

RELIGIOUS COPING AMONG MUSLIM UNIVERSITY STUDENTS: PSYCHOMETRIC EVALUATION OF THE BRIEF RCOPE-MALAY

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Abstract

Religious coping is an important dimension of psychological adjustment, particularly in Muslim populations where faith is central to managing stress. The Brief Religious Coping Scale (Brief RCOPE) is widely used to assess positive (PRC) and negative (NRC) religious coping; however, a validated Malay-language version has not been available. The study aimed to assess the psychometric properties of the Malay Brief RCOPE (Brief RCOPE-M) among Muslim students in a Foundation in Islamic Studies program at a Malaysian public university. A total of 144 Malay Muslim students (mean age = 18.56±0.50, 72.9% female) participated. The Brief RCOPE underwent forward-backward translation and cultural review. Exploratory factor analysis (principal axis factoring, oblimin rotation) examined factor structure. Reliability was assessed with Cronbach's alpha, and convergent validity was evaluated through

correlations with the Malay versions of the Duke University Religion Index (DUREL-M), Copenhagen Burnout Inventory (CBI-M), and Brief Resilience Scale (BRS-M). Findings supported a two-factor solution consistent with PRC and NRC, with eigenvalues > 1 , explaining 61% of the variance. Internal consistency was high (PRC $\alpha = 0.93$; NRC $\alpha = 0.82$). PRC was positively correlated to religiosity and resilience, while NRC was positively correlated to burnout and negatively to resilience, supporting convergent and concurrent validity. PRC and NRC were weakly correlated ($r = -0.12$), suggesting relative independence. No gender differences between male and female students for PRC and NRC. Overall, the Brief RCOPE-M demonstrated sound psychometric properties and provides a reliable and valid instrument for assessing religious coping among Malay-speaking Muslim populations in Malaysia. Future studies should apply confirmatory factor analysis (CFA) and cultural validation to ensure a robust and contextually appropriate instrument.

Keywords: Religious coping; Islam; students; Malay language; Brief RCOPE-M.

Khulasah

Daya tindak beragama merupakan dimensi penting dalam penyesuaian psikologi, khususnya dalam kalangan populasi Muslim yang menjadikan keimanan sebagai asas utama dalam pengurusan tekanan hidup. *Brief Religious Coping Scale* (Brief RCOPE) telah digunakan secara meluas bagi menilai daya tindak beragama positif (*Positive Religious Coping*, PRC) dan daya tindak beragama negatif (*Negative Religious Coping*, NRC), namun versi Bahasa Melayu yang disahkan kesahihannya masih belum tersedia. Kajian ini bertujuan menilai sifat psikometrik *Brief RCOPE* versi bahasa Melayu dalam kalangan pelajar Muslim program Asasi Pengajian Islam di sebuah universiti awam di Malaysia. Seramai 144 pelajar Muslim (purata umur = 18.56 ± 0.50 , 72.9% perempuan)

terlibat. *Brief RCOPE* telah diterjemahkan secara hadapan-belakang (*forward-backward translation*) dan disemak kesesuaiannya dalam konteks budaya tempatan. Analisis faktor penerokaan (*exploratory factor analysis* (*principal axis factoring*, *oblimin rotation*)) dilaksanakan untuk meneliti struktur faktor. Kebolehpercayaan dalaman dinilai menggunakan pekali *alfa Cronbach*, manakala kesahan konvejen diuji melalui korelasi dengan versi Melayu *Duke University Religion Index* (DUREL-M), *Copenhagen Burnout Inventory* (CBI-M), dan *Brief Resilience Scale* (BRS-M). Hasil kajian menunjukkan penyelesaian dua faktor sejajar dengan konstruk PRC dan NRC, serta nilai *eigenvalue* >1, yang menjelaskan 61% varians. Kebolehpercayaan adalah tinggi (PRC $\alpha = 0.93$; NRC $\alpha = 0.82$). PRC berkorelasi positif dengan tahap keberagamaan dan daya ketahanan, manakala NRC berkorelasi positif dengan kelesuan (*burnout*), sekali gus menyokong kesahan konverjen dan serentak instrumen ini. PRC dan NRC berkorelasi secara lemah ($r = -0.12$) mencadangkan kedua-dua daya tindak ini agak bebas di antara satu sama lain. Tiada perbezaan jantina dari PRC dan NRC. Secara keseluruhan *Brief RCOPE-M* mempunyai ciri psikometrik yang kukuh, serta merupakan instrumen yang sah dan boleh dipercayai untuk menilai daya tindak beragama dalam kalangan populasi Muslim berbahasa Melayu. Kajian lanjutan disarankan untuk menggunakan analisis faktor pengesahan (CFA) dan pengesahan budaya bagi memperkukuhkan aplikasinya.

Kata kunci: Daya Tindak Beragama; Islam; pelajar; Bahasa Melayu; *Brief RCOPE-M*.

Introduction

There is considerable diversity in how meaning has been conceptualized and operationalized in relation to coping and adjustment with stressful life events. The meaning-making model, as described by Park and Lazarus, refers to individuals' ongoing attempts to appraise and reappraise

stressful experiences to reduce distress and restore a sense of coherence.¹ This model extends stress and coping theory by explicitly highlighting the functions of meaning and the role of beliefs and goals in shaping how people interpret and respond to adversity. Central to the model is the process of reappraisal, through which individuals seek congruence between their global meaning, described as their enduring beliefs, values, life goals, and the manner in which certain life events were appraised.² Global meaning, according to Park, encompasses stable frameworks such as religion, which leads individuals to reappraise situations in ways that preserve consistency with their beliefs, thereby offering a comprehensive system for interpreting suffering, loss, and adversity.³

A study among Irish undergraduates reported that religious affiliation, such as attending religious services, which was a measure of religious practice, has been shown to predict a significant proportion of variance in life satisfaction.⁴ Extensive empirical work among Christian populations has shown that global indicators such as church attendance are associated with life satisfaction, yet scholars increasingly stress the need for more conceptually precise measures (e.g., closeness to God, religious motivation,

¹ Crystal L. Park and Susan Folkman, "Meaning in the Context of Stress and Coping," *Review of General Psychology* 1 (1997), 115-144. <https://doi.org/10.1037/1089-2680.1.2.115>.

² Crystal L. Park, "Making Sense of The Meaning Literature: An Integrative Review of Meaning Making and Its Effects on Adjustment to Stressful Life Events," *Psychological Bulletin* 136(2) (2010), 117. <https://doi.org/10.1037/a0018301>.

³ Crystal L. Park, "Making Sense of The Meaning Literature", 121.

