from this lens, identify how Muslims define and experience prayer and resilience.

James (2003) defines prayer as a method that one uses to identify, relate and communicate to God. Prayer can include several forms such as supplication, glorification to God (zikr), appreciation/speaking to God (dua) and formalistic compulsory prayer (salah) (Compton & Hoffman, 2013). Salah is the physical, compulsory act of prayer that is done five times a day; deduced by scholars to symbolise the transitory abandonment of worldly interests for a period of reflection (Hamidullah, 1977). The vital aspect of salah is grounded on two factors on the individual's reflection namely, the inner attitude and the state of mind exhibited when praying (Siddiqui & Mohamed, 2006). The inner attitude represents an individual's moral intentions and identifies the submission to one God (Mahyuddin et al., 2013; Ansari, 1977). The state of mind is influenced by the manner in which ones prays as the Prophet Muhammed (PBUH) explains that prayer is incomplete without presence (Rumi, et al., 1990). Presence refers to the mental state of those engaged in Salah; to consciously submit to God and be aware of the nature of God, echoed through Quranic passages recited during every prayer (Sherif, 1995). Therefore, Salah can be understood as prayer in Islam because according to Ansari, et al., (2002), salah is an act of worship known as *ibadat*. As seen in the Quran, salah is a commandment unto Muslims "... Indeed, prayer has been decreed upon the believers a decree of specified times" (Surah An-Nisa, The Quran, 4:103)

According to some scholars, remaining steadfast on the teachings of Islam and having faith in Allah is regarded as a resilience enabler for the overall coping of the Muslim individual (Laher & Kaloo, 2014). However, the Quran (Surah Ar-Ra'd 13:27-29) makes mention that "verily in the remembrance of Allah do hearts find peace". Remembrance of Allah in the context of Islam alludes to making zikr, reciting the Quran, reading salah or any act that reminds the individual of Allah. Furthermore, as mentioned in the Nobel Quran, believing that everything happens through the will of Allah and Allah will not burden a soul more than it can bear creates a sense of support from Allah (i.e., resilience) that Allah will be helping and guiding them through the difficulty (Surah Al-Baqara, The Quran 2:286).

2.5. Mental health in the context of Islam

The topic of mental health is stigmatised across various cultures (Gopalkrishnan, 2018). Similarly, mental health is also stigmatised among Muslims within South Africa (Gibson, 2010). However, when the topic of mental health was addressed by Muslim adults in Gibson's (2010) study, it was documented that when these participants discussed their mental health issues with their community they were looked down upon. As a result, it caused embarrassment to the affected individuals and resulted in them facing adversity (Gibson, 2010). This adversity led to increased anxiety and depression levels among these affected individuals and prevented them from seeking help (Gibson, 2010). Furthermore, like all human

beings, some Muslims may suppress their emotions associated with the adversity they are going through and not seek social or religious support (Sabry & Vohra, 2013). In a UK-based study with Muslims exposed to hate crime, racial abuse and discrimination, participants reported friendships, perseverance and spirituality as resilience enablers (Hargreaves, 2016). Muslim refugees in Somalia experience resilience through commitment to their religion (Islam) and commitment to their community when faced with adversity such as poverty, war and being a refugee (Abdirahman et al, 2019).

According to Sabry and Vohra (2013), the main source of help for adversity among Muslims is linked to religious leaders within the community and prayer such as reading the Qur'an and performing their five daily prayers. This is supported by chapter 94 verse five in the Quran, which states that "verily, with difficulty comes ease" which is noted to be a verse of encouragement and strength when facing any adversity. Furthermore, making Zikr (ritual meditation), praying salah (ritual prayer and second pillar of Islam), making Dua (Supplication) and speaking to their religious leaders had a positive contribution to the mental health of Muslim individuals (Laher & Kaloo, 2014). Therefore, since religious leaders are a core element of Islam for Muslims, they can be regarded as playing an avid role in the development of coping and resilience among Muslims (Sabry & Vohra, 2013).

The proposed study is focused on continuing the exploration of the potential role and ways in which Islam can contribute to the resilience and mental health of Muslim adults. The next section will present resilience "as a social ecological dependent concept (Ungar, 2011, p. 4), and locates this study in this conception of resilience.

2.6. Conclusion

In this chapter, the reader was provided with a focused overview of the literature used to guide this study. The reader was first introduced to resilience before formulating the link between resilience and mental health. Thereafter, the social ecological dependent construction of resilience was explained along with Bronfenbrenner's three ecological systems. Furthermore, resilience was explained in the context of culture and religion, highlighting the importance to interpret resilience specific to context. Mental health in Islam was also explained addressing the stigma surrounding mental health in religion. Lastly, the social ecological resilience framework was explained. The reason for incorporating and focusing on the social ecological resilience framework is that holistically, there might be an array of factors that contribute to the resilience of Muslims in South Africa. Therefore, the social ecology of resilience provides a basis for exploring resilience among Muslim adults in

Islam as a source of resilience among Muslim adults in South Africa

South Africa without negating culture, religion and other factors that (may or may not) aid in the process.

Chapter 3- Research methodology

3.1. Introduction

Chapter 3 outlines the methodology used in the study. The study was directed by implementing the social ecological framework which centres on the context of Muslim adults in South Africa. A qualitative research design was used whereby data was collected by interviews that were conducted via the online platform -Zoom. Purposive sampling was used because participants needed to meet a specific criterion. The research design aimed to create rapport with participants as this would enable the researcher to obtain credible and quality data. Furthermore, the social constructivist paradigm was used due to the nature of the study while the data collected was analysed using thematic analysis.

3.2. Research aims, objectives, and questions

This study aimed to gain insight into the ways in which Islam is or is not perceived to be a source of resilience among Muslim Adults in South Africa. The objectives of this study were related and twofold. The first objective was to explore how Islam is understood to “potentially” promote the development of resilience among Muslim adults, and the second related objective was to explore how Islam is understood to “potentially” constrain the development of resilience among Muslim adults.

Key Questions to be Addressed

The first research question for the study is:

- How does Islam promote the development of resilience among Muslim adults?

Sub-questions for the first research question include:

- How do Muslim religious leaders help Muslim adults develop resilience in their lives through Islam?
- How do Muslim adults make use of Islam to develop resilience?

The second research question for the study is:

- How does Islam constrain the development of resilience among Muslim adults?

Sub-questions for the second research question include:

- In what ways are Muslim religious leaders unable to help Muslim adults develop resilience in their lives through Islam?
- In what ways does Islam not help Muslim adults develop resilience?

3.3. Research paradigm

This research was embedded in the social constructivist paradigm. The epistemology of the social constructivist paradigm deems knowledge as co-constructed through interactions between the researcher and participants, noting that the participants are considered to be experts in their own experiences and meaning-making (Creswell, 2014). The social constructivist paradigm also has an epistemological belief that data obtained and interpreted in a study is carried out through subjective interactions with participants (Onwuegbuzie & Leech, 2005). Therefore, Muslim adults and Muslim religious leaders are seen as the experts enabling the researcher to gain a better understanding of how Islam does/does not contribute towards their resilience

3.3.1. Research setting

The researcher was based in Pietermaritzburg and conducted the interviews in a secure and confidential room via Zoom, a secure online platform. The interviewees were also advised to be seated in secure and confidential areas that they felt comfortable in. All interviews were audio recorded using the recording function on Zoom and the recordings were/are kept safe on a password-protected laptop that only the researcher has access to.

3.3.2. Research Design

The study employed a qualitative exploratory design where the researcher conducted semi-structured interviews. The reason for the choice of design was because qualitative studies have the potential to produce information that is in-depth and provides personal accounts of people's experiences (Blanche et al., 2014). Exploratory research is also beneficial to find out about lesser-known research topics (Neuman, 2014), therefore making this a suitable design for the topic being researched.

Given that minimal information, particularly in South Africa, about Islam as a potential source of resilience in the Muslim community is known, a qualitative exploratory research design was used to explore the processes of resilience among South African Muslims from various backgrounds with the focus being placed on religion rather than their race. An exploratory qualitative research design does not intend to provide conclusive evidence on a specific issue but aims to provide a better understanding of the overall problems or issues presented.

3.3.3. Sampling

Participants were chosen by using a purposive sampling method. This type of sampling method is used when the researcher requires their sample to serve a specific purpose. Purposive sampling is also commonly used for exploratory research (Neuman, 2014). In this study, there were two types of participants (see subsection 3.4). The first type of participants were Muslim male religious leaders involved within their communities. The second type of

participants were Muslim adults who had consulted with a Muslim religious leader about a particular adversity in their life, and who were regarded by the Muslim religious leader and researcher as resilient based on how resilience was explained by the researcher (see subsection 2.2). Potential participants were regarded as resilient if they have coped well with a life transition, challenge, or adversity (McGinnis, 2018). The researcher wanted to include resilient Muslim adults in the study because limited research on how Islam promotes resilience among Muslim adults in South Africa is available therefore, by including resilient Muslim adults in the study, it would provide insight as to what resilient enablers are used by them.

To aid with the recruitment of participants for this study I supplemented the purposive sampling with the snowball sampling method since there was a challenge in identifying and recruiting suitable participants (see Appendix 2). Snowball sampling permitted the researcher to invite research participants to refer other potential research participants (from the research participants' social network) to participate in the study. When a researcher has specific goals in mind, he/she uses specific participants for the study. Therefore, participants are selected based on specific inclusion and exclusion criteria (Creswell, 2007). Creswell (2007) also states that purposive criterion sampling is commonly used when researchers choose who they want to be part of the study according to their research goals (Creswell, 2007).

