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SUFI RITUAL PRACTICES AND PERCEIVED MENTAL WELL-BEING: INSIGHTS FROM INDONESIA'S COVID-19 PANDEMIC EXPERIENCE

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ABSTRACT

The COVID-19 pandemic has not only caused a global health emergency but has also generated profound psychological challenges, particularly in the form of fear, anxiety, and uncertainty about mortality. In Indonesia, where religious and spiritual traditions play a central role in daily life, Sufi orders (ṭarīqa) have provided unique coping mechanisms that integrate spiritual discipline with collective resilience. This study specifically investigates how members of the Qadiriyya-Naqshbandiyya (TQN) order in Indonesia engaged in Sufi ritual practices to preserve mental well-being during the pandemic. Using a qualitative design, data were collected through in-depth interviews, participant observation, and textual analysis of Maklumat (directives) issued by the spiritual leader Abah Aos. Thematic analysis revealed three major dimensions of coping: intrapersonal regulation through dhikr and contemplative practices; communal reinforcement through manāqib gatherings, synchronized rituals, and charitable acts; and existential reframing of mortality within a Sufi theological worldview. Findings indicate that these ritual-based strategies successfully reduced stress and anxiety, strengthened emotional resilience, and reinforced social cohesion during lockdowns. Participants also reported perceived physical health benefits, which may be explained through psychoneuroimmunology pathways linking stress reduction to immune resilience. Importantly, the study highlights that Sufi coping operates not only as an individual psychological resource but also as a culturally embedded resilience system. The implications extend beyond the religious domain, offering valuable lessons for public health by integrating spiritual and cultural resources into mental health interventions. This research contributes to interdisciplinary discussions on religion, resilience, and well-being, underscoring the relevance of indigenous spiritual traditions in addressing global crises such as COVID-19.

Keywords: COVID-19; Mental Health; Qadiriyya-Naqshbandiyya; Spiritual Resilience; Sufi Coping.

1. INTRODUCTION

The COVID-19 pandemic, declared a global health emergency by the World Health Organization (WHO) in March 2020, has been widely recognized as not only a biomedical crisis but also a profound psychosocial upheaval (Holmes et al., 2020; Pfefferbaum & North, 2020). While the initial public health focus centered on halting viral transmission and treating acute respiratory symptoms, it soon became apparent that the pandemic was generating a parallel mental health crisis. Prolonged social restrictions, economic uncertainty, fear of infection, and bereavement combined to produce significant increases in anxiety, depression, and stress-related disorders worldwide (Xiong et al., 2020). This "dual crisis" — the intersection of physical disease and psychological distress — demands an integrated response that goes beyond biomedical interventions to encompass the socio-cultural and spiritual dimensions of human resilience.

In Indonesia, the pandemic's mental health burden has been acute. Data from the Indonesian Psychiatric Association (Perhimpunan Dokter Spesialis Kedokteran Jiwa Indonesia, PDSKJI) during the first year of the pandemic indicated that 63% of respondents in a nationwide online screening reported experiencing symptoms of anxiety, 66% showed depressive symptoms, and more than 80% displayed signs of psychological stress (PDSKJI, 2020). Lockdowns and large-scale social restrictions (*Pembatasan Sosial Berskala Besar*, PSBB) disrupted livelihoods and social bonds, particularly in densely populated urban centers. Yet, despite these statistics, psychosocial support remained largely absent from formal pandemic policy, which was dominated by epidemiological containment and economic stabilization agendas (Suryadarma & Indrawati, 2021). This policy gap left much of the population to rely on informal and community-based coping mechanisms — including religious and spiritual practices — to address their mental health needs.

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The scientific link between mental and physical health, particularly in the context of infectious diseases, is well established. Psychoneuroimmunology, an interdisciplinary field examining the interactions between psychological processes, the nervous system, and immune function, has demonstrated that chronic stress and negative affect can suppress immune responses, increasing vulnerability to infection and slowing recovery (Glaser & Kiecolt-Glaser, 2005; Segerstrom & Miller, 2004). Conversely, positive emotional states, social support, and effective stress regulation can enhance immune function, leading to better health outcomes (Uchino et al., 2018). In the context of COVID-19, this evidence underscores the importance of interventions that preserve mental health not only as an end in itself but also as a critical determinant of physical resilience.