⁴ Michael Doane, "The Association between Religiosity and Subjective Well-Being: The Unique Contribution of Religious Service Attendance and the Mediating Role of Received Religious Social Support," *Irish Journal of Psychology* 34 (2013), 49-66. <https://doi.org/10.1080/03033910.2013.775071>.

religious support) to understand these effects.⁵ By contrast, such systematic investigations remain limited in Muslim contexts, elucidating the need to explore the association between religiosity and coping mechanisms among Muslims population.

Religious coping is understood as a distinct mode of coping rooted in religious beliefs and practices, influencing how individuals interpret and respond to adversity. In a two-year longitudinal study among hospitalized elderly patients, Pargament et al. demonstrated that constructive approaches, such as seeking divine support or engaging in positive religious reappraisals, were associated with improved spiritual, mental and physical well-being. In contrast, maladaptive strategies such as perceiving illness as divine punishment or experiencing conflict within one's religious community were linked to poorer health outcomes.⁶ In this context, religiosity and spirituality serve as significant meaning systems, offering comfort and hope in times of suffering.⁷ While much of the literature on religious coping and spiritual well-being has centered on Christian populations, research has also identified diverse forms of religious struggles, including intrapersonal, interpersonal, and divine. Some coping approaches

⁵ Peter C. Hill & Kenneth I. Pargament, "Advances in The Conceptualization and Measurement of Religion and Spirituality. Implications for Physical and Mental Health Research," *Am Psychol* 58(1) (2003), 64-74, <https://doi.org/10.1037/0003-066x.58.1.64>.

⁶ Kenneth I. Pargament et al., "Religious Coping Methods as Predictors of Psychological, Physical and Spiritual Outcomes among Medically Ill Elderly Patients: A Two-year Longitudinal Study," *Journal of Health Psychology* 9(6) (2004), 713-730. <https://doi.org/10.1177/1359105304045366>.

⁷ Julio F P Peres et al., "Spirituality and Resilience in Trauma Victims," *Journal of Religion and Health* 46 (2007), 343-50. <https://doi.org/10.1007/s10943-006-9103-0>.

contribute to positive adjustment, whereas others may exacerbate outcomes.⁸

Pargament and colleagues first conceptualized religious coping as comprising two distinct dimensions, positive and negative, and often these dimensions are measured using the Brief Religious Coping Scale (Brief RCOPE).⁹ Positive religious coping is construed as distinct approaches in engaging a secure relationship with the Divine, drawing spiritual support and closeness with religious communities, and reframing stressful experiences as means for spiritual growth, meaning-making and finding purpose.¹⁰ Such approaches are associated with greater resilience, psychological adjustment, and posttraumatic growth, as also highlighted by Peres and colleagues, who noted that religiosity and spirituality provide explanations, prevent hopelessness, and foster recovery in trauma victims.¹¹

In contrast, negative religious coping reflects an individual's discontent with God or religious communities when responding to difficulties, which may intensify distress and hinder adjustment.¹² These dual pathways

⁸ Hisham Abu-Raiya and Kenneth I. Pargament, "Religious Coping Among Diverse Religions: Commonalities and Divergences," *Psychology of Religion and Spirituality* 7(08/18) (2014), 24-33, <https://doi.org/10.1037/a0037652>.

⁹ Kenneth I. Pargament, Margaret Feuille, and Donna Burdzy, "The Brief RCOPE: Current Psychometric Status of a Short Measure of Religious Coping," *Religions* 2(1) (2011), 51-76. <https://doi.org/10.3390/rel2010051>.

¹⁰ Kenneth Pargament, Harold Koenig, and Lisa Perez, "The Many Methods of Religious Coping: Development and Initial Validation Of The RCOPE," *Journal of Clinical Psychology* 56 (2000), 519-543. [https://doi.org/10.1002/\(SICI\)1097-4679\(200004\)56:4<519::AID-JCLP6>3.0.CO;2-1](https://doi.org/10.1002/(SICI)1097-4679(200004)56:4<519::AID-JCLP6>3.0.CO;2-1).

¹¹ Peres et al., "Spirituality and Resilience in Trauma Victims", 343-50.

¹² Kenneth I. Pargament et al., "Patterns of Positive and Negative Religious Coping with Major Life Stressors," *Journal for the Scientific Study of Religion* 37(4) (1998), 710-724.

highlight the multifaceted nature of religious coping and serve as a crucial basis for exploring how these processes operate within different faith traditions, including Islam.

The core principles of Islamic teachings are grounded in the tenets, values, and ethics derived from the Qur'an and Hadith. The Qur'an frequently emphasizes the inevitability of trials and tribulations, while assuring believers that perseverance through such challenges is rewarded with divine guidance. This concept is illustrated in the following verse from the Qur'an (Al-Baqarah 2:155–157, translated):

“Be sure We will test you with something of fear and hunger, some loss in goods or lives or the fruits (of your toil), but give glad tidings to those who patiently persevere, Who say, when afflicted with calamity: “To God we belong, and unto Him is our return”: They are those on whom (descend) blessings from God, and Mercy, and they are the ones that receive guidance”

The principle of Oneness (*Tawhid*) represents a divine message from God to all creation, illuminating minds and souls and fostering learning and the generation of knowledge beneficial to humanity (*ummah*).¹³ Appraising and re-appraising adversities through positive religious coping is reflected in concepts such as *tawakkul* (trustful reliance on Allah), *sabr* (patience and perseverance in hardship), *shukr* (gratitude), and *istighfar* (seeking forgiveness), all of which foster resilience, spiritual growth, and acceptance of divine wisdom.¹⁴ These practices

¹³ Syed Mohammad Helmi Syed Abdul Rahman et al., "Developing Islamic Psychospiritual Guidelines for COVID-19 Task Counsellors," *Afkar: Jurnal Akidah dan Pemikiran Islam* 25(1) (2023), 131-158.