3.4. Recruitment

All participants were required to be older than 18 years to participate in the study. This is because the study is focused on resilience among Muslim adults. The religious leader participants had to be actively involved within the Islamic community. The resilient Muslim adult participants had to have consulted with a religious leader about a particular adversity in their lives. As a Muslim adult himself who is actively involved in the Muslim community in Mpumalanga, Gauteng, North-West and Kwa-Zulu Natal, the researcher had access to a large network of religious leaders that had expressed interest in the study when the researcher discussed it with them. For example, potential research participants (i.e., Muslim adults and Muslim religious leaders) in the researcher's network had experienced adversity and the religious leaders have had several interactions with community members about a range of adverse experiences (e.g., divorce, suicide, bereavement, social issues, custody). In addition, the researcher is part of a large network of Muslim adults who have consulted with a religious leader, and who he regarded as resilient (based on how Muslim adults dealt with their adversity in relation to the general definition of resilience). The researcher also invited religious leaders to suggest possible Muslim adults that they thought might be interested in and suitable for participating in the study. Each participant was provided with an informed consent form (see Appendix 2 and note the different versions of the informed consent form depending on

the type of participant). As explained in more detail under the ethics section of this dissertation (see Section 3.5), the researcher explained the informed consent form to each participant in detail, inviting their questions and responses, and only when it was identified that the participant is fully informed about the nature of the research and what their participation will involve, and they signed the form, then only were they were eligible to participate in the study

3.4.1. Overview of Participants

The participants in this study were aged between 23 and 55 years old. There were three females and six males that participated. All four religious leaders that participated in the study were male and over 30 years of age while the rest of the participants were male and female Muslim adults. Additional details of participants such as marital status and employment can be found in Table 3.1.4.

Table 3.1.4

A table representing the demographics of participants used in the study titled “Islam as a source of resilience among Muslim adults in South Africa”

Participant	Group (MA)(RL)	Age	Gender	Brief Synopsis
P1	MA	25	Female	25-year-old female, working in social services, unmarried, no children.
P2	MA	24	Female	24-year-old female, Master's student working in a social services profession. Currently married with no children.
P3	RL	45	Male	45-year-old male, married with no children. Completed a religious studies course, currently a religious leader and a religious teacher in an institution.
P4	MA	24	Male	24-year-old male, married with no children, currently a

P5	MA	23	Female	healthcare practitioner. 23-year-old female unmarried with an honours degree in a humanities field, currently pursuing a master's degree and working in an NGO
P6	RL	38	Male	38-year-old male religious leader, married with 2 children. Completed religious studies and is currently teaching advanced religious studies in an institution.
P7	RL	35	Male	35-year-old male religious leader married with 2 children. Completed religious studies, and holds a degree in a commerce field, currently working in this commerce field, as well as a religious leader and religious teacher.
P8	MA	55	Male	55-year-old male married with 4 children and working as a healthcare practitioner
P9	RL	42	Male	42-Year-old married male with 3 children. Completed a religious studies course and is currently a business owner and a religious leader with specific involvement in community work.

Extracts from Muslim religious leaders are annotated as "RL" and extracts from Muslim adults are annotated as "MA." In addition, the extract denotes the participant number (e.g., Participant 1 who is a Muslim adult will be P1 MA, while Participant 3, who is a Muslim religious leader will be P3 RL). The above will be elaborated on in chapter 4.

3.5. Data collection technique

Nine participants, which included four Muslim religious leaders and five Muslim adults were invited to participate in a semi-structured interview (see Appendix 2) on a one-on-one basis with the researcher via Zoom, a secure online platform. All interviews were audio recorded using the recording function on Zoom the recordings were kept safe on a password-protected laptop that only the researcher had access to. However, it was also uploaded to the drive for backup and full access was granted to the researcher and supervisor. Interviews were no longer than 60 minutes and this allowed enough time for a comprehensive discussion. A semi-structured interview schedule was used when conducting the interviews. See Appendix 3 for a copy of the schedule that was used with religious leaders, and for a copy of the schedule that was used with Muslim adults.

3.6. Data analysis

Data was analysed using thematic analysis. Thematic analysis is a process for recognising, questioning and reporting patterns (themes) within qualitative datasets (Liamputtong, 2019). A pattern formed within data by responses and meanings is termed as a theme, and if it was significant in relation to the research question. Reflexive thematic analysis was used whilst paying exclusive attention to the research questions and theories utilised (Braun & Clarke, 2006). The reflexive thematic analysis procedure by Braun and Clarke consists of six phases (Liamputtong, 2019). These phases are namely “familiarization with data’, coding, finding themes, reviewing themes, naming and defining themes and producing report” (Braun & Clarke, 2006). Thematic analysis allows the researcher to identify repetitive themes from the data relevant to resilience and Islam thus making it appropriate for the study.

The data was transcribed by the researcher and was then read a minimum of three times in order to be integrated into the research so that the researcher is familiar with the data. Consequent to reading the data, notes were taken down on pointers that stood out within the data. This was followed by the second phase with the generation of codes and the researcher worked purposefully through the data and created codes that fitted the strain of data. These codes were grouped into reduced categories. Themes were created from those reduced categories. Once the themes were reviewed, they were named and described, this was then followed by a write-up (report).

3.7. Trustworthiness, credibility, reflexivity and triangulation.

According to Creswell and Creswell (2018), several strategies or approaches are required to ensure the research is accurate, credible and trustworthy. Despite several available strategies, the researcher made use of the following: the research supervisor and

peers who cross-checked codes within the data, the researcher double-checked the data before submitting it to the research supervisor and peers and then did a final check once the researcher compiled the findings. The research supervisor cross-checked all the research themes for meaning and interpretations, and this was intended to enhance the credibility of the research findings and the overall study to ensure that all information provided in the final research report is accurate.

The most common understanding of reflexivity that is widely accepted is that reflexivity is the process of a constant critical internal dialogue and self-evaluation of researcher's position in their research, as well as active acknowledgement and overt identification that their position may influence the research process and outcome (Bradbury-Jones, 2007; Guillemin and Gillam, 2004; Pillow, 2003; Stronach et al., 2007). To maintain reflexivity, throughout the process, the researcher engaged in debriefing with the research supervisor to ensure all biases were reflected on and critically observed. Any bias on the part of the researcher was explained, explored, and evaluated to recognise the influence of any possible biases. As a Muslim male and part-time community leader, the researcher was constantly aware that his position could influence the research. Therefore, with the help of the supervisor, active acknowledgement of his position and world-views were constantly reflected on with the supervisor. The participants' contexts were described in detail to prevent any misinterpretations and this complemented the trustworthiness process. Furthermore, triangulation was used to evaluate the credibility of the data. Triangulation in qualitative research undertakes that research will be more credible if two or more sources/types of data are collected (Tracy, 2010). By making use of Muslim religious leaders and resilient Muslim adults, the researcher used two different sources of data and it was reasoned that this contributed to data credibility. By having two different sources of data, the data could be reconciled against each other and the differences that are evident within the data would be recognisable and explored further.

3.8. Ethical considerations

The researcher completed the online TTREE ethics training, as a requirement by UKZN for the purposes of completing his Masters' dissertation. The TTREE ethics entailed a module on the introduction to research ethics, research ethics evaluation and the importance of informed consent. Due to covid-19, all interviews were conducted online to prevent any potential transmission of the virus. No contact was made with participants until ethical clearance had been granted by the Humanities and Social Sciences Research Ethics Committee (HSSREC). Individuals were only considered as participants once they had read

and signed the Informed consent form (Appendix 1) was signed. All participants were provided with an informed consent document prior to conducting the research interviews. All the participants were informed about privacy and confidentiality. The participants were informed about their rights in terms of answering the questions and that they may withdraw from the study at any time. Furthermore, in the event of any discomfort experienced, participants were informed that if they present with any distress during the interview, psychological assistance had been made available to them through the Gift of the Givers careline (See Appendix 4). Since privacy and confidentiality needed to be maintained at all times, all information provided was kept private. This was exercised where a participant contacted the researcher after the interview was conducted and requested that he provides them with the names of other participants that he had interviewed or intended to interview. The researcher explained the rules of privacy and confidentiality along with the consequences of breaking the ethical rules. The participant understood the rules and withdrew their question. Respecting the rights of the participants were also emphasised as three participants did not provide consent for their interview to be recorded. Therefore, the researcher requested permission to take notes of their responses in relation the questions in order to extract data for the study. Once permission was obtained, then only did the researcher proceed with the interview.

Recordings were deleted once the transcription was complete and data is stored as per standard research ethics guidelines (see below) and will be destroyed after 5 years. In terms of standard research ethics guidelines for storing data, all the research data was kept in a password-protected computer that only the researcher has access to. The participants had the option of having their cameras switched on but this was not a requirement of the study. Furthermore, to ensure confidentiality, the interview was conducted in a closed, secure room and the researcher made use of earphones to prevent sound travel. The results of the study will be reported to his supervisor and in the event of any publication or presentation in the future, his supervisor will be contacted to seek guidance.

3.9. Conclusion

Chapter 3 outlined the methodology used in this study with emphasis on the social constructivist paradigm. The researcher also employed a qualitative research design study to produce information that is in-depth and provided personal accounts of people's experiences (Blanche et al., 2014). The chapter discussed sampling methods that were used, recruitment, an overview of the participants and the data collection technique. All audio recordings were transcribed by the researcher by using thematic analysis, themes were grouped together and patterns were evaluated.

Islam as a source of resilience among Muslim adults in South Africa

Reflexivity was also discussed while ethical considerations formed the closing section of this chapter.