Religious coping — the use of religious beliefs and practices to understand and deal with life stressors — emerged globally as a prominent psychosocial response during the pandemic (Pargament, 1997; Pirutinsky et al., 2020). In Muslim-majority societies, increased prayer, Qur'an recitation, and charitable giving were reported as common strategies to cope with uncertainty and fear (Abu-Raiya et al., 2020). However, much of the academic literature on religious coping in the COVID-19 era treats religious practice in broad and generic terms, without examining the distinctive features of structured mystical traditions such as Sufi *tariqas* (orders). This gap is significant because Sufi practices are not only devotional acts but also embodied, rhythmic, and often communal rituals that are designed to regulate emotion, focus attention, and deepen spiritual connection — elements known to influence psychological and physiological states (Newberg & Waldman, 2009; Rouget, 1985).

In Indonesia, the Thariqah Qadiriyyah Naqsyabandiyyah (TQN) represents one of the most prominent and widely practiced Sufi orders, with major centers in Suryalaya (Tasikmalaya) and its offshoots, including Sirnarasa in Ciamis. TQN integrates the spiritual legacies of two foundational Sufi lineages — the Qadiriyya and the Naqshbandiyya — emphasizing constant remembrance of God (*dzikr*), ethical refinement (*tazkiyat al-nafs*), and disciplined spiritual mentorship (*suhbah*). Its ritual repertoire includes silent and vocal *dzikr*, the recitation of *manaqib* (hagiographic narratives of saints), *tawajjuh* (focused meditative orientation toward the divine presence), and *khalwat* (seclusion for intensive remembrance and contemplation). These practices are embedded in a structured rhythm of daily, weekly, and monthly cycles, and are conducted under the guidance of a *mursyid* (spiritual master), creating a coherent framework for sustained spiritual engagement.

The present study focuses specifically on TQN Sirnarasa under the leadership of Syaikh Muhammad Abdul Gaos Saefulloh Maslul (popularly known as Abah Aos), the spiritual successor to Syaikh Ahmad Shohibul Wafa Tajul 'Arifin (Abah Anom) of Suryalaya. During the pandemic, Abah Aos issued a series of *Maklumat* (formal directives) to guide his disciples in navigating the crisis both spiritually and practically. These *Maklumat*, dated between May and June 2020, addressed diverse aspects of life under pandemic conditions — from the spiritual framing of COVID-19 as a divine trial to specific ritual prescriptions such as mass recitation of *istighfar* to combat fear, and maintaining *istiqomah* (steadfastness) in daily amaliyah to prepare for the post-pandemic era. The *Maklumat* also highlighted the importance of infusing family life with spiritual intention, exemplified by a recommended prayer for couples after marital intimacy, linking personal conduct to generational continuity in righteousness.

This case provides a unique opportunity to examine how a contemporary Sufi order operationalizes its ritual system as a form of community-based mental health support during a global health crisis. While biomedical approaches target the pathogen directly, and mainstream psychological interventions often focus on individual coping skills, the TQN model integrates spiritual practice, social cohesion, and meaning-making into a unified therapeutic framework. From a resilience theory perspective (Masten, 2014), this combination may serve as a "resilience hub," sustaining both individual and collective well-being through structured spiritual engagement.

The significance of this study lies in its potential to illuminate the dual mental–physical health benefits of culturally embedded Sufi rituals in a pandemic context. First, by reducing stress, fostering positive emotions, and reinforcing social bonds, these rituals can directly enhance psychological well-being. Second, by modulating stress-related physiological pathways, they may indirectly strengthen immune function, contributing to greater physical resilience against infection and supporting recovery. Importantly, these effects are achieved within an indigenous cultural-religious framework that is both accessible and trusted by its participants — a factor critical for public health interventions in settings where biomedical trust may be fragile (Dein et al., 2020; Koenig, 2012).