¹⁴ Meguellati Achour et al., "Measuring Religiosity and Its Effects on Personal Well-Being: A Case Study of Muslim Female Academicians in Malaysia," *J Relig Health* 54(3) (2015), 984-997. <https://doi.org/10.1007/s10943-014-9852-0>.

strengthen a believer's relationship with Allah, provide hope and moral direction, and reframe suffering within a larger framework of meaning and purpose. Conversely, unresolved and incomplete spiritual issues in an individual can ignite spiritual distress affecting the core belief system associated with strength, hope, and the meaning of life. From an Islamic perspective, negative religious coping is closely linked to spiritual distress manifested through emotional discontentment towards self, people and God, misinterpreting adversities as punishment from God due to sins, inability to accept fate (*taqdir*) and may precipitate depression, burnout, and anxiety.¹⁵

The Brief RCOPE is described as a multi-modal instrument since it reflects diverse expressions of religious coping in the face of adversities.¹⁶ All fourteen items represent emotional, cognitive, relational, and behavioral responses that can be adaptive or maladaptive and are therefore clustered into two domains: positive religious coping (PRC) and negative religious coping (NRC).¹⁷ Brief RCOPE has been widely applied across diverse cultural, clinical, and non-clinical settings, demonstrating strong psychometric properties. Its brevity and sound measurement qualities make it particularly suitable for student populations and health research, where efficiency and low respondent burden are important. Nonetheless, the instrument has been critiqued for its reliance on Christian-based concepts and values.¹⁸ Given that religious coping is a universal phenomenon yet expressed differently across religious traditions, it is essential to examine the

¹⁵ Sharifah Basirah Syed Muhsin et al., "*Muhasabah al-Nafs* (Self-Reflection) dalam Menangani Keresahan Spiritual (Spiritual Distress)," *Jurnal Usuluddin* 50(1) (2022), 42-72.

¹⁶ Pargament et al., "The Many Methods of Religious Coping: Development and I," 543.

¹⁷ Pargament & Burdzy, "The Brief RCOPE", 76.

¹⁸ Abu-Raiya & Pargament, "Religious Coping Among Diverse Religions," 24-33.

applicability of the Brief RCOPE in non-Christian contexts to ensure its cultural and religious relevance, as well as its psychometric robustness, in this setting. In Muslim populations, the psychometric properties of the translated version have been validated among Indonesian women,¹⁹ Iranian university students,²⁰ and Iraqi secondary school students,²¹ supporting the instrument's validity and reliability for evaluating religious coping among Muslims.

In Malaysia, Malays are the largest ethnic group, with Islam recognized as the state's official religion, while freedom is granted to other races to practice Christianity, Buddhism, Hinduism, or other beliefs due to its unique multiracial and multireligious social landscape. Brief RCOPE has been utilized in the studies of religious coping among the Malaysian population, but unfortunately, the Malay version of Brief COPE²² was used alongside the English Brief RCOPE to examine religious coping among

¹⁹ Wastu Adi Mulyono and Wahyu Ekowati, "Validation of Indonesian Brief Measurement of Religious Coping (Brief R Cope BI)," *Jurnal Keperawatan Soedirman* 18(1) (2023), 52-57.

²⁰ Ali Mohammadzadeh and Mahmoud Najafi, "Factor Analysis and Validation of The Brief Religious Coping Scale (Brief-RCOPE) in Iranian University Students," *Mental Health, Religion & Culture* 19(8) (2016), 911-919. <https://doi.org/10.1080/13674676.2017.1282445>.

²¹ Ashraf Al-Hadethe et al., "Cross-Cultural Validation and Psychometric Properties of the Arabic Brief Religious Coping Scale (A-BRCS)," *Journal of Religion and Health* 55(1) (2016), 16-25. <https://doi.org/10.1007/s10943-014-9963-7>.

²² Mohd Nasir Che Mohd Yusoff, Wah Yun Low and Cheng-Har Yip, "Reliability and Validity of the Malay Version of Brief Cope Scale: A Study on Malaysian Women Treated with Adjuvant Chemotherapy for Breast Cancer," *Malaysian Journal of Psychiatry* 18(1) (2009), 41.

healthcare workers,²³ university students,²⁴ and substance users.²⁵ Brief COPE has one specific 2-item subscale called Religion, which assesses the use of religious or spiritual practices as a coping strategy, but it does not differentiate between the negative or positive aspects of religious coping.²⁶ This gap highlights the urgent need for a validated Malay-language Brief RCOPE that can be reliably used among Malay-speaking populations. A validated Malay-language Brief RCOPE would therefore provide researchers and clinicians with a robust tool for assessing both adaptive and maladaptive religious coping strategies. This is especially relevant for youth populations studying in tertiary institutions, where religion is integral to worldview and daily life.

The present study aims to translate, adapt, and validate the Brief RCOPE into Malay among Muslim students in a foundation program of Islamic Studies in the state of Kelantan, Malaysia. The study also seeks to establish its psychometric properties, including factorial structure and reliability, using exploratory factor analysis (EFA). To further strengthen construct validity, additional measures of

²³ Soon Ken Chow et al., "Religious Coping, Depression and Anxiety among Healthcare Workers during the COVID-19 Pandemic: A Malaysian Perspective," *Healthcare (Basel)* 9(1) (2021), 79. <https://doi.org/10.3390/healthcare9010079>.

²⁴ Mohd Hazreen Abdul Rashid et al., "Religiosity, Religious Coping and Psychological Distress among Muslim University Students in Malaysia," *International Journal of Evaluation And Research in Education* 10(1) (2021), 150-160, <https://doi.org/10.11591/ijere.v10i1.20870>

²⁵ Chow Hok Tan, Rusdi Abd Rashid, and Ng Chong Guan, "Anxiety and Depression among Amphetamine-Type Stimulant Users: The Association with Religiosity and Religious Coping," *Malays J Med Sci* 27(4) (2020), 51-63. <https://doi.org/10.21315/mjms2020.27.4.5>.

²⁶ Charles S. Carver, "You Want to Measure Coping But Your Protocol's Too Long: Consider The Brief COPE," *Int J Behav Med* 4(1) (1997), 92-100. https://doi.org/10.1207/s15327558ijbm0401_6.

religiosity (DUREL-Malay), burnout (CBI-Malay), and resilience (Brief Resilience Scale-Malay) were employed.

Methods

Study Design

This study utilised a cross-sectional design to translate, culturally adapt, and validate the Malay version of the Brief Religious Coping Scale (Brief RCOPE). The validation process included forward-backward translation, review by the experts in mental health and linguistics, pilot testing, and evaluation of the psychometric properties using exploratory factor analysis (EFA) and reliability testing.

The psychometric properties of the Brief RCOPE-Malay were examined in terms of reliability and validity. Internal consistency reliability was assessed using Cronbach's alpha for Positive Religious Coping (PRC) and Negative Religious Coping (NRC) subscales. Construct validity was evaluated using factorial and convergent validity. Factorial validity was assessed using exploratory factor analysis (EFA). Convergent validity was assessed by correlating PRC and NRC scores with related constructs (DUREL-M, CBI-M and BRS-M).