Chapter 4 – Findings and discussion (Theme 1)

4.1 Introduction

This study aimed to gain insight into the ways in which Islam was or was not perceived to be a source of resilience among a group of Muslim adults in South Africa. The participants consisted of five Muslim adults and four Muslim religious leaders. Using thematic analysis, the researcher identified three themes and named these; maintaining mental health through an extended support structure, the positive role of prayer in Islam and mental health, and the blurring of Indian culture with Islam and the negative impact this has on mental health. The findings and discussion of these findings will be presented across two chapters (i.e., Chapters 4 and 5).

Chapter 4 presents the findings and discussion from interviews conducted with nine Muslim adults living in South Africa in relation to the theme maintaining mental health through an extended support structure. As stated in Chapter 3, the participants in this study were recruited based on their potential to provide a robust understanding of how Islam can (and/or cannot) be a source of developing resilience. The presentation of the findings is supported through extracts from the interview transcripts, where extracts from the Muslim religious leaders are annotated as “RL” and extracts from Muslim adults are annotated as “MA.” In addition, the extract denotes the participant number (e.g., Participant 1 who is a Muslim adult will be P1 MA, while Participant 3, who is a Muslim religious leader will be P3 RL) (see Chapter 3, Subsection 3.4.1).

4.2 Theme 1: Maintaining mental health through an extended support structure

The first theme of *maintaining mental health through an extended support structure* refers to the structural support provided to Muslim adults, by virtue of their affiliations with family (i.e., spouse, parents, siblings), friends and Muslim religious leaders, and the ways in which this support structure was seen to maintain mental health. In this theme, the different types of mental health will be identified and explained. Furthermore, participants identified that their support structures contributed towards their mental well-being and health, and provided them with the opportunity to cope better during adverse circumstances. For example, P2 MA remarked, “Having support and being able to speak to family members, or my spouse about difficulties that I’m going through. That I feel that really helps in terms of making me mentally healthy because I don’t bottle up things.”

In other words, when faced with difficulties, having family to speak to seemingly helped P2 MA be “mentally healthy.” In essence, P2, MA identifies that having a support structure

(consisting of family members in her case) enables her to be mentally healthy, allows her to express herself and not to suppress her thoughts and feelings. She went on to affirm the confidence she has in using and relying on her support structure by indicating that, “If I feel the need to talk about it. I know I have the support available to do that” (P2, MA).

Furthermore, the participants were asked what helps them cope when they are faced with adversity. P4 MA also indicated support was available from his spouse which enabled him to be resilient and cope effectively when he experienced stress. He used stress pertaining to academic demands as an example.

So, my wife and I often confide in each other, we had this unique relationship even on campus when we were married if there was something I was struggling with, it was a unique thing, I can't explain it. But if I was struggling with a concept, for example, and I couldn't understand it, she would be able to understand it and vice versa. It was like we complete each other's lack of knowledge. If there's a time where I'm stressed, she's able to calm me down quite easily and the same is true for her (P4, MA).

The extract above applies to how the participant is and was supported by his spouse as he has the ability to confide in her whenever he needs to. Furthermore, he terms this as a “unique thing, I can't explain it” which indicates that there is something special about how he is supported regardless of the adversity. The stress that was being referred to in the extract above (“If there's a time where I'm stressed”) was general life stresses and not confined to anything in specific. P4 MA reported losing both parents at a young age and progressing through important life events such as graduating from school and university, facing academic stress in university and getting married without his biological parents. However, academics was used as an example to explain many stresses of this participant's life and therefore, support was mainly needed during his university days. When P4 MA was asked what helps him to be mentally healthy, he referred to a support structure. P4 MA recognised the support he received during difficult times as he indicated that, “if there's a time where I'm stressed, she's (my wife is) able to calm me down quite easily...” (P4, MA).

When P1 MA was asked how she responded to any unfavourable events that she had experienced, she too referenced making use of available support structures. She indicated that she does not internalise feelings and used her support system by “Just crying about it, or trying to speak to a friend as I'm not the type of person to internalise things (...)” (P1, MA). It can be understood that expressing emotions to her family and friends played an important supportive function in her life. The participant reported expressing herself to her

support system, the people she could trust and rely on. Specifically, she said, “they are [friends, family] my support system, the people within my support system, who I love and trust very much, I probably rely on them a lot” (P1, MA).

From the above statement, it is evident that the participant could rely on her support system in times of need and could freely express the way she felt in relation to adversity so that she could stay mentally healthy.

As mentioned in the introduction of this chapter, the theme of mental health through an extended support structure did not only include family and friends, but also religious leaders. When participants were facing difficult challenges in life that caused adversity, they turned to religious leaders for consultation. P4 MA stated that he consulted with a religious leader when faced with adversity by saying; “the one thing I have done in recent years, is meshwera [consultation]; So, I always consult with my wife first before anyone else, and then my foster parents, and always an *aalim* [Religious Leader]” (P4, MA). However, the unrest in KwaZulu Natal during June 2021 also caused distress to participants due to riots and looting. The riots and looting led to many businesses being demolished which created adverse living and working conditions among the participants. P8 MA, a general practitioner, experienced the detrimental effects of the looting as his practice was looted and burnt down. He reported that “despite the adversity I am facing in terms of financial stress and starting my practice again from scratch, my wife and children and the local *aalim* [religious leader] played an important role by keeping me motivated and supporting me emotionally” (P8, MA). Taking the situational context of the participant into consideration during the KwaZulu Natal unrest, it was evident that he needed support from those close to him with the adversity he was facing.

The above indicates that the religious leader fulfilled the role of support and was used for consultation respectively. The action of a religious leader being consulted in times of adversity indicates that a religious leader forms an integral part of participants lives. P7 RL reported,

Imams [religious leaders] play an important role in the life of people in terms of support when Muslims were faced with situations such as abuse and other adversities, so, you really serve as a support base and that is the function that the *imams* [religious leaders] really play (P7, RL, I).

Showing support was also seen as a duty among Muslim religious leaders where P7 RL understood his role as a religious leader to be supportive and understanding towards the community he was in. He mentioned that people look up to religious leaders, and that, “Islam will tell you as an *imam* [religious leader], this is the position you play, being objective

and being supportive” (P7, RL).

The action of a religious leader showing support to the community can be understood as a duty in Islam among religious leaders. Muslim religious leaders have to be objective and supportive towards the community as Islam advises them to fulfil the role of helping the community by being supportive (P7, RL). Furthermore, from the above statements by P7 RL, it can be understood that religious leaders are used in the support structure for Muslim adults because Muslim adults feel comfortable consulting with religious leaders and using them as support. However religious leaders were able to serve as part of Muslim adults’ support structure because Muslim adults felt that their adverse life experiences were understood by the religious leaders. As a result, Muslim adults felt understood, and this led them to consult with Muslim religious leaders. P7 RL explains the reason why Muslim adults may consult with religious leaders, “I think people come to you (religious leaders) because you understand where they’re coming from as a religious leader, I think that helps a lot” (P7, RL, I). However, when religious leaders felt it was beyond their scope to assist their community members, they referred individuals to the appropriate professional. For example, P7 RL indicated that he referred community members to “someone with greater expertise (psychologist/psychiatrist) ...if I feel the needs of a person is beyond my scope.”

In conclusion, a good support structure was alluded to as promoting overall well-being, mental health and helping the participants express themselves through the adversities that they faced. This means that the participants spoke to people that they could trust to release any stress and pressure. However, support did not only entail family and friends, but also Muslim religious leaders. Muslim Religious leaders were used for consultation and to seek guidance and advice regarding various adversities in life. It is important to note that religious leaders had to understand where individuals came from to assist them through their adversities. Participants were able to relate to religious leaders based on Muslim religious leaders understanding them (participants) and felt comfortable consulting with Muslim religious leaders. Religious leaders understood that their support is a religious role that they have to fulfil in order to help the community

4.3 Discussion of Theme 1

As discussed in the literature review (see Chapter 2, Subsection 2.2.1) Bronfenbrenner’s (1992) the three connecting systems used served an important role in terms of understanding support from the various systems of the individual and how they may contribute to their resilience. The systems (see Chapter 2, Subsection 2.2.1) will be discussed based on their contribution to ways in which the study participants demonstrated resilience. In

addition, a social-ecological conceptualisation of resilience is grounded on four principles and is also used to conceptualise the findings in Chapter 4 of this study.

In this study Muslim religious leaders could be regarded as part of an individual's micro, macro, and/or mesosystem. However, since the majority of religious leaders are stationed at places of worship or education, support from religious leaders would typically be considered part of an individual's mesosystem (Bronfenbrenner, 1992). P4 MA mentioned that he consulted with a religious leader when faced with adversity. The findings indicate that P4 MA has a close relationship with his Imam [religious leader] and this served a vital role in his support in relation to adversity. Moreover, the findings also indicate that Imams [religious leaders] played an important role in the life of people in terms of support concerning adversities. Throughout the study, the majority of the participants reported consulting with their Imams [religious leaders] and considered them as part of their extended support structure. The participants identified these imams as contributing to their overall resilience through offering support in terms of understanding. The imams in the study offered a complementary view where they understood that when Muslim individuals consulted with them, it is their duty to serve the individuals, thereby highlighting the interconnected nature of the people within the extended support structure and system. Furthermore, the notion of Muslim religious leaders supporting individuals correlates with the research of Sabry and Vohra (2013) who state that the main source of help for adversity among Muslims are religious leaders within the community. In addition, and consistent with the findings of Laher and Kaloo (2014), it can be agreed that speaking to religious leaders seems to have a positive contribution to the mental health of Muslim individuals. Therefore, religious leaders can be regarded as contributing to the development and resilience of Muslims (Sabry & Vohra, 2013) as they play a supportive, motivating and caring role toward community members.