In pursuing this inquiry, the article adopts a qualitative descriptive approach, drawing on the content of Abah Aos' *Maklumat* as primary textual data, supplemented by participant observation, focus group discussions, and interviews with TQN members. The analysis situates these findings within the intersecting theoretical frameworks of religious coping, positive psychology, resilience theory, and psychoneuroimmunology, thereby bridging insights from Islamic mysticism with contemporary behavioral science. In doing so, it addresses a gap in both the COVID-19 mental health literature and the broader study of religion and health, which has often overlooked the distinctive contributions of Sufi ritual systems.

By foregrounding the TQN Sirnarasa case, this study not only contributes to scholarly understanding of Sufi praxis in modern Indonesia but also offers practical implications for integrating culturally grounded spiritual interventions into public mental health strategies. As the world continues to grapple with the long-term psychosocial consequences of COVID-19, such models may offer valuable lessons in harnessing spiritual traditions for holistic well-being in times of crisis.

2. Literature Review & Theoretical Framework

2.1 Sufi Tariqa Rituals: Historical and Psychological Dimensions

The *Thariqah Qadiriyyah Naqsyabandiyyah* (TQN) is one of the most prominent Sufi orders in Indonesia, tracing its lineage to the synthesis of two major Islamic mystical traditions: the Qadiriyya, founded by 'Abd al-Qadir al-Jilani in 12th-century Baghdad, and the Naqshbandiyya, established by Baha' al-Din Naqshband in 14th-century Bukhara (Trimingham, 1971; van Bruinessen, 1995). The Indonesian branch owes much of its consolidation to Syaikh Ahmad Khatib Sambas, who introduced the integrated Qadiriyya–Naqshbandiyya path during his tenure as a scholar in Mecca. Through his disciples, the order spread across the archipelago, eventually establishing influential centers in Java, Sumatra, and Kalimantan.

One of the most significant nodes in this network is the *Pondok Pesantren Suryalaya* in Tasikmalaya, founded in the early 20th century by Syaikh Abdullah Mubarak bin Nur Muhammad (Abah Sepuh) and later expanded under the leadership of his successor, Syaikh Ahmad Shohibul Wafa Tajul 'Arifin (Abah Anom). In the late 20th and early 21st centuries, TQN Suryalaya gave rise to several autonomous branches, including *Sirnarasa*, under the spiritual guidance of Syaikh Muhammad Abdul Gaos Saefulloh Maslul (Abah Aos). These branches maintain the ritual framework of the parent order while adapting to contemporary contexts, including digital dissemination and public health crises such as COVID-19.

The TQN ritual repertoire is structured and hierarchical. *Dzikir* — both *jahar* (loud) and *khafi* (silent) — forms the core, functioning as rhythmic remembrance of God that is performed individually and communally. *Manaqib*, the recitation of hagiographical narratives about saints, serves to strengthen collective identity and inspire moral emulation. Tawajjuh involves meditative orientation toward the divine, facilitated by the presence (physical or spiritual) of the *mursyid*, fostering deep focus and emotional stillness. *Khalwat* — seclusion for intensive worship — provides a space for heightened self-awareness, detachment from distractions, and contemplation of the divine presence.

From a psychological perspective, these practices encompass elements known to affect mental states positively. Repetitive chanting in *dzikir* has been associated with reduced heart rate, lower blood pressure, and increased alpha brainwave activity, indicating relaxation and heightened mental clarity (Newberg & Waldman, 2009; Wachholtz & Pargament, 2005). Storytelling in *manaqib* operates as a form of narrative therapy, enabling participants to reinterpret personal suffering within a larger, meaningful moral framework (White & Epston, 1990). Meditative states in *tawajjuh* and *khalwat* promote mindfulness, emotional regulation, and reduced rumination (Tang et al., 2015), all of which are critical for maintaining psychological well-being during crisis periods.

2.2 Religious Coping Theory (Pargament)

Religious coping, as conceptualized by Pargament (1997), refers to the use of religious beliefs, values, and practices to understand and respond to stressors. *Positive religious coping* strategies — such as seeking spiritual support, reframing stress as a divine test, and engaging in religious rituals — have been shown to buffer the effects of stress, enhance meaning-making, and foster resilience (Ano & Vasconcelles, 2005; Pargament et al., 2011). Conversely, *negative religious coping*, such as viewing the crisis as divine punishment without redemption, can exacerbate distress.