Forward-Backward Translation of Brief RCOPE

The 14 items of the Brief RCOPE were translated from English into the Malay language by two independent bilingual translators (a psychiatrist and one with Islamic studies expertise). The two versions were compared, and discrepancies were resolved to form a single reconciled draft (synthesis). Once the discrepancies were resolved, another two bilingual translators, blinded to the original scale, translated the draft back into English (backward translation). A panel of five experts (a psychiatrist, an Islamic studies scholar, a psychologist, a linguist, and an educationist) reviewed the translations for semantic, conceptual, and cultural equivalence. Special attention was given to potentially theologically sensitive items (e.g., item

13, "Decided the devil made this happen", and item 14, "*Question the power of God*"), ensuring cultural appropriateness while retaining construct validity. The forward-backward translation method adhered to the translation guideline.²⁷ 10 bachelor's degree students in Islamic Studies were involved in the pilot-testing of the questionnaire prior to data collection, and concluded that each item was easily understood, maintained within the boundaries of Islamic teachings, non-ambiguous, and did not trigger any distress during and after going through the questionnaire. Minor modifications to the wording were made in response to feedback. An expert in Islamic psycho-spirituality conducted the final revision of the Malay version of Brief RCOPE (Brief RCOPE-M) and to confirm consistency in linguistic and conceptual equivalence as well as its appropriateness from an Islamic psycho-spiritual context.

Participants, settings, and duration of study

The study took place between May and June 2025. The authors of the original Brief RCOPE,²⁸ granted permission to translate the instrument into the Malay language for the purpose of a validation study. The respondents who volunteered to participate were recruited through a purposive sampling method. The data collected in this study were strictly confidential and provided without remuneration.

The participants were from the Foundation in Islamic Studies, the sole off-campus foundation program offered by the Universiti Malaya at its Universiti Malaya Education

²⁷ Valmi D. Sousa and Wilaiporn Rojjanasrirat, "Translation, Adaptation and Validation of Instruments or Scales For Use in Cross-Cultural Health Care Research: A Clear and User-Friendly Guideline," *Journal of Evaluation in Clinical Practice* 17 (2011), 268-274. <https://doi.org/10.1111/j.1365-2753.2010.01434.x>.

²⁸ Pargament & Burdzy, "The Brief RCOPE", 76.

Centre (UMEC) in Bachok, Kelantan. The program spans two semesters, equivalent to one academic year. Upon successful completion, students may progress to undergraduate degree programs at the Academy of Islamic Studies, at the Universiti Malaya main campus in Kuala Lumpur.

209 students registered for the mental health webinar series, of which 144 who consented to participate in the study were required to complete questionnaires via Google Forms. ZAS, who conducted the webinar, explained the nature and aims of the study. All participants were Muslims, aged 18–19 years. Inclusion criteria were: (i) being a native Malay speaker, (ii) full-time enrolment in the Foundation in Islamic Studies program, and (iii) willingness to provide informed consent. Expatriate students were excluded. Based on a 10:1 subject-to-item ratio, a minimum sample size required for the study was 140.²⁹ Socio-demographic profile was acquired via questionnaires designed for the study, which included age, gender, ethnicity, religion, and marital status. Approval for the study protocol was granted by the University Malaya Research Ethics Committee (UM.TNC2/UMREC_3621).

Instruments

Brief Religious Coping Scale (Brief ROPE) and the Malay Version of the Brief RCOPE (Brief RCOPE-M)

Brief RCOPE was designed as a 14-item, self-administered questionnaire that consists of seven positive religious coping (PRC) items and seven negative religious coping (NRC) items.³⁰ This instrument is designed to identify religious methods used by those coping with major life stressors. The scoring is based on a 4-point Likert scale,

²⁹ Joseph Franklin Hair et al., *Multivariate Data Analysis: A Global Perspective* 7th ed. (Upper Saddle River, NJ: Pearson Education, 2010), 79.

³⁰ Pargament & Burdzy, "The Brief RCOPE", 51-76.

from 1 ("Not at all") to 4 ("A great deal"). Subscale scores are obtained by computing the mean of the respective items, with higher scores reflecting greater use of the coping style. PRC reflects strategies such as seeking spiritual support from God and the religious community, religious reappraisal of stressful events as a form of spiritual growth, and collaborative problem solving with God, whereas NRC captures expressions of spiritual struggle, such as feelings of abandonment and punishment by God. The two subscales are conceptually distinct rather than opposite poles of a continuum, and both are typically reported separately in analyses.³¹ Both the PRC and NRC scales have demonstrated good internal consistency across cultures, settings, and clinical and non-clinical samples, particularly among Christian and American populations.³² The Malay version of the Brief RCOPE items was derived from the Brief RCOPE to examine its validity and reliability.

Malay version of Duke University Religiosity Index-Malay (DUREL-M)

The Duke University Religion Index (DUREL) is a brief 5-item measure of religiosity assessing three domains: Organizational Religious Activity (ORA), Non-Organizational Religious Activity (NORA), and Intrinsic Religiosity (IR).³³ ORA reflects communal religious practices such as attending worship services, while NORA refers to private practices such as prayer and scripture reading. IR evaluates the degree of personal religious

³¹ Pargament & Burdzy, "The Brief RCOPE", 57

³² Nicola Saunders and Zoe Stephenson, "Reviewing the use of the Brief Religious Coping Scale (Brief RCOPE) Across Diverse Cultures and Populations," *J Relig Health* 63(5) (2024), 3926-3941. <https://doi.org/10.1007/s10943-024-02119-z>.

³³ Harold G. Koenig, Gail R. Parkerson Jr., and Keith G. Meador, "Religion Index for Psychiatric Research," *Am J Psychiatry* 154(6) (1997), 885-886. <https://doi.org/10.1176/ajp.154.6.885b>.

commitment and motivation. The scale yields a total score ranging from 5 to 27, with higher scores indicating greater religiosity. The Malay version (DUREL-M) was translated and validated among Malaysian nursing students, demonstrating good psychometric properties with an internal consistency reliability of 0.80.³⁴

Malay Version of Copenhagen Burnout Inventory (CBI-M)

The Copenhagen Burnout Inventory (CBI) was translated and validated in Malay among medical students at a public university in Malaysia.³⁵ The instrument assesses burnout across three domains: personal burnout (6 items), work-related burnout (7 items), and client-related burnout (6 items). Each item is rated on a 5-point Likert scale ranging from 0 (*Always/To a very high degree*) to 4 (*Never/Almost never/To a very low degree*). Responses were reverse-coded and transformed to a 0–100 scale, where higher scores indicate greater burnout severity. The Malay version demonstrated good internal consistency, with a Cronbach's alpha of 0.87.