Furthermore, support was not only limited to being provided by religious leaders but included that provided by friends and family members as well. The latter categories of people could be regarded as falling within Bronfenbrenner's (1992) microsystem and were identified by participants as vital for support. The findings indicate that participants turned to friends and family that they could trust whenever facing adversity. These friends and family are considered to be resilience enablers (Hargreaves, 2016). As described in Chapter 2 (see sub-section 2.5) complexity is the second principle in the social-ecological conceptualisation of resilience and prioritises focusing on the variably complex and contextual development of an individual's process towards resilience (Ungar 2011). This complex process towards resilience can be understood to include the environmental resources that are available to individuals, and how individuals make use of their environment (i.e., their context) to develop resilience. The findings from this study indicate that support was presented by the environment of the

individuals in the microsystem, macrosystem and mesosystem. However, individuals had to make use of the support from the environment in a reciprocal manner (i.e., they received support from people they supported) in order to develop resilience. Additionally, if individuals did not make use of the support provided for them by their environment, they would not develop resilience. Therefore, the principle of complexity explains that because an individual's environmental resources (people in their environment) were used, an individual can develop resilience.

Complexity also includes past efforts that are used to recognise relationships that lead to resilience (Ungar 2011). Therefore, when Muslim religious leaders display openness and accommodate individuals by being supportive, the relationship is recognised between the Muslim religious leader and the individual. This is justified based on the willingness of participants to consult with religious leaders and their extended support structure and is also supported by the understanding that complexity is the manner in which the environment interacts variably with different individuals (Ungar, 2011). Therefore, because the environment (i.e., religious leader, friends and family) interacts in a welcoming manner towards individuals, these individuals make use of what it has to offer (i.e., support) in order to overcome adversity and enable resilient behaviour.

The principle of atypically was also presented as one of the four principles of the social-ecological conceptualisation of resilience and implies that resilience will be apparent in various ways that we may or may not want to endorse (Ungar,2011). Muslim religious leaders were unable to help *Muslim* adults develop resilience in their lives through Islam when the adversity they presented with was beyond what they regarded as their scope of practice. When Muslim religious leaders were tasked with a situation that was beyond their scope of practice, they indicated referring the individuals to external sources (i.e., psychologists, psychiatrists). Therefore, it can be derived that if Muslim religious were unable to use their religious skills to help, they would make use of other avenues for help by referring. This referral mechanism, which the Muslim religious leaders made use of, can be identified as them applying the macrosystem or mesosystem in the individual's life (Bronfenbrenner, 1992), and thereby using various other ways or systems to facilitate resilience within the individuals they were working with. Therefore, from an Islamic perspective, this would be applying the principle of atypicality as it refers to the openness that works for individuals but is not always recognised as resilience (Ungar, 2011).

From the above, it is evident that various systems encapsulate an individual's life. These systems include several resilience enablers that are unique to the resilience process. Each system has something different to offer in terms of how support is used and can be interpreted that a good support structure promoted overall well-being and the mental health of participants. Participants were able to express themselves through adversity and interact with

their system to overcome their adversity. However, the interaction was evident in the mesosystem where they used family, friends and religious leaders as support. Support played a vital role in Muslim adults developing resilience and their adversity. However, to serve as a resilience enabler, Muslim religious leaders needed to be able to understand individuals and their adversity. If Muslim religious leaders did not understand individuals, they would be unable to assist them

In conclusion, a good support structure was alluded to as promoting overall well-being, mental health and helping the participants express themselves through the adversities that they faced. This means that the participants spoke to people that they could trust to release any stress and pressure. However, support did not only entail family and friends, but also Muslim religious leaders. Muslim Religious leaders were used for consultation and to seek guidance and advice regarding various adversities in life. It is important to note that religious leaders had to understand where individuals came from in order to assist them through their adversities. Participants were able to relate to religious leaders based on Muslim religious leaders understanding them (participants) and felt comfortable consulting with Muslim religious leaders. Religious leaders understood that their support is a religious role that they have to fulfil in order to help the community

4.3 Conclusion

Chapter 4 presented the findings and discussion of the theme titled maintaining mental health through an extended support structure. The interviews were conducted among nine Muslim adults living in South Africa and the findings indicated that there are various support structures that serve as resilience enablers among Muslim adults in South Africa. The findings were conceptualised based on the social-ecological conceptualisation of resilience and the principles of decentrality, complexity and atypically were expanded on and applied in relation to the microsystem, macrosystem and mesosystem of the individual. The findings of the theme indicated that individuals used friends, family and Muslim religious leaders to form their support structure. The support structure served as a resilience enabler and allowed individuals to manage their adversity that they were facing which led to individuals coping more effectively during adversity. Furthermore, Muslim religious leaders were not always able to assist individuals through adversity and indicated that if they could not use Islam to help individuals, they referred them to psychologists and psychiatrists. However, support was not the only resilience enabler among individuals. Prayer was used in several ways to enable resilience among Muslim adults and the positive role of prayer in Islam and mental health will be reported on and discussed in chapter 5 followed by the blurring of Indian culture with Islam, and the negative impact this has on mental health religion.

Chapter 5 – Findings and discussion (Themes 2 and 3)

5.1 Introduction

Chapter 5 aims to present and discuss the findings of themes 2 and 3 by reporting on the participants' experience of resilience in Islam. Specifically, the positive role of prayer in Islam and mental health will be reported on (i.e., theme 2) and then discussed followed by the blurring of Indian culture with Islam, and the negative impact this has on mental health (i.e., theme 3) will be presented and discussed. The presentation of the findings is supported through extracts from the interview transcripts and discussed in relation to the research questions that need to be addressed.

5.2. Theme 2 the positive role of prayer in Islam and mental health

The second theme identified from the data is the positive role of prayer in Islam and mental health. This theme includes the various methods of prayer that the participants in this study reported using to stay mentally healthy. Making dua (speaking to Allah/supplication), reciting the Quran and performing salah all form part of prayer. These methods of prayer such as reading the Quran, making dua, and performing salah reportedly enabled the participants to establish a connection with Allah. This in turn allowed the participants to feel a sense of peace, happiness, contentment and reassurance from Allah; that He will be there for them regardless of any adversity they may be experiencing. P2 MA indicated how her faith held an important function during a difficult time in her life. This is supported by the statement, "my faith gives me sort of a grounding and reassurance because I firmly believe in the texts (Quran) and everything that we're taught. I think it's a huge form of reassurance, especially when facing a difficult life situation" (P2, MA).

Furthermore, when P2 MA discussed his experience of anxiety, he said, "when you read Quran, you get lost in the act of worship. It takes your mind away from it (anxiety), and when you have that connection, it makes you realise that this (anxiety) isn't such a big thing after all" (P4, MA). P2 MA explained that in times of uncertainty, reading and understanding the Quran allowed her to be patient and the messages in the Quran reassured her during a challenging time in her life. She said, "reading and understanding the Quran, the message that it's actually conveying, I know there's that reassurance (from Allah) because I know that Allah has promised me that if I am patient and put my trust in him, things will fall into place" (P2, MA).

Participants viewed themselves as privileged to be Muslims because they have a direct link of communication with Allah. The link of communication was not only referred to as speaking to Allah through words, performing salah or reading the Quran, but also

communicating via their thoughts (dua). P5 MA explains how she communicates to Allah via her thoughts by saying, “I then realised how privileged I was to have this religion (Islam) that says, you can think it and I (Allah) will know exactly what you say” (P5, MA). The above statement from P5 MA implies that from the participant’s perspective, Allah is all-knowing, and therefore, he will always know what is needed before the participant thinks about her needs. Furthermore, the direct link of communication by speaking to Allah (dua) through one’s thoughts provided participants with a sense of relief from their adversities. This in turn led them to feel that their adversities are understood by Allah. P8 MA, a general practitioner who was affected by the 2021 unrest in KwaZulu-Natal indicated that speaking to Allah (dua) helped him ease his thoughts and anxieties by saying “this unrest caused a lot of stress and anxiety on me, I often make dua (speak to Allah) and ask him (Allah) for help while I do my best and work hard” (P8, MA). By speaking to Allah about their adversities, participants found a sense of relief and comfort which aided in grounding them and reduced their anxieties.

According to P9 RL, “regardless of how a person makes dua, Allah will understand. He understands you better than you understand yourself.” P9 RL continued to explain that prayer through dua can be understood as speaking to Allah and it can be conducted in several ways such as using one’s cognitive ability to think of one’s needs without verbalising them or it can be verbalised. However, dua (speaking to Allah) is not only confined in times of need but also in times of appreciation to Allah for the blessings he has bestowed among mankind (P9, RL). Furthermore, regardless of the adversity, participants’ indicated that there is no restriction as to what dua one can make. For example, P4 MA’s indicated that, “firstly, whenever you ask Allah for anything, when you’re asking for help, inevitably he is going to make the task or the adversity before you insignificant or smaller, he will grant you the strength to overcome it”. The above statement made by P4 MA indicated that one may ask Allah for anything and Allah will assist him with whatever he asks for.

Another method of prayer that emerged in the research data for this study was the concept of *wudu*, also known as ablution, which is a ritual cleanse that is generally performed prior to praying salah and reading the Quran. The act of wudu prepares the individual for specific prayer (Will, 1984). However, P2, MA indicated that when she was anxious due to an important decision that needed to be made, she performed wudu and it calmed her down. Thereafter she resorted to praying salah and she felt calmer after praying.