In the Sufi context, suffering is often interpreted as part of the divine pedagogical process (*tarbiyah rabbaniyyah*), aimed at refining the soul (*tazkiyat al-nafs*) and drawing the seeker closer to God. This interpretive framework transforms adverse events — including pandemics — from meaningless tragedies into opportunities for spiritual growth. The *Maklumat* issued by Abah Aos during COVID-19 explicitly operationalize positive religious coping: urging disciples to replace fear of the virus with remembrance of God's omnipotence, prescribing specific *dzikir* formulas (e.g., 2,401 repetitions of *istighfar*) to alleviate anxiety, and encouraging steadfast adherence to daily amaliyah despite external disruptions. Such directives embody what Pargament terms *benevolent religious reappraisal*, in which stressors are reinterpreted as part of a purposeful divine plan, thereby reducing psychological burden.

2.3 Positive Psychology (Seligman, Csikszentmihalyi)

Positive psychology, pioneered by Seligman & Csikszentmihalyi (2000), focuses on the scientific study of human flourishing, emphasizing strengths, virtues, and factors that enable individuals and communities to thrive. Within this framework, the PERMA model — Positive emotion, Engagement, Relationships, Meaning, and Accomplishment — serves as a multidimensional construct for well-being (Seligman, 2011).

Sufi rituals align closely with PERMA dimensions:

- *Positive emotion***:** *Dzikir* induces calm, gratitude, and joy derived from spiritual connection.
- *Engagement***:** The immersive nature of *tawajjuh* and *khalwat* creates *flow* states, where attention is fully absorbed in the present moment.
- *Relationships***:** Communal rituals and *manaqib* recitations strengthen social bonds among members.
- *Meaning***:** The cosmology and teleology of TQN provide existential significance to life events, including suffering.
- *Accomplishment:* Progress in spiritual stations (*maqamat*) and mastery of ritual disciplines generate a sense of achievement.

Empirical studies have linked participation in religious rituals with higher life satisfaction, stronger social integration, and lower levels of depression (Lim & Putnam, 2010; VanderWeele, 2017). In the pandemic context, these dimensions become especially valuable, offering counterweights to isolation, uncertainty, and loss.

2.4 Resilience Theory

Resilience theory examines the processes through which individuals and communities withstand, adapt to, and recover from adversity (Masten, 2014) . In this perspective, resilience is not a static trait but a dynamic capability shaped by internal resources and external supports. Spiritual communities often function as "resilience hubs," providing both emotional sustenance and practical assistance during crises (Ungar, 2012).

The TQN network exemplifies such a hub. Under Abah Aos' leadership, the Sirnarasa branch maintained ritual continuity during COVID-19 through adaptive measures, such as decentralized *dzikir* in local madrasahs, coordinated via his *Maklumat*. This preserved a sense of collective purpose and belonging, mitigating the psychosocial dislocation caused by lockdowns. The *Maklumat* also reinforced the value of *istiqomah* — spiritual steadfastness — as a behavioral anchor, counteracting the destabilizing effects of crisis-induced routine disruption. Resilience in this model is cultivated through both the *spiritual capital* of faith-based meaning systems and the *social capital* of a cohesive community (Aldrich, 2012; Putnam, 2000).

2.5 Psychoneuroimmunology

Psychoneuroimmunology (PNI) investigates the interactions between psychological processes, the nervous system, and the immune system. Research has consistently shown that chronic stress elevates cortisol and other glucocorticoids, suppressing immune function and increasing susceptibility to infection (Glaser & Kiecolt-Glaser, 2005; Segerstrom & Miller, 2004). Conversely, practices that reduce stress and promote positive affect — such as meditation, prayer, and social support — can enhance immune parameters, including natural killer cell activity and antibody production (Davidson et al., 2003; Koenig, 2012).