Malay Version Brief Resilience Scale (BRS-M)

The Brief Resilience Scale (BRS) is a 6-item self-report instrument developed to assess resilience, defined as "the ability to bounce back following a stressful event."³⁶ It consists of three positively worded items (items 1, 3, and 5)

³⁴ Nurasikin Mohamad Shariff, Aida Syarizan Ahmad Adlan, and Ng Chong Guan, "Validity and Reliability of the Malay Version of Duke University Religion Index (DUREL-M) Among A Group of Nursing Student," *Malaysian Journal of Psychiatry* 19(2) (2010), 68.

³⁵ Ri Wei Andrew Chin et al., "Investigating Validity Evidence of The Malay Translation of The Copenhagen Burnout Inventory," *J Taibah Univ Med Sci* 13(1) (2018), 1-9. <https://doi.org/10.1016/j.jtumed.2017.06.003>.

³⁶ Bruce W. Smith et al., "The Brief Resilience Scale: Assessing The Ability to Bounce Back," *Int J Behav Med* 15(3) (2008), 194-200. <https://doi.org/10.1080/10705500802222972>.

and three negatively worded items (items 2, 4, and 6), which help reduce response bias. Each item is rated on a 5-point Likert scale ranging from 1 (*Strongly disagree*) to 5 (*Strongly agree*). Negatively worded items are reverse-coded, and the final score is obtained by averaging all six items, yielding a possible range of 1 to 5, with higher scores indicating greater resilience. The Malay version (BRS-M) demonstrated a two-factor structure, labelled "Resilience" and "Succumbing." Confirmatory factor analysis supported the construct validity, with good internal consistency reliability (Cronbach's $\alpha = 0.81$; McDonald's $\omega = 0.81$).³⁷

Statistical Analyses

Data were analyzed using SPSS version 30.0 (IBM Corp., Armonk, NY, USA). Normality was assessed via skewness and kurtosis indices within recommended thresholds.³⁸

Reliability Analysis

Reliability analysis was performed to evaluate the internal consistency of the Malay Brief RCOPE. Cronbach's alpha coefficient was used to measure the reliability of the items. A Cronbach's alpha value above 0.70 is generally considered acceptable for research purposes, while values above 0.80 indicate good internal consistency.³⁹

Factor Analysis

Exploratory factor analysis (EFA) was performed to examine the structure of the Brief RCOPE-M. Sampling

³⁷ Zuraida Ahmad Sabki et al., "Assessment of Psychometric Properties of the Malay Version of the Brief Resilience Scale (BRS-M) among Non-Academic Staff Working from Home during COVID-19 in Malaysia," *Healthcare* 11(8) (2023), 1146. <https://doi.org/10.3390/healthcare11081146>.

³⁸ Hae-Young Kim, "Statistical Notes for Clinical Researchers: Assessing Normal Distribution (2) Using Skewness And Kurtosis," *Restorative Dentistry & Endodontics* 38 (2013), 52-54. <https://doi.org/10.5395/rde.2013.38.1.52>.

³⁹ Jum C. Nunnally and Ira H. Bernstein, *Psychometric Theory*, 3rd ed. (New York: McGraw-Hill, 1994), 21.

adequacy was determined using the KMO measure and Bartlett's test of sphericity. Principal Axis Factoring (PAF) with oblimin rotation was applied, as PAF is suitable for latent construct identification without assuming normality,⁴⁰ and oblique rotation allows for correlated factors.⁴¹ Factor retention was guided by eigenvalues >1 and interpretability consistent with the two-factor model.

Convergent Validity

Convergent validity was evaluated by assessing the correlations between Positive Religious Coping (PRC) and Negative Religious Coping (NRC) scores with related constructs, namely religiosity (DUREL-M), burnout (CBI-M), and resilience (BRS-M). As the variables were not normally distributed, Spearman's rho correlations were employed. Based on the theoretical context, PRC was hypothesized to correlate positively with religiosity and resilience, whereas NRC was hypothesized to correlate positively with burnout and negatively with resilience.

Results

A total of 144 students from the Foundation in Islamic Studies (UMEC) participated in the study. The majority were female (72.9%) and Malay (94.4%), with all participants identifying as Muslim and single. The mean age was 18.56 years (SD = 0.50).

Reliability Analysis

The Brief RCOPE-M exhibited an overall Cronbach's alpha at .82, indicating good reliability. The Positive Religious Coping (PRC) subscale demonstrated high

⁴⁰ Leandre R. Fabrigar et al., "Evaluating the Use of Exploratory Factor Analysis in Psychological Research," *Psychological Methods* 4(3) (1999), 272-299.

⁴¹ AB Costello and Jason W. Osborne, "Best Practices in Exploratory Factor Analysis: Four Recommendations for Getting the Most From Your Analysis," *Practical Assessment, Research & Evaluation* 10 (2005), 1-9.

internal consistency ($\alpha = .88$), whereas the Negative Religious Coping (NRC) subscale showed acceptable internal consistency ($\alpha = .73$). These findings suggest that both subscales of the Brief RCOPE-M exhibit satisfactory reliability for use in assessing religious coping among Malay-speaking populations. Corrected item-total correlations (CITC) ranged from -0.01 (*Item 14*) to $.50$, with most items exceeding the recommended minimum of $.30$.⁴² Although Item 14 showed a low CITC, the Cronbach's alpha if item deleted values remained $>.70$ for all items, suggesting that removal of any single item would not improve overall reliability (**Table 1**). Therefore, all 14 items were retained in the Brief RCOPE-M.

Exploratory Factor Analysis (EFA)

The Kaiser-Meyer-Olkin (KMO) measure confirmed sampling adequacy ($KMO = 0.88$), and Bartlett's test of sphericity was significant, $\chi^2 (105) = 1282.14$, $p < .001$, supporting factor analysis.⁴³ Principal axis factoring with oblique rotation yielded a two-factor solution consistent with the Brief RCOPE structure,⁴⁴ accounting for 61.04% of the variance. Factor 1 represented Positive Religious Coping (PRC) and Factor 2 Negative Religious Coping (NRC). All items loaded above 0.40, except Item 14 (Question the power of God/ "*Mempertikaikan kekuasaan Tuhan*") with 0.318. Reliability was high for PRC ($\alpha = 0.927$) and NRC ($\alpha = 0.820$).⁴⁵ A weak negative correlation ($r = -.12$) between PRC and NRC indicated that, although

⁴² Robert F. DeVellis, *Scale Development: Theory and Applications*, 4th ed. (Thousand Oaks, CA: Sage, 2017), 10.