As mentioned in Chapter two (see sub-section 2.4), salah is a prayer that is a commandment unto Muslims by Allah as mentioned in the Quran, “Indeed, prayer has been

decreed upon the believers a decree of specified times” (Quran, 4;103). However, there are different types of salah namely, compulsory salah which is prayed at different times five times a day, *sunnah* salah which is a highly recommended prayer that is prayed in conjunction with the five daily prayers and the last type of salah is called *nafil* salah which is optional salah (Radio Islam, 2007). All participants indicated that they actively perform at least two of the above-mentioned salaahs. When P2 MA was asked what does salah mean to them, P2 MA mentioned that it is a means of showing commitment to Allah and that through her performing salah, Allah will take care of her.

Performing my prayer is me showing my commitment as a Muslim in my religion, yes, I do believe in Allah and I know that he will take care of me and he will do what's best for me because that is what He has promised, you know, to take care of the believers (P2, MA).

However, the above statement indicates that showing commitment to Allah by fulfilling his commandments will result in Allah taking care of the participant's needs because he has promised to take care of the believers. Therefore, by fulfilling the compulsory commandment of praying salah, it enables one to have a better spiritual connection with Allah and by having a better spiritual connection, prayer becomes meaningful. Furthermore, P2 MA continued to say

I believe that you have to have a spiritual connection (with Allah). Otherwise, it's very hard to live a normal life (as a Muslim). For us, our life revolves around prayer. If you don't have that connection (with Allah), or if even if you pray, but without that connection, that spiritual tether to Allah, then your life is pretty meaningless (P2, MA).

From the above quotation, it is understood that praying salah strengthens one's connection with Allah which enables one to experience meaningful prayer that helps Muslims live a better life. According to the participant, should the spiritual connection be absent from the participant's life, their life would be meaningless.

Understanding the reason participants were engaging in salah played an important role in experiencing the effect and benefits of salah. Despite salah being compulsory, this research indicated that praying salah for a specific purpose enabled participants to be mindful of their prayer which allowed them to stay calm through their adversities. Furthermore, P3 RL stated that when an individual faces adversity, he advises them to first pray two units of *nafil* prayer to Allah for the adversity that the individual is experiencing: “whatever problem the person is facing they must first turn to Allah and put their case forward to Allah and make two units *nafil* salah for the problem they facing” (P3, RL). P3 RL continued to say that once the

two units of prayer are complete, then he advises the individual to make dua and then make an effort to seek help and take action with whatever adversity that they are facing. Furthermore, he added, “make dua to Allah and after that make effort to get help and change the situation, and inshallah (Allah willing) Allah will change the condition” (P3, RL). The above advice given by the religious leader indicates that Muslims need to understand the reason that they are praying a particular salah because it serves as a directed link for a particular need.

However, P4 MA reported that he makes use of different types of prayer as he prays two units of salah followed by making dua whenever he is dealing with a challenge in life by saying, “When dealing with a problem or when I have a need, I read two units salah-tul hajat (nafil) or tahajjud salah (nafil) and after that salah, I make a few duas that are recommended by the prophet Muhammad (PBUH)” (P4, MA). The practice of performing nafil salah and making dua can be understood as a means of communicating our needs and adversities with Allah. This allowed participants to feel a sense of support and understanding reassurance as P4 MA continued to say “Allah will grant it to you and will make it easy for you” (P4, MA).

In conclusion, it can be derived that making dua, reading the Quran, performing wudu and praying salah are all termed as prayer to Muslim adults and religious leaders. Furthermore, the positive role of prayer in Islam and mental health provided Muslim adults with a sense of calmness from their anxieties and stresses, providing them grounding in their life and reassurance that Allah is there for them and will always help them even through adversity. Participants were able to use prayer to keep them mentally healthy and allowed them to turn to Allah through several forms prayer and ask for help which gave them a sense of relief based on what Allah says in the Quran “and I will take care of the believers” (Quran, 3:68).

5.2.1 Discussion of Theme 2

From the above findings, it can be derived that Muslim adults make use of prayer to develop resilience in several ways and prayer is not limited to one specific practice. There are several definitions of religion, but in this study, religion is understood as people’s daily beliefs (prayer), a way of life, a form of guidance and grounding and it can be viewed on a global, cultural, social and individual level (Paloutzian & Park, 2014). Additionally, prayer has several connotations, but in Islam, making dua (speaking to Allah/supplication), reciting Quran and performing salah all form part of prayer and according to James (2003) prayer is a method that one uses to identify, relate and communicate to God. In contrast, Compton and Hoffman (2013), explain that prayer can include several forms such as supplication, glorification to God (zikr), appreciation/speaking to God (dua) and formalistic compulsory prayer (salah). As

described in Chapter 2 (see subsection 2.2.1), complexity focuses on the contextual development of the individual's process towards becoming resilient (Ungar, 2011). Prayer forms part of the individual's context and therefore, contributed towards the resilience process. The findings indicate that Muslim adults made use of prayer in several ways to develop resilience such as reading the Quran, making dua (supplication) and reading salah. The various types of prayer would be classified as support from the mesosystem as it encompasses the relationship between the individuals and Allah.

Reading the Quran provided individuals with a sense of calmness that reduced their anxiety by grounding them. Furthermore, it allowed individuals to establish a connection with Allah and by understanding what they are reading in the Quran, they were able to control their emotions in times of uncertainty and become patient. By reading the Quran and understanding the verses they read, individuals had the reassurance that whatever challenge they were facing, it would improve and whatever need they required, would be fulfilled provided they had faith and patience. The reassurance that individuals had, can also be explained in the Quran by believing that everything happens with the will of Allah and Allah will not burden a soul more than it can bear (Quran, 2:286). This allowed individuals to maintain positivity and bounce back from difficult life situations and correlates with the findings of Laher and Kaloo (2014) that, remaining steadfast on the teachings of Islam and having faith in Allah is regarded as a resilience enabler for overall coping of the individual.

Furthermore, dua (supplication) was also a resilience enabler that was evident on several occasions in this study and was understood as a direct link of communication to speak to Allah. Individuals found comfort in making dua as they understood it as communicating to Allah via their thoughts. They described it as an action that by thinking about their need, Allah knew their situation which also contributed to their reassurance that they will have the ability to overcome adversity. However, dua was not only used in isolation but the effort was also made to achieve a particular goal or obtain peace from distress. Individuals found hope in making dua because regardless of how the action of dua was carried out, they had the reassurance that Allah was always listening to them and Allah always understood them. Individuals expressed that by making dua to overcome adversity, Allah provided them with the strength to prosper and bounce back regardless of how big or small the adversity was. It can be agreed that resilience is an element of positive psychology and places emphasis on establishing a balance between life activities and psychological well-being (Srivastava, 2011). Furthermore, since people's daily beliefs and practices shape the resilience process (Theron, 2012), it can be understood that Islam as a religion, in conjunction with individual's beliefs and daily practices, has shaped their resilience process. However, this understanding also supports the research of Hargreaves (2016) that spirituality and perseverance are seen as resilience enablers. Individuals also indicated that when they were faced with anxiety, they

made use of a religious practice called *wudu* which is the act that prepares the individual for a specific prayer (Salah, Quran) (Will, 1984). *Wudu* was reported to calm individuals down when they were anxious and once, they were calm, they engaged in salah.

Salah is a prayer that is a commandment unto Muslims by Allah as mentioned in the Quran, "Indeed, prayer has been decreed upon the believers a decree of specified times" (Quran, 4:103). From the findings, Individuals understood that praying salah meant that they showed their commitment to Allah and therefore, Allah will take care of their needs. Salah also enabled individuals to have a better spiritual connection to Allah and this allowed them to connect better with Allah. Mental health is considered as intellectual, emotional and spiritual development, positive self-perception, a sense of dignity and physical health, and interpersonal harmony (Manwell et al., 2015; Bhugra et al., 2013). Therefore, establishing a better spiritual connection with Allah provided individuals with a sense of reassurance that their needs will be taken care of and this allowed individuals to have a meaningful life due to their spiritual connection and development. As mentioned in the findings, there are different types of salah. Individuals did not only pray the five obligatory prayers, but they also engaged in nafil salah (optional prayer) such as *salah-tul hajaat* or *tahajjud* salah before undertaking any challenge or when faced with adversity. However, Muslim religious leaders which fall within the mesosystem (see chapter 4 subsection 4.3) of individuals, were able to help Muslim adults develop resilience in their lives through Islam by advising them to engage in the Nafil salah (optional prayer) followed by dua (supplication) when faced with adversity. The dua that religious leaders advised individuals to make were unique to their situations, but the common consensus was to make dua that Allah helps them through their adversity. However, salah and dua were not used in isolation as religious leaders told individuals that effort has to be made. The practice of performing nafil salah and making dua can be understood as a means of communicating the participants needs and adversities with Allah. This allowed participants to feel a sense of support from Allah (i.e., resilience). Since religious leaders also play a pivotal role in helping Muslim adults develop resilience through Islam, it echoes Sabry and Vohra (2013) sentiments, that the main source of help for adversity among Muslims is linked to religious leaders within the community and Laher & Kaloo (2014), also indicate that speaking to religious leaders has a positive contribution to the mental health of Muslim individuals.

In conclusion, it can be agreed upon that several types of prayers such as Making dua (speaking to Allah/supplication), reciting the Quran and performing salah and making wudu all form part of prayer and serve as resilience enablers from the mesosystem. Furthermore, by using prayer, individuals were able to remember Allah and have the reassurance that Allah understands them and will help them provided they have patience and make an effort. The fact that Muslim adults find peace in remembering Allah can be explained by the following

verse in the Quran mentioned in Chapter 2 (see subsection 2.4) "Verily in the remembrance of Allah do hearts find peace" Quran (13:28). Therefore, spiritual support serves a role of a protective factor and a resilience enabler. Religious leaders helped promote resilience among Muslim adults by advising individuals to use the different types of prayer and guided them on the manner in which they should be used. They also offered support from a religious perspective and therefore, participants were able to use prayer to keep them mentally healthy and allowed them to turn to Allah through several forms of prayer and ask for help, which gave them a sense of relief based on what Allah says in the Quran "and I will take care of the believers" (Quran 3:68). Therefore, from the above it can be understood that prayer is unique to each individual. The study found that prayer was reported to be used as direct contact with Allah and it would be considered to be part of the microsystem. However, that does not impose any limitations that prayer cannot be part of the other systems as indicated above that prayer was evident in all systems but more distinct in the microsystem.