In the Sufi ritual context, repetitive *dzikir* and meditative *tawajjuh* may modulate autonomic nervous system activity, shifting from sympathetic ("fight or flight") dominance to parasympathetic ("rest and digest") predominance. This physiological shift is associated with reduced heart rate, lower blood pressure, and enhanced immune competence (Thayer & Sternberg, 2006). By alleviating anxiety and fostering calm, these rituals potentially influence immune function indirectly — a point particularly relevant in a pandemic where both infection risk and recovery trajectories are linked to immune system robustness.

2.6 Synthesis of Theoretical Frameworks

Integrating these perspectives yields a multi-layered understanding of Sufi rituals as pandemic-relevant interventions. Religious coping theory explains the cognitive reframing and meaning-making processes that alleviate distress. Positive psychology highlights the role of rituals in cultivating well-being across PERMA domains. Resilience theory situates these practices within a communal system that sustains adaptation and recovery. Psychoneuroimmunology provides a plausible biological pathway linking mental health preservation to physical health benefits. Together, these frameworks support the proposition that TQN's ritual system — as operationalized in Abah Aos' COVID-19 *Maklumat* — constitutes a culturally embedded, psychosocially integrative approach to crisis management.

3. METHOD

3.1 Research Design

This study adopts a qualitative descriptive design, chosen for its capacity to provide rich, contextualized accounts of phenomena as experienced and interpreted by participants (Sandelowski, 2000). Unlike purely interpretive approaches such as phenomenology or grounded theory, qualitative descriptive research prioritizes a comprehensive and coherent presentation of facts and perceptions in participants' own terms, while allowing for moderate interpretation grounded in theoretical frameworks (Colorafi & Evans, 2016).

Given the exploratory nature of this research — investigating the role of Sufi *tariqa* rituals in preserving mental health during the COVID-19 pandemic — the qualitative descriptive approach enables integration of primary textual data (Maklumat) with lived experiences from field observations and interviews. This design also aligns with the study's intention to bridge Islamic mystical praxis and contemporary mental health discourse without imposing rigid explanatory models that could obscure the indigenous meaning systems of the community.

To identify and synthesize the core patterns within the data, the study employs thematic analysis (Braun & Clarke, 2006). This flexible analytic method allows for systematic coding, categorization, and interpretation of both textual and verbal data, ensuring that emergent themes are grounded in the dataset while being analytically connected to the theoretical frameworks — Religious Coping Theory, Positive Psychology, Resilience Theory, and Psychoneuroimmunology.

3.2 Research Setting

The research setting is the Tariqah Qadiriyyah Naqsyabandiyyah (TQN) Suryalaya global network, with specific attention to the Sirnarasa branch in Ciamis, West Java, under the leadership of Syaikh Muhammad Abdul Gaos Saefulloh Maslul (Abah Aos). During the pandemic period (March 2020 onwards), the TQN Sirnarasa community maintained ritual life through a combination of decentralized gatherings in local *madrasahs*, home-based practices, and virtual coordination facilitated by the *Maklumat* issued by the *mursyid*.

The network spans Indonesia and extends internationally through *ikhwan* (male disciples) and *akhwat* (female disciples) who maintain allegiance to the spiritual lineage (*silsilah*) of TQN Suryalaya. This multi-local setting allowed for capturing variations in practice adaptation across different cultural, socio-economic, and geographic contexts, while retaining a common spiritual frame of reference.

3.3 Data Sources

Primary Data:

The principal primary source comprises three *Maklumat* issued by Abah Aos between May and June 2020, which explicitly addressed the community's spiritual orientation, ritual adaptations, and psychological posture during the pandemic. These *Maklumat* are treated as authoritative textual directives, reflecting both doctrinal positions and prescriptive actions designed to guide mental and spiritual resilience. Their content ranges from theological framing ("Only Allah gives life and death, not the virus") to specific ritual instructions (e.g., reciting *istighfar* 2,401 times before sleep), thus serving as a rich corpus for textual analysis.