⁴³ Henry F. Kaiser, "An Index of Factorial Simplicity," *Psychometrika* 39(1) (1974), 31-36. <https://doi.org/10.1007/BF02291575>, <https://www.cambridge.org/core/product/F434AC7BF866FFD415805ACDAF789778>.

⁴⁴ Pargament et al., "The Many Methods of Religious Coping: Development and I," 543.

⁴⁵ Jum C. Nunnally and Ira H. Bernstein, *Psychometric Theory*, 3rd ed. (New York: McGraw-Hill, 1994), 7.

conceptually distinct, individuals may engage in both coping styles under stress. Factor loadings and reliability are shown in **Table 1**.

Table 1: Factor Loadings and Reliability of the Brief RCOPE-M

Item	Factor 1 PRC	Factor 2 NRC	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
1. Looked for a stronger connection with God "Mencari hubungan yang lebih mendalam dengan Tuhan"	.861		.510	.763
2. Sought God's love and care "Memohon kasih sayang dan penjagaan Tuhan"	.812		.485	.765
3. Sought help from God in letting go of anger "Memohon pertolongan Tuhan untuk meredakan kemarahan"	.828		.519	.760
4. Tried to put plans into action together with God "Berusaha melaksanakan perancangan berpandukan perintah Tuhan"	.857		.570	.756

5. Tried to see how God might be trying to strengthen me in this situation "Berusaha melihat bagaimana Tuhan sedang menguatkan saya dalam situasi ini"	.763	.456	.768
6. Asked forgiveness for sins "Memohon keampunan atas dosa-dosa"	.768	.446	.769
7. Focused on religion to stop worrying about my problem "Menumpukan kepada ajaran agama untuk menghentikan kebimbangan terhadap masalah saya"	.774	.446	.767
8. Wondered whether God had abandoned me "Tertanya-tanya sama ada Tuhan telah mengenenpikan saya"	.801	.422	.770
9. Felt punished by God for lack of devotion "Merasakan dihukum oleh Tuhan kerana kurang ketaatan"	.687	.365	.777

10. Wondered what I did for God to punish me "Tertanya-tanya apakah kesalahan saya sehingga Tuhan menghukum saya"	.800	.490	.762
11. Questioned God's love for me "Mempertikaikan kasih sayang Tuhan terhadap saya"	.753	.351	.775
12. Wondered whether my religious institution had abandoned me "Tertanya-tanya sama ada institusi agama telah mengenyepikan saya"	.569	.396	.792
13. Decided the devil made this happen "Membuat keputusan bahawa syaitan yang membuatkan hal ini terjadi"	.473	.357	.776
14. Questioned the power of God "Mempertikaikan kekuasaan Tuhan"	.318	-.001	.791
Eigenvalues	5.795	3.361	
% of Variance	38.63	22.406	

Cronbach's α	.927	.820
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PRC = Positive Religious Coping NRC= Negative Religious Coping

Convergent Validity

Spearman's rho correlations showed that PRC was positively correlated with religiosity ($r = .41, p < .01$) and resilience ($r = .29, p < .01$), while NRC was positively correlated with burnout ($r = .36, p < .01$) and negatively correlated with resilience ($r = -.22, p < .05$) as depicted in **Table 2**. These findings support the evidence of convergent validity of the Brief RCOPE–Malay.

Table 2: Spearman's Rho Correlations between Brief RCOPE (Positive Religious Coping and Negative Religious Coping) with DUREL-M, CBI-M, and BRS-M

Scales		Brief RCOPE-M	
		PRC	NRC
DUREL-M	ORA	.267**	.044
	NORA	.341**	-.088
	IR	.648**	-.276**
CBI-M	PBO	-.233**	.255**
	WBO	-.250**	.368**
	CBO	-.140	.438**
BRS-M		.295**	-.442**

** $p < 0.01$ * $p < 0.05$.
 Brief RCOPE-M = Brief Religious Coping Scale Malay version PRC = Positive Religious Coping NRC = Negative Religious Coping
 DUKE-M = Duke University Religiosity Index Malay version
 ORA = Organized Religious Activities NORA = Non-Organized Religious Activities IR = Intrinsic Religious Activities
 CBI-M = Copenhagen Burnout Inventory Malay version
 PBO = Personal Burnout WBO = Work Burnout CBO = Client Burnout
 BRS-M = Brief Resilience Scale Malay version

Gender Differences in PRC and NRC

Mann–Whitney U tests indicated no significant gender differences in PRC scores, $U = 2015.0, p = .88$, and NRC

scores, $U = 1909.0$, $p = .53$. Therefore, there was no significant difference was observed between male and female students for PRC and NRC.

Discussion

Applying the methods of the phenomenological approach in the scientific study of religion draws similar conclusions to religion and embodies equal decisions. Although the phenomenological approach has some significant features among other methodologies which can be traced from the works of Ismail Raji al-Faruqi⁴⁶ and al-Biruni⁴⁷ yet, it seems extremely problematic according to the Islamic worldview at a foundational level. There are dual stands on the approach Islamically that rejects the foundational controversial root of the ideal, *Evidetic* Vision and *Epoche* while accepting the overall objective that aligns with Islamic basic principles and the legacy of Muslim scholars.

This study examined the construct and concurrent validity of the Malay version of the Brief Religious Coping Scale (Brief RCOPE-M) among Muslim students who were majority Malays, single and 72.9% were female. The Brief RCOPE has been widely validated in Christian-majority settings, showing strong reliability and construct validity; however, less is known about its applicability in Muslim contexts. Given that religious coping is shaped by theology and culture, adaptation was necessary to ensure that the items were meaningful and appropriate for Sunni Muslims in Malaysia. Particular attention was paid to the Negative Religious Coping (NRC) domain, where items addressing sensitive theological issues may differ conspicuously. The forward-backward translation process was conducted with care to ensure both linguistic accuracy and theological

⁴⁶ Ismail Raji al-Faruqi, *Christian Ethics: A Historical and Systematic Analysis of Its Dominant Ideas* (Montreal: McGill University Press, 1967), xxx.

⁴⁷ Edward Sachau, *Alberuni's India: An English Translation of Al-Biruni's Kitab al-Hind* (New Delhi: Rupa & Co, 2002).

consistency, guided by Islamic principles derived from the Qur'an and Hadith (the narrations and practices of the Prophet Muhammad (PBUH)). Expert review by a senior academic in Islamic psycho-spirituality further ensured content validity and cultural alignment. Through this process, this study established the construct and concurrent validity of the Brief RCOPE among the Malay-speaking population. Although measurement invariance across religious groups remains to be tested, this study represents an important step toward broadening the instrument's broader applicability.