5.3 Theme 3: The blurring of Indian culture with Islam, and the negative impact this has on mental health as a religion

In contrast to the above two themes (i.e., the positive role of prayer in Islam and mental health and maintaining mental health through an extended support structure) which synthesised meanings attached to calmness, mental health, and prayer, the third theme (i.e., the blurring of Indian culture with Islam, and the negative impact this has on mental health as a religion) seemed to work against the mental health of the participants. Participants understood culture to be separate from religion and explained it to be social norms that have been derived from their forefathers in India and did not necessarily have religious underpinnings. P2, MA explained culture to be behavioural as she has never encountered any religious books that stipulate the Indian culture needs to be practised in a particular way as it was adopted from practices.

Specifically, many of the participants referred to Indian culture as something that worked to constrain their healthy (mental) development. Indian culture was reported to constrain the development of Muslim participants in this study because it often appeared to be blurred with religious practices. P9 RL, a religious leader expressed his understanding of Indian culture and Islam where he explained, "Our Islamic roots stem back to India and over the years, Indian cultural habits contradictory to Islam have entered our households and people think its Islamic. This is because they don't understand the difference between culture and religion and it's a problem because it can be detrimental to the way they believe" (P9, RL). The negative effects that Indian culture seemed to have on the individuals in this study included suppressing emotions, resisting therapy, and only

placing emphasis on prayer as a means of help without considering other aspects that may help individuals such as psychologists and psychiatrists.

P5 MA expresses her concerns about suppressing her emotions (which she regarded as characteristic of Indian culture) saying, “Muslim, Indian men, make it difficult that we aren't allowed to express our emotions and speak out about how we feeling and speak up the things we experiencing” (P5, MA). Furthermore, P1 MA explains the impact culture has had on her family with regards to not expressing themselves by saying,

Culture has such a terrible stigma around it, especially in my family, a person wouldn't feel free to seek help, or even support from another family member because they feel that if you need to get help from someone other than your Creator, it means that your faith is really weak (P1, MA).

Furthermore, (Indian) culture restricted the participants from seeking help and expressing how they feel. This is supported by P5 MA where she indicates another cultural element that affects her mental health by saying:

You not allowed to go to therapy, and you can't express your emotions, men must be strong, and mustn't speak up. A woman must do all the cooking and cleaning in the house and women are not allowed to work. These are not things derived from Islam. These are things that are from Indian culture (P5, MA).

From the above quotation, it seems that according to the participant, Indian cultural norms have not contributed in a positive way towards her mental health. The cultural norms may not be directly related to mental health or seeking help but certain practices cause a disequilibrium among the participants that constrain them from being mentally healthy. P9 RL explained how these cultural practices are different from Islamic teachings, and thus may cause confusion between culture and religion. Furthermore, the practice of not caring for mental health contributes towards the participants having difficulty practising Islam. As P5 MA highlights, “I think that mental health generally can be supported by a caring community. And when people use religion to demonise any mental illness or mental struggles, then doesn't feel like a community anymore, that can make practising Islam much harder” (P5, MA).

The infiltration of what participants perceived as (Indian) culture within Islamic practices appeared to cause frustration among them. Moreover, the challenge that arises is when people do not understand the difference between Islamic and cultural practices. P5 MA explains her concern when people do not accept that mental health can be a challenge by saying,

There's this idea that if you are facing any mental illness, the reason is because Allah is unhappy with you, or you're not practising Islam the way that it should be practiced. I think that notion is very dangerous and made me resent Islam, because I've always had an idea that this is what Islam is and this is what people say about Islam. And those two aren't necessarily always the same thing. But it made me resent the Muslim community for sure and that is very difficult when you are like in the grips of a mental challenge (P5, MA).

From the above statements, it is evident that when Indian culture blurs with religion, the adversity among Muslims increases due to a misunderstanding between religious and cultural practices. This relates to the perceptions of being strong and not expressing oneself, therefore, resulting in individuals suffering rather than seeking psychological help. However, it has been reported that these practices are not evident in the teachings of Islam and Islam promotes mental health and mental well-being. Furthermore, if a supportive community is present, the chances of an individual seeking help is increased. If the community is not supportive, it has a negative impact on how Muslims practice Islam. This means that they may be hesitant to look for value within Islam thus, not utilising religious practices adequately and this may cause them to deviate from Islamic practices because they find no value in Islam. However, if one deviates from the remembrance of God, it may result in individuals being unable to find peace within their lives and can make them depressed (P9, RL).

5.3.1. Discussion of Theme 3

According to Ryan (2001), culture has an impact on the individual and is classified as part of Bronfenbrenner's macrosystem. Therefore, the interaction between the individual and their culture has an influence on their resilience process (Lerner,2006). The cultural element is classified as part of the macrosystem and as mentioned in Chapter 2 (subsection 2.2.1), the macrosystem refers to larger systems of the individual. Decentrality aims to place attention away from the individual and put more emphasis on the environment (Ungar,2011). Therefore, this section aims to discuss the findings of the blurring of Indian culture with Islam, and the negative impact this has on mental health as a religion in South Africa, in relation to the macrosystem of the individual and cultural relativity taking the context of the individual into account.

From the above findings, participants understood that culture was behavioural and there was not a specific book that indicated how it should be practised and that it was rather adopted from previous practices. Furthermore, the Indian culture was confused with religious

practices and this constrained the development of the individual's mental health. Religious leaders indicated that the confusion about Islam as a religion and the Indian culture stemmed from India and some Indian cultural habits (e.g., not seeking help and preventing individuals from seeking help) that are contradictory to Islam. Islam is understood as more of a religion than a culture, and according to Islam, if culture contradicts religion, religion is given preference (Salleh, 2015). From the above findings, religious leaders are of the understanding that the Indian culture has restricted individuals from expressing themselves by suppressing their emotions and only relying on prayer as a means of help without considering other aspects that may help them such as consulting with psychologists and psychiatrists.

The stigma of mental health in the Indian culture was loudly echoed by participants as they indicated that when Muslims were to seek mental health help, they were judged by family members and their faith was judged to be weak. This had an impact on individuals because support from their microsystem was unavailable. Participants also indicated that there was an understanding in the Indian Muslim community that when someone is diagnosed with a mental illness, it means that Allah is unhappy with them and that they are not practising Islam the correct way and participants also understood that it was in contrast to the teachings of Islam. Therefore, the Indian understanding that a mental illness alludes to a lack of faith caused individuals to resent Islam and their macrosystem (i.e., the Muslim community). According to religious leaders, the belief of only relying on prayer is in contrast to the teachings of Islam and the lack of understanding between Islam and the Indian culture causes confusion. However, religious leaders also indicated that when individuals deviate from the remembrance of Allah, it may result in individuals being unable to find peace within their lives and can make them depressed. When attention is placed away from the individual and emphasis is placed on their environment, it is evident that the culture of the individual has an impact on them.

The findings correlate to the research reported by Gibson (2010) that the topic of mental health has been stigmatised among Muslims within South Africa. When the topic of mental health was addressed by Muslim adults in Gibson's (2010) study, it was documented that when these participants discussed their mental health issues with their community, they were looked down upon. As a result, it caused embarrassment to the affected individuals and resulted in them facing adversity (Gibson, 2010). The understanding that mental health among Muslims in South Africa has been stigmatised for over a decade indicates that future interventions need to consider the stigma and the effect it has on Muslims in South Africa. This would reaffirm the process of cultural relativity as it suggests that contextual features evolve over time and interventions have to consider these revolutions so that environments can constitute development (Ungar, 2011).

In conclusion, it can be derived that culture as part of the macrosystem caused distress and hindered the development of resilience among Muslims in South Africa. However, the hindering of resilience was also due to a misunderstanding between cultural norms and Islamic teachings. The stigma of mental health among Muslims has been ongoing for over a decade and this was an element that restricted the resilience process. In contrast to cultural norms, Muslim religious leaders indicated that Islam as a religion was different to the Indian culture and Islam encourages people to seek help and not use prayer in isolation.

5.4. Conclusion

From the above findings and discussion of the following themes (i.e., The positive role of prayer in Islam and mental health and the blurring of Indian culture with Islam, and the negative impact this has on mental health as a religion), it can be concluded that prayer was used in several ways to contribute towards resilience in Muslim adults. However, the types of prayer that were used served a unique role as resilience enablers. Muslim adults found peace in prayer and Muslim religious leaders served as part of their spiritual support. However, despite Islam serving as a source of resilience, it is important to understand that an individual needs to be considered contextually. The process of positive growth in relation to adversity is culturally embedded (Ungar, 2011). Therefore, the culture of these Muslim adults had an influence on the process of resilience and their mental health. Culture is considered as part of the macrosystem which influences the overall development of the individual (Bronfenbrenner 1992). Culture is considered different to the Islamic religion as Islam is understood as more of a religion than a culture (Salleh, 2015). Culture in the context of cultural relativity is understood as everyday practices that have been derived from norms rather than prescribed religious teachings. Furthermore, it can be agreed upon that the cultural misunderstandings are not linear to the teaching of Islam and Islam promotes mental health and mental well-being. However, when a supportive community is present, the chances of an individual seeking help is improved and if the community isn't supportive, it has a negative impact on how Muslims practice and understand Islam. As a result, they may not understand that Islam may contribute to their resilience process and may cause them to deviate from Islamic practices because they find no value in Islam. However, if one deviates from the remembrance of God, it may result in individuals being unable to find peace within their lives and can make them depressed (P9, RL).