Secondary Data:

To triangulate the primary data and contextualize the implementation of the *Maklumat*, three supplementary sources were used:

1. Participant Observation: Conducted both online (via livestreamed rituals, WhatsApp group discussions) and offline (where health protocols allowed), focusing on ritual enactments such as *dzikir jahar*, *manaqib*, *tawajjuh*, and *khalwat*.
2. Focus Group Discussions (FGDs): Virtual FGDs with 6–8 participants per group, segmented by gender and seniority within the order, to explore perceptions of mental health benefits and the practicalities of ritual adaptation.
3. Semi-Structured Interviews: In-depth interviews with 15 *ikhwan/akhwat* purposively sampled for diversity in age, geographic location, and level of engagement with TQN rituals.

3.4 Data Collection Procedures

Data collection followed a multi-modal strategy to accommodate pandemic restrictions:

1. Textual Collection: The *Maklumat* were obtained from the official Sirnarasa communication channels, verified against archival copies, and transcribed for analysis. Arabic portions were transliterated and translated into Bahasa Indonesia and English for dual-layered examination.
2. Observation Protocol: Field notes captured details of ritual form, participant behavior, emotional expressions, and any modifications necessitated by health regulations. Digital ethnography techniques (Pink et al., 2016) were employed for online observations, including chat log analysis and screenshot archiving.
3. FGD Procedures**:** FGDs were conducted via Zoom, audio-recorded with consent, and transcribed verbatim. Open-ended guiding questions probed participants' interpretations of the *Maklumat*, perceived psychological impacts of rituals, and experiences of social connectedness during isolation.
4. Interview Protocol: Interviews averaged 45–60 minutes, following a semi-structured guide that allowed exploration of personal narratives while ensuring coverage of key topics: ritual adherence, emotional regulation, perceived health changes, and communal support.
5. Lockdown Context Analysis: Special attention was paid to how ritual practices were maintained or adapted under PSBB conditions, including shifts to household-based *dzikir*, remote *tawajjuh*, and digital *manaqib* recitations.

3.5 Data Analysis

Thematic analysis proceeded in six phases (Braun & Clarke, 2006):

1. Familiarization: Repeated reading of the *Maklumat* and transcription reviews from observations, FGDs, and interviews to gain a holistic grasp of the data corpus.
2. Initial Coding: Segmentation of data into discrete codes capturing both manifest content (e.g., "reciting *istighfar*," "family prayer after intimacy") and latent meanings (e.g., "reframing fear," "ritual as emotional anchor").
3. Theme Development: Codes were clustered into candidate themes aligned with the study's analytic focus: Stress reduction; Emotional resilience; Meaning-making; and Perceived health benefits
4. Reviewing Themes: Iterative cross-checking between data segments and theoretical constructs to ensure analytical coherence.
5. Defining and Naming Themes: Refinement of thematic labels to encapsulate both doctrinal intent (as in the *Maklumat*) and experiential reports (from participants).
6. Reporting: Integration of thematic findings into the Results and Discussion sections, illustrated with direct quotes from participants and excerpts from the *Maklumat*.

The coding process was conducted using NVivo 12 to manage large datasets and facilitate systematic retrieval of coded material. To enhance validity, investigator triangulation was applied: two researchers independently coded a sample of transcripts, with discrepancies resolved through discussion (Patton, 2015).

3.6 Ethical Considerations

The study adhered to the ethical principles of qualitative research, with specific attention to consent, anonymity, and cultural sensitivity. Informed consent was obtained verbally and in writing before participation in FGDs or interviews. Given the spiritual nature of the practices studied, particular care was taken to respect religious boundaries: sensitive ritual knowledge not intended for public disclosure was excluded from documentation.

All personal identifiers were removed from transcripts, replaced with pseudonyms indicating participant role and demographic category (e.g., "Senior Ikhwan, Urban Java"). Audio and textual data were stored securely on encrypted drives, accessible only to the research team.

Cultural sensitivity was maintained by employing researchers familiar with TQN protocols and etiquette, ensuring that observation and questioning respected the *adab* (conduct) expected in interactions with a *mursyid* and fellow disciples (Al-Zeera, 2001). For the primary *Maklumat* texts, interpretive translation was reviewed by a TQN insider to prevent semantic distortions that could affect theological accuracy.