The Brief RCOPE had not previously been validated in Malay; therefore, exploratory factor analysis was undertaken to examine its underlying structure. The results supported the original two-factor solution, with PRC and NRC emerging as distinct yet related dimensions.⁴⁸ This indicates that the Brief RCOPE captures comparable coping domains in the Malay context while maintaining sensitivity to local religious expressions. The PRC subscale demonstrated excellent internal consistency, while the NRC subscale showed good reliability, consistent with findings in other cultural contexts.⁴⁹ The concurrent validity of the Brief RCOPE-M was further supported through its correlations with established measures of religiosity, burnout, and resilience. As expected, PRC showed a positive association with intrinsic religiosity, as measured by the Duke University Religion Index (DUREL), and with resilience, as measured by the Brief Resilience Scale (BRS), consistent with evidence that

⁴⁸ Pargament & Burdzy, "The Brief RCOPE", 51-76.

⁴⁹ Mulyono and Ekowati, "Validation of Indonesian Brief Measurement of Religious Coping," 52-57; Hassan Rezaeipandari, Mohammad Ali Morowatisharifabad Asghar Mohammadpoorasl, and Abdolreza Shaghghi, "Psychometric Rigor of the Brief Religious Coping Measure (RCOPE) in Persian-Speaking Older Adults," *Journal of Religion and Health* 60(5) (2021): 3484-3499. <https://doi.org/10.1007/s10943-021-01229-2>.

positive religious coping fosters adaptive adjustment, psychological well-being, and health improvement.⁵⁰ In contrast, NRC demonstrated a positive correlation with burnout, assessed by the Copenhagen Burnout Inventory (CBI), and a negative association with resilience, indicating its maladaptive role in managing stress. These findings align with previous studies demonstrating divergent pathways of PRC and NRC, whereby PRC functions as a protective factor,⁵¹ while NRC is linked to burnout,⁵² poorer psychological and health outcomes.⁵³

Studies across Asia, including Persian,⁵⁴ Pakistani,⁵⁵ and Indonesian,⁵⁶ have consistently supported the two-factor structure (PRC and NRC) and demonstrated sound psychometric properties. For instance, Mohammadzadeh and Najafi (2016) found high concurrent validity among Iranian university students, with strong correlations between PRC/NRC and the Islamic Coping Strategies Scale

⁵⁰ Pargament et al., "Religious Coping Methods," 713-730.

⁵¹ Stephanie M. Liu et al., "Religious Coping, Social Support, And Resilience: A Comparison of Older and Younger Adults During The COVID-19 Pandemic in The United States," *Journal of Religion, Spirituality & Aging* (2025), 1-21. <https://doi.org/10.1080/15528030.2025.2530391>.

⁵² Laura E. Captari et al., "Negative Religious Coping and Burnout Among National Humanitarian Aid Workers Following Typhoon Haiyan," *Journal of Psychology and Christianity* 37(1) (2018), 28-42.

⁵³ Gene G. Ano and Erin B. Vasconcelles, "Religious Coping and Psychological Adjustment to Stress: A Meta-analysis," *Journal of Clinical Psychology* 61(4) (2005), 461-480.

⁵⁴ Rezaeipandari, et al., "Psychometric Rigor of the Brief Religious Coping Measure (RCOPE)," 3484-3499.

⁵⁵ Ziasma Khan and Paul J. Watson, "Construction of the Pakistani Religious Coping Practices Scale: Correlations with Religious Coping, Religious Orientation, and Reactions to Stress Among Muslim University Students," *International Journal for The Psychology of Religion* 16(2) (2006), 101-112. https://doi.org/10.1207/s15327582ijpr1602_2.

⁵⁶ Mulyono and Ekowati, "Validation of Indonesian Brief Measurement of Religious Coping, 52-57.

($PRC = 0.85$; $NRC = 0.83$).⁵⁷ These findings reinforce that acknowledging both supportive and questioning forms of religious coping is not only psychometrically robust but culturally appropriate. While the NRC factor reflects struggles in one's relationship with God or religious community, its inclusion is important as it represents a dimension of coping that some individuals may experience during times of stress, described as spiritual distress.⁵⁸ Recognizing NRC allows for a more comprehensive understanding of the range of religious responses, without implying theological judgment, but rather highlighting its relevance to psychological adaptation. This comprehensive framing aligns with evidence from cross-cultural validations of the Brief RCOPE.

For many Muslims, Islam functions as a comprehensive framework that integrates cognitive, emotional, behavioural, and spiritual dimensions of life.⁵⁹ Consequently, in the face of stress, religion is often drawn upon as a key resource for managing distress. Empirical studies have shown that Muslims rely on religious coping strategies at comparatively high rates when compared to other faith groups.⁶⁰ Moreover, Muslim religious coping is multifaceted, encompassing both inward elements, such as

⁵⁷ Ali Mohammadzadeh and Mahmoud Najafi, "Factor Analysis and Validation of The Brief Religious Coping Scale (Brief-RCOPE) in Iranian University Students," *Mental Health, Religion & Culture* 19(8) (2016), 911-919. <https://doi.org/10.1080/13674676.2017.1282445>.

⁵⁸ Sharifah Syed Muhsin et al., "*Muḥāsabah al-Nafs* (Self-Reflection) dalam Menangani Keresahan Spiritual (Spiritual Distress)," *Jurnal Usuluddin* 50(1) (2022), 42-72.

⁵⁹ Hisham Abu-Raiya and Kenneth I. Pargament, "Empirically Based Psychology of Islam: Summary and Critique of The Literature," *Mental Health Religion & Culture* 2(1) (2011), <https://doi.org/10.1080/13674670903426482>.

⁶⁰ Kamaldeep Bhui et al., "Ethnicity and Religious Coping With Mental Distress," *Journal of Mental Health* 17 (7/6) (2009), 141-151. <https://doi.org/10.1080/09638230701498408>.

the personal relationship with God, and outward expressions, including rituals and social interactions, which together form essential components of the faith. In Brief RCOPE-M, the PRC items demonstrated high internal consistency and strong loadings, reflecting strategies such as seeking spiritual support, reframing stress as part of God's plan, and engaging in religious practices to manage adversity. These strategies resonate strongly with the Islamic concepts of *tawakkul* (placing trust in Allah) and *ṣabr* (patience during hardship). In the Qur'an, believers are reminded that "*Allah is with those who are patient*" (translated verse from Surah al-Baqarah:153), and reliance on Allah's decree is encouraged as a source of resilience. Thus, the PRC factor in the Brief RCOPE-M can be viewed as a psychological expression of core Islamic virtues that reinforce adaptive coping and strengthen spiritual wellbeing.⁶¹