6. Conclusion

The purpose of this study was to gain insight into the ways in which Islam is or is not perceived to be a source of resilience among Muslim Adults in South Africa. The objectives for this study were to explore how Islam is understood to “potentially” promote the development of resilience among Muslim adults. While the second related objective was to explore how Islam is understood to “potentially” constrain the development of resilience among Muslim adults. This chapter will provide closing thoughts based on important findings related to the objectives of the study. Additionally, it will underline the limitations and strengths of the study and lastly, it will provide recommendations for future studies pertaining to resilience in Islam.

6.1. Islam as a source of resilience among Muslim Adults in South Africa.

The participants in this study indicated that they make use of an extended support structure as a source of resilience. Friends, family and Muslim religious leaders all form part of their extended support structure. The support structure served as a resilience enabler and allowed individuals to manage their adversity that they were facing which led to individuals coping more effectively during adversity. Furthermore, Muslim religious leaders were not always able to assist individuals through their adversity and indicated that if they could not use Islam to help individuals, they referred them to psychologists and psychiatrists. However, the participants in this study also indicated that they all make use of Islam by using several types of prayer to overcome adversity. Furthermore, the participants were aware of how they were able to use prayer in Islam to deal with life’s adversities. It was derived that salah was commonly used regardless of the adversity. Other types of prayer in Islam included reading the Quran and making dua to Allah. These prayers served as part of building the participants’ microsystem by connecting with Allah thus having a close relationship with him. Therefore, based on the findings above, it can be concluded that Islam does promote resilience among Muslim adults in South Africa. Participants highlighted that by using prayer, they felt calm, their anxiety was reduced, they were able to control their emotions in times of uncertainty and become patient. This allowed individuals to maintain positivity and bounce back from difficult life situations and correlates with the findings of Laher and Kaloo (2014) that, remaining steadfast on the teachings of Islam and having faith in Allah is regarded as a resilience enabler for overall coping of the individual. Therefore, there were several ways in which Islam could be a source of resilience among Muslims in South Africa.

6.2. The ways in which Islam constrains the development of resilience

The findings from this study did not seem to provide support for the possibility that Islam could constrain the development of resilience. Several religious leaders and Muslim adults from the study explained that they found that Islam encourages people to seek help in times of difficulty, but that the intertwining of Indian culture with Islam could blur the issue. Specifically, individuals from the study made reference to Indian cultural norms and how these could constrain their development of resilience. However, when participants were aware of the Indian cultural norms constraining their development of resilience, they consulted with religious leaders. It was evident that once they obtained more insight into Islam, they were encouraged to use prayer and make an effort to seek help. As discussed in Chapter 5 (see subsection 5.3.3), Islam is understood as more of a religion than a culture, and according to Islam, if culture contradicts religion, religion is given preference (Salleh, 2015). From the above findings, religious leaders were of the understanding that the Indian culture has restricted individuals from expressing themselves by suppressing their emotions and only relying on prayer as a means of help without considering other aspects that may help them such as consulting with psychologists and psychiatrists. Lastly, the study findings point to the importance of not conflating Islamic teachings and principles with Indian culture as this may cause confusion among individuals which may hinder their understanding of Islamic teaching thus restricting them from seeking mental health help in times of need.

6.3. Study Strengths and Limitations

The study provided Muslim adults with an opportunity to reflect on how Islam contributes to their resilience process. It also provided them and the researcher with insight into the diversity of how prayer in Islam is used as a resilience enabler. Another strength of the study would be a possible contribution to existing research based in communities of Muslims living in South Africa which would provide clinicians across all contexts to gain insight on how Islam can be used to promote resilience and what cultural barriers are present. This may allow a greater understanding of Muslims therefore enabling clinicians to provide a better service.

There are various limitations to this study that need to be considered. Firstly, the researcher only interviewed Muslim participants that he considered to be resilient. Therefore, Muslim religious leaders and resilient Muslim adults may not be a good source of information for some of the potential problems of Islam constraining their development of resilience and mental health. Therefore, recommendations for future research should be made to develop this study further. It should be noted that this study was conducted specifically among resilient Muslim adults and does not include non-resilient Muslims. Despite the limitations of the study,

the researcher is confident that by making use of supervision and reflecting on the research processes ensured that credibility was implemented thus allowing reliable data to be produced.

6.4. Recommendations for Future Research

The researcher recommends that the sample of the research study should be broadened and non-resilient Muslim individuals should be considered to ensure that their perspective is also taken into consideration. Therefore, by understanding Muslims contextually, it may provide more insight into the resilience process of Muslim adults. The researcher also recommends more research on mental health in the Muslim community should be conducted to provide more literature and broadened the understanding of mental health among Muslims.

The purpose of this study was to gain insight into the ways in which Islam is or is not perceived to be a source of resilience among Muslim Adults in South Africa. This was informed by subscribing to the social constructivist paradigm. The epistemology of the social constructivist paradigm deems knowledge as co-constructed through interactions between the researcher and participants and the participants were considered to be the experts (Creswell, 2014). This study regarded the participants as experts in their own experiences and meaning-making. Therefore, Muslim adults and Muslim religious leaders were seen as the experts enabling the researcher to gain a better understanding of how Islam does or does not contribute towards their resilience. The study employed a qualitative exploratory design where the researcher conducted semi-structured interviews. Using thematic analysis, three themes were identified namely, maintaining mental health through an extended support structure, the positive role of prayer in Islam and mental health, and the blurring of Indian culture with Islam, and the negative impact this has on mental health as a religion. The findings highlighted that prayer in Islam is used in several ways as resilience enablers. These findings are specific to resilient Muslim adults in South Africa and cannot be generalised to all Muslims. In conclusion, Islam promotes resilience among Muslim Adults in South Africa.

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Islam as a source of resilience among Muslim adults in South Africa

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Appendices

Appendix 1 Turnitin report

MBhamjee final dissertation

ORIGINALITY REPORT

4%

SIMILARITY INDEX

5%

INTERNET SOURCES

2%

PUBLICATIONS

2%

STUDENT PAPERS

PRIMARY SOURCES

1

Submitted to University of KwaZulu-Natal

Student Paper

2%

2

researchonline.lshtm.ac.uk

Internet Source

1%

3

researchspace.ukzn.ac.za

Internet Source

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**Appendix 2 Informed consent
Information Sheet and Consent to Participate in Research – (Religious
Leader/scholar- Mufti/Molana/Apa)**

Date: 10 February 10, 2021

Dear potential research participant

My name is Mohammed Uzair Bhamjee, a masters student in counselling psychology from the University of Kwa-Zulu Natal under the supervision of Dr Nicholas Munro

Telephone Number: 0716073937

Email Address: munron@ukzn.ac.za

You are being invited as a religious leader (Molana/Mufti/Apa) to consider participating in a study that involves research where we would like to understand what contributes towards resilience among Muslim adults. Resilience is about “bouncing back” after a challenging life event. The aim of this study is to gain insight into the ways in which Islam is or is not perceived to be a source of resilience among Muslim Adults in South Africa and the purpose of this research is to gain insight into the beliefs and perceptions of you as Muslim religious leaders in response to adversities also known as challenging life events, and to understand how Islam as a religion contributes to your resilience. The study is expected to enrol 8-10 participants in total within South Africa. If you participate in the study, this will involve you attending a one on one interview with me (on Zoom, or another suitable online platform) where I will ask you certain questions pertaining to the study. The duration of your participation if you choose to enrol and remain in the study is expected to be one interview, no longer than 60 minutes long. You might be contacted for more information after the interview should the need arise during the 1-year period). The study is self-funded and no cost implication will be incurred upon you apart from data costs.

The study may involve the following risks and/or discomforts for you: talking to me about the topic of adversity and resilience among Muslim adults may make you think about your own past adversities and traumatic experiences. In the event that your participation in the study does cause you to become distressed, you should advise me, and I will facilitate a referral for you to the Gift of the Givers Careline.

<https://giftofthegivers.org/social-upliftment/careline-counselling-service/>

Telephone Toll Free: 0800 786 786

Face-to-Face: 033 345 0163

Online Email: info@giftofthegivers.org

The study will hopefully have the following benefits: it may contribute towards literature on Islamic psychology in South Africa, and help other psychologists understand what contributes towards Islamic resilience

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number_____).

In the event of any problems or concerns/questions you may contact Mohammed Uzair Bhamjee on 073 222 2522 or mubhamjee@gmail.com alternatively, you may also contact the researcher Dr Nicolas Munro on 0716073937 or munron@ukzn.ac.za or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

**HUMANITIES & SOCIAL SCIENCES
RESEARCH ETHICS ADMINISTRATION**
Research Office, Westville Campus
Govan Mbeki Building
Private Bag X 54001
Durban
4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557- Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

Your participation in this study is voluntary and you may withdraw participation at any point. In the event of refusal/withdrawal of participation, you will not incur penalty or loss of treatment or any other benefit to which you are normally entitled. The researcher may terminate the study with the you should you present with any discomfort or at the request of the participant since the participant will have the option of withdrawing from the study at any time

No costs will be incurred by participants as a result of participation in the study. In the event of participants requiring data for the interview, a maximum of 500mb will be given to the participant.