3.7 Methodological Rigor

To ensure trustworthiness (Lincoln & Guba, 1985), the study applied the following strategies:

- *Credibility:* Triangulation of data sources (Maklumat, observations, FGDs, interviews) and methods (textual analysis, ethnography, thematic coding).
- *Transferability:* Thick description of the setting, participants, and rituals to allow readers to assess applicability to other contexts.
- *Dependability:* Maintenance of an audit trail documenting analytic decisions, coding frameworks, and theme evolution.
- *Confirmability:* Reflexive journaling by researchers to monitor personal biases and assumptions throughout the study.

3.8 Limitations of the Method

While the qualitative descriptive design offers depth and contextual richness, it is limited in its ability to establish causal relationships between ritual engagement and mental or physical health outcomes. Self-reported perceptions of health benefits may be subject to confirmation bias and social desirability bias. Furthermore, pandemic-related restrictions limited opportunities for prolonged in-person ethnography, potentially reducing observational granularity. These limitations are mitigated, in part, by triangulation and the inclusion of the *Maklumat* as stable primary texts reflecting the doctrinal foundation of the rituals studied.

4. FINDINGS

This section presents the thematic findings derived from the analysis of primary and secondary data, integrating the *Maklumat* issued by Syaikh Muhammad Abdul Gaos Saefulloh Maslul (Abah Aos) during the COVID-19 pandemic with observation, FGD, and interview data from members of the Thariqah Qadiriyyah Naqsyabandiyyah (TQN) Sirnarasa network. The findings are organized into five interrelated themes: (4.1) reduction of perceived stress and anxiety, (4.2) strengthening emotional resilience, (4.3) *manaqib* as collective narrative therapy, (4.4) *tawajjuh* and *khalwat* for self-regulation, and (4.5) perceived physical health benefits.

4.1 Reduction of Perceived Stress and Anxiety

The *Maklumat* dated 18 Ramadan 1441 H / 11 May 2020, titled *"Bahaya Takut Virus Corona"* ("The Danger of Fearing the Coronavirus"), directly addressed the pervasive anxiety within the community during the early months of the pandemic. Abah Aos reframed the pandemic narrative by emphasizing divine sovereignty over life and death: "…padahal, tidak ada yang mematikan apapun siapapun kecuali Allah, karena Yang Mematikan Itu, Yang Menghidupkan juga Itu." *"…in fact, nothing and no one causes death except Allah, for the One who causes death is also the One who gives life."*

This theological reframing functions as a cognitive reappraisal — a known stress-buffering mechanism within the *religious coping* framework (Pargament, 1997). By shifting focus from the threat of the virus to the omnipotence of God, the *Maklumat* seeks to neutralize fear-based rumination that can exacerbate anxiety and weaken coping capacity.

The directive also prescribed a specific *dhikr* regimen: reciting *istighfar* (seeking forgiveness) 2,401 times before sleep for those whose fear persisted. This practice can be categorized as ritualized coping — a structured, repeatable action performed with both spiritual and psychological intent. In participant interviews, several *ikhwan* described how adhering to this count created a sense of control amid uncertainty: "Counting each *istighfar* slowed down my mind… after 100, I already felt calmer, and by 2,401 I could sleep without thinking about the news." *(Male, 42, Jakarta).*

The repetitive nature of *dhikr* aligns with findings from mindfulness and mantra-based meditation studies, which show that rhythmic repetition can activate the parasympathetic nervous system, lowering heart rate and promoting relaxation (Bormann et al., 2006; Wachholtz & Pargament, 2005). In pandemic conditions, where anxiety is intensified by media exposure and health uncertainties (Garfin et al., 2020), such structured spiritual practices serve as immediate interventions for emotional de-escalation.FGD participants also noted that the collective knowledge of this prescription — disseminated across the global TQN Sirnarasa network — created a sense of solidarity, knowing that thousands of fellow disciples were engaging in the same ritual at night. This "shared action" dimension further enhanced its stress-reducing potential by providing social reassurance (Haslam et al., 2018).