In contrast, the NRC domain revealed greater complexity. While several items (e.g., Feeling abandoned by God/ "*Tertanya-tanya sama ada Tuhan telah mengenyepikan saya,*" Felt punished by God for lack of devotion / "*Merasakan dihukum oleh Tuhan kerana kurang ketaatan*") clustered coherently, certain items required careful interpretation. Item 13 ("Decided the devil made this happen") was cautiously translated to "*Membuat keputusan bahawa syaitan yang membuatkan hal ini terjadi*" which refers to devil's influence instead of implying causality independent of God's will, consistent with Qur'anic teaching that devil only invites but has no authority (Surah Ibrahim, 14:22; Surah al-Nahl, 16:99–100). As expected, item 14 ("*Questioned the power of God*") / "*Mempertikaikan kekuasaan Tuhan*") demonstrated weaker loading, possibly reflecting the theological and cultural context of Malay Muslim respondents, for whom

⁶¹ Achour et al., "Measuring Religiosity and Its Effects on Personal Well-Being, 984.

doubting Allah's power (*Qudrat*) is religiously discouraged and socially unacceptable. Similar finding was reported by Raiya et al. (2020) among Israeli Jews and Muslims through confirmatory factor analysis (CFA) resulting in the elimination of item 14 from further analysis as the item yielded factor loadings of less than 0.40.⁶² The construct of Brief RCOPE-M was validated through EFA and the item 14 showed a low Corrected Item-Total Correlation, however the Cronbach's alpha if item deleted values remained $>.70$ for all items, suggesting that removal of any single item would not improve overall reliability. Therefore, all 14 items were retained in the Brief RCOPE-M at this stage.

Negative religious coping may manifest differently in Muslim populations compared with the Judeo-Christian samples in which the Brief RCOPE was developed. For Muslims, NRC may be less about challenging God's benevolence and more about experiencing guilt, attributing distress to sin, or perceiving oneself as spiritually weak. Islamic teachings emphasize *ḥusn al-ẓann bi-llāh* (having a good faith of Allah) and affirm divine mercy as encompassing all things. This principle is reinforced in the Qur'an: "*Say, 'O My servants who have wronged themselves, do not despair of the mercy of Allah. Indeed, Allah forgives all sins'*" (Surah al-Zumar, 39:53). Together, these texts caution against despair and negative attributions to God, which align to negative religious coping patterns such as spiritual discontent and punitive God reappraisals. Yet, individuals experiencing psychological distress, including depression, may struggle to sustain patience and

⁶² Hisham Abu-Raiya et al., "Religious Coping and Health and Well-Being among Jews and Muslims in Israel," *The International Journal for the Psychology of Religion* 30(3) (2020), 202-215. <https://doi.org/10.1080/10508619.2020.1727692>.

reliance on God.⁶³ The Brief RCOPE-M can therefore serve as a valuable tool for assessing spiritual distress among Muslims, while mental health providers are encouraged to approach such difficulties with empathy and sensitivity, avoiding religious stigma.⁶⁴

These findings should, however, be interpreted with caution and considered in light of certain methodological limitations. This study has several limitations. First, the sample was limited to young Malay-Muslim students from a single university, which restricts generalizability to other cultural, age, or clinical populations. Second, the use of a cross-sectional design limited the ability to assess of test–retest reliability and predictive validity. Third, reliance on self-report data may have introduced social desirability bias, particularly on sensitive items such as questioning God’s power. In addition, although exploratory factor analysis supported the original two-factor model, one item demonstrated weak loading, suggesting possible cultural or linguistic influences. Finally, further research employing confirmatory factor analysis and longitudinal designs is warranted to strengthen construct validation.

Despite its limitations, this study offers several strengths. It represents one of the few validation efforts of the Brief RCOPE among Malay-Muslim students, providing important insights into culturally embedded expressions of religious coping. The rigorous forward–backward translation ensured both linguistic and conceptual accuracy, and the inclusion of positive and negative coping domains allowed for a more comprehensive assessment.

⁶³ Sharifah Basirah et al., "Muḥāsabah al-Nafs (Self-Reflection) dalam Menangani Keresahan Spiritual," 42.

⁶⁴ Seyma Saritoprak and Julie Exline, "Religious Coping Among Muslims With Mental and Medical Health Concerns," in *Research Anthology on Mental Health Stigma, Education, and Treatment* (Hershey, PA: Medical Information Science Reference/IGI Global, 2021), 3.

From an Islamic epistemological perspective, such adaptation is essential to ensure that psychospiritual measures remain theologically and culturally meaningful. The findings contribute to the wider literature by illustrating both universal and context-specific aspects of religious coping. While the broad domains of positive and negative religious coping (PRC and NRC) were replicated, nuances within NRC highlight theological differences in how Muslims interpret spiritual struggles. For research, this suggests that items such as questioning God's love may require careful modification or supplementary qualitative exploration to ensure cultural congruence. For practice, the results underscore the need for clinicians and counsellors to recognize that spiritual struggles among Muslims are often framed not as doubts about God's nature, but as concerns with sin, temptation, or self-perceived shortcomings in faith. These variations emphasize the importance of contextual validation to capture authentic lived experiences across faith traditions.

Conclusion

This study provides preliminary evidence for the reliability and validity of the Malay version of the Brief RCOPE among Muslim students, establishing construct and concurrent validity. While the broad domains of positive and negative coping were replicated, certain items reflected theological and cultural nuances that require careful interpretation. Future research employing CFA, measurement invariance testing, and more diverse samples will be essential to strengthen its robustness and applicability. Clinically, the findings highlight the need for context-sensitive use of religious coping measures and for practitioners to be attentive to how spiritual struggles are expressed in Muslim contexts.

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Author contributions

Conceptualization: Z.A.S, C.Z.S and S.M.H.S.A.R; methodology: Z.A.S, A.M; software: M.K.N.C.N; validation: Z.A.S, C.Z.S and S.M.H.S.A.R; writing—original draft preparation: Z.A.S. and C.Z.S; writing—review and editing, Z.A.S, C.Z.S, S.M.H.S.A.R and A.M; project administration: Z.A.S. and M.K.N.C.N. All authors have read and agreed to the published version of the manuscript.

Institutional Review Board Statement

The study was conducted in accordance with the Declaration of Helsinki and approved by the University Malaya Research Ethics Committee (UM.TNC2/UMREC_3621).

Informed Consent Statement

Informed consent was obtained from all subjects involved in the study.

Data Availability Statement

Data are available from the corresponding author upon reasonable request, subject to confidentiality restrictions.

Conflicts of Interest

The authors declare no conflict of interest.

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