I have completed the online TTREE ethics training, as a requirement by UKZN for the purposes of completing my master's dissertation. Due to covid-19, all interviews will be online to prevent the transmission of the virus. No contact will be made with participants until informed consent is obtained, no vulnerable participants will be used, recordings will be deleted once the transcription is complete and data will be kept in line with the universities guidelines. In the event of the participant facing any discomfort, they would be referred to Gift of the Givers Careline.

--

CONSENT

I (Name) _____ have been informed about the study entitled (provide details) by (provide name of researcher/fieldworker).

I understand the purpose and procedures of the study.

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

I have been informed about any available compensation or medical treatment if injury occurs to me as a result of study-related procedures.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at (provide details).

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

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4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557 - Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

Additional consent, where applicable

I hereby provide consent to:

Audio-record my interview / focus group discussion	YES / NO
Video-record my interview / focus group discussion	YES / NO
Use of my photographs for research purposes	YES / NO

Signature of Participant

Date

Signature of Witness
(Where applicable)

Date

Information Sheet and Consent to Participate in Research (Participant – Non-Religious Leader)

Date: 10 February 10, 2021

Dear potential research participant

My name is Mohammed Uzair Bhamjee, a masters student in counselling psychology from the University of Kwa-Zulu Natal under the supervision of Dr Nicholas Munro

Telephone Number: 0716073937

Email Address: munron@ukzn.ac.za

You are being invited as a Potential participant to consider participating in a study that involves research where we would like to understand what contributes towards your resilience. Resilience is about bouncing back after a challenging life event. The aim and purpose of this research is to gain insight on your experience in response to adversities also known as challenging life events, and to understand how Islam as a religion contributes to your resilience. The study is expected to enrol 8-10 participants in total within the country. It will involve the following procedures one on one interviews where I will ask you certain questions pertaining to the study. The duration of your participation if you choose to enrol and remain in the study is expected to be 1 interview, no longer than 60 minutes long and you might be contacted for more information should the need arise during the 1-year period). The study is self-funded and no cost implication will be incurred upon you apart from data costs.

The study may involve the following risks and/or discomforts: thinking of past adversities and traumatic experiences. We hope that the study will create the following benefits: contribute towards Islamic psychology literature in the country, help other psychologists understand what contributes towards Islamic resilience and assist other Muslims in terms of bouncing back by using various methods. In the event of the participant facing any discomfort, they would be referred to Gift of the Givers Careline.

<https://giftofthegivers.org/social-upliftment/careline-counselling-service/>

Telephone Toll Free: 0800 786 786

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The participation is voluntary and participants may withdraw participation at any point. In the event of refusal/withdrawal of participation the participants will not incur penalty or loss of treatment or other benefit to which they are normally entitled. The researcher will terminate the study with the participant should the participant present with any discomfort or at the request of the participant since the participant will have the option of withdrawing from the study at any time

No any costs will be incurred by participants as a result of participation in the study. In the event of participants requiring data for the interview, a maximum of 500mb will be given to the participant.

I have completed the online TTREE ethics training, as a requirement by UKZN for the purposes of completing my master's dissertation. Due to covid-19, all interviews will be online to prevent the transmission of the virus. No contact will be made with participants until informed consent is obtained, no vulnerable participants will be used, recordings will be deleted once the transcription is complete and data will be kept in line with the universities guidelines. In the event of the participant facing any discomfort, they would be referred to Gift of the Givers Careline.

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CONSENT

I (Name) _____ have been informed about the study entitled (provide details) by (provide name of researcher/fieldworker).

I understand the purpose and procedures of the study.

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

I have been informed about any available compensation or medical treatment if injury occurs to me as a result of study-related procedures.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at (provide details).

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

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Tel: 27 31 2604557 - Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

Additional consent, where applicable

I hereby provide consent to:

Audio-record my interview / focus group discussion	YES / NO
Video-record my interview / focus group discussion	YES / NO
Use of my photographs for research purposes	YES / NO

Signature of Participant

Date

Signature of Witness
(Where applicable)

Date

Appendix 3 -Interview schedule

Interview schedule – semi structured for religious leaders

Focus 1: Welcome, consent, and introduction

Thank participant for considering participation, explain consent form and seek informed consent

General opening question: To start our interview, please tell me a bit about yourself (prompts may include: study/work fields, family, current hobbies etc)

Focus 2: Mental health

Introduce the focus areas: My study is about Islam, mental health, adversity, and resilience. I'd like to get your insight into and experiences of these topics

In your experience as a religious leader, what qualities have you observed in your work with Muslim adults that may make them mentally healthy in terms of coping and functioning?

What qualities have you observed in your work with Muslim adults that may make them mentally unhealthy?

Focus 3: Life challenges, resilience and Islam

What is your understanding of resilience?

How do you know if a Muslim adult you are working with is resilient?

In your experience as a religious leader, what are some of the common difficulties or challenges that Muslim adults experience and bring to you?

How do you use Islam to help Muslim adults cope with difficult experiences?

How might Islam not be helpful in your work with Muslim adults who are facing difficulties?

If a Muslim adult faces a challenge in life, what is the first thing you would suggest they do?

How does the action (or actions) you suggest help a Muslim adult stay strong?

What does or should prayer mean to a Muslim adult

What does or should prayer entail for a Muslim adult seeking assistance with a life challenge?

Is it reading salah, making dhikr, speaking to Allah? Please elaborate

How should a Muslim adult use prayer to help him/her stay strong in life?

What do you enjoy most about your religion?

What elements of Islam might not help a Muslim adult who is struggling with a life challenge?

Interview schedule – semi structured for Muslim adults

Focus 1: Welcome, consent, and introduction

Thank participant for considering participation, explain consent form and seek informed consent

General opening question: To start our interview, please tell me a bit about yourself (prompts may include: study/work fields, family, current hobbies etc)

Focus 2: Mental health

Introduce the focus areas: My study is about Islam, mental health, adversity, and resilience.

I'd like to get your insight into and experiences of these topics

In your experience, what qualities have you observed that may enable you to be mentally healthy in terms of coping and functioning?

In your experience, what qualities have you observed that may enable you to be mentally unhealthy healthy?

Focus 3: Life challenges, resilience and Islam

What is your understanding of resilience?

How do you know if you are resilient?

What are some of the common difficulties or challenges that you face?

How do you use Islam to help you cope with difficult experiences?

How might Islam not be helpful to you while facing difficulties?

If you face a challenge in life, what is the first thing you do? How does the action (or actions) you suggest help you stay strong?

What does or should prayer mean to you?

What does or should prayer entail for a you seeking assistance with a life challenge? Is it reading salah, making dhikr, speaking to Allah? Please elaborate

What do you enjoy most about your religion?

What elements of Islam might not help you struggling with a life challenge?

Appendix 4 – Support from Gift of the Givers



Appendix 5 – Letter of Permission from Jamiatul Ulama South Africa

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1st Floor, Baitul Hamd,
32 Dolly Rathebe Road,
Fordsburg, Johannesburg, 2092

P. O. Box 42863, Fordsburg, 2033
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Jamiatul Ulama
south africa

COUNCIL OF MUSLIM THEOLOGIANS
Established in 1923 as Jamiatul Ulama Transvaal
023-957-NPO P&O No: 930019982

29 June 2021

To Whom it May Concern

Re: Mr Mohammed Uzair Bhamjee

The Jamiatul Ulama South Africa (Council of Theologians) permits Mr Mohammed Uzair Bhamjee to conduct interviews with Muslim scholars affiliated to it as respondents to questions prepared as part of an academic research exercise, under a post-graduate dissertation project entitled: *Islam as a source of resilience among Muslim Adults in South Africa: An exploratory study.*

This permission is subject to Mr Bhamjee's adherence to ethical standards governing such research projects, which among others include confidentiality and informed consent.

Yours Faithfully,



E.I. Bham (Moulana)

Operating in Gauteng, Limpopo, Mpumalanga, North West, Free State and Northern Cape Provinces

HEAD OFFICE:	AZAADVILLE	BENONI	KLERKSDORP	LAUDIUM	LENASIA	MIDDELBURG
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Fax: 011 373 8022	Fax: 011 413 1365	Fax: 086 697 6280	Fax: 018 467 8785	Fax: 012 374 1457	Fax: 011 854 5849	Fax: 086 610 1620

Appendix 6 - Ethics approval



31 July 2021

Mr Mohammed Uzair Bhamjee (221093530)
School Of Applied Human Sc
Pietermaritzburg Campus

Dear Mr Bhamjee,

Protocol reference number: HSSREC/00003096/2021

Project title: Islam as a source of resilience among Muslim Adults in South Africa. An exploratory study

Degree: Masters

Approval Notification – Expedited Application

This letter serves to notify you that your application received on 19 July 2021 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid until 31 July 2022.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

All research conducted during the COVID-19 period must adhere to the national and UKZN guidelines.

HSSREC is registered with the South African National Research Ethics Council (REC-040414-040).

Yours sincerely,



Professor Dipane Hlalele (Chair)

/dd

Humanities and Social Sciences Research Ethics Committee

Postal Address: Private Bag X54001, Durban, 4000, South Africa

Telephone: +27 (0)31 260 8350/4557/3587 Email: hssrec@ukzn.ac.za Website: <http://research.ukzn.ac.za/Research-Ethics>

Founding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

INSPIRING GREATNESS

Appendix 7- Certificate of editing



CERTIFICATE OF EDITING

This certificate confirms that the below listed dissertation was edited by one or more English experts with a Masters in English

*Islam as a source of resilience among
Muslim adults in South Africa*

Manuscript Title

Bhamjee MEd

Author

*Neither the research content nor the author's intentions were altered.
The following items were corrected: grammar, language, spelling,
punctuation, sentence structure and referencing.*




Muhammed Y Cassim
Director

November 2022

Date Issued