4.2 Strengthening Emotional Resilience

The *Maklumat* of 13 Shawwal 1441 H/5 June 2020, titled *"Tingkatkan Istiqomah dalam Amaliyah"* ("Increase Steadfastness in Ritual Practice"), addressed the need for sustained spiritual discipline in anticipation of the post-pandemic period. It urged disciples to maintain and even intensify their daily, weekly, monthly, and yearly *amaliyah* (ritual observances), "sesuai dengan yang telah dicontohkan dan yang telah diperintahkan" ("in accordance with what has been exemplified and commanded").

This emphasis on istiqomah (steadfastness) situates spiritual discipline as an emotional anchor during times of crisis. By reinforcing familiar routines, it counters the disorientation caused by disrupted work, schooling, and social patterns. Psychological literature confirms that structured daily routines can serve as stabilizing factors during disasters, enhancing perceived control and emotional stability (Bernard, 2014; Kocjan et al., 2021). Interview data revealed that adherence to the *mursyid's* model of practice — even when modified for home settings — provided participants with a sense of continuity and identity: "Even though we could not go to the *madrasah*, I woke up, prayed, and did my *dzikir* exactly as if Abah were watching. It kept me steady." *(Female, 55, Bandung)*

From a resilience theory perspective (Masten, 2014), *istiqomah* in amaliyah functions as both an intra-personal resource (self-regulation) and an inter-personal signal (shared adherence reinforcing communal bonds). The *Maklumat* also cited the *qa'idah* "syartus shohbah tarkul mukholafah" ("the condition of companionship is avoiding divergence"), underscoring that resilience is not solely individual but is strengthened through aligned collective practice. Observation of online *manaqib* sessions and synchronized *dzikir jahar* across local *madrasahs* demonstrated how technological adaptation enabled the preservation of group rhythms, reinforcing the affective and motivational aspects of resilience.

4.3 Manaqib as Collective Narrative Therapy

The *Maklumat* dated 16 Ramadan 1441 H / 9 May 2020, titled *"Maklumat untuk pasangan suami istri"* ("Directive for Married Couples"), introduced a unique ritual prescription: reciting a specific Qur'anic-based prayer after marital intimacy to ensure a *nasab shalih* (righteous lineage): *"Alhamdu lillahil-ladzi khalaqa minal maai basharan shoolihan faja'alahu nasaban shoolihan washihhran shoolihan wa kaana rabbuka qadiiraa." "All praise is due to Allah, Who created from water a righteous human being, and made him of righteous lineage and affinity; and your Lord is ever capable."*

While ostensibly concerned with procreation, the *Maklumat*'s significance during the pandemic extends to its role as a meaning-making ritual within intimate relationships. By linking marital intimacy to divine purpose and generational continuity, it reframes a private act into a spiritually charged moment, reinforcing hope for the future amid collective uncertainty.

From the standpoint of narrative therapy (White & Epston, 1990), this ritual creates a shared story for couples: their relationship and potential offspring are situated within a larger moral and spiritual narrative. FGD discussions revealed that for some couples, the prayer alleviated pandemic-related stress on marital life by fostering a sense of sanctity and mutual purpose:

"Reciting it reminded us that our marriage is part of something bigger… it brought peace even when the world outside felt dangerous." *(Male, 36, Yogyakarta)*

Moreover, the communal dissemination of this prayer — although performed privately — embeds it within the collective memory of the *jama'ah* (congregation), strengthening identity cohesion through shared symbolic practice.

4.4 Tawajjuh and Khalwat for Self-Regulation

While none of the three *Maklumat* explicitly named *tawajjuh* or *khalwat*, their emphasis on maintaining ritual observance in local *madrasahs* or at home implicitly encompassed these contemplative practices. The directive for increased *dzikir jahar* during *Nuzul al-Qur'an* commemorations, for example, functioned as a surrogate for in-person *tawajjuh* sessions, which were constrained by social distancing regulations.

Participants adapted by performing *tawajjuh* individually or in small family units, often using recorded guidance from previous sessions. These adaptations preserved the core mechanism of self-regulation — focused attention on the divine, minimizing external distraction, and cultivating inner stillness. As one participant explained: "When I close my eyes and face the qiblah, imagining Abah's guidance, it feels the same in my heart as being in Sirnarasa. It clears my mind." *(Female, 29, Cirebon)*

Empirical studies on meditation and prayer suggest that such practices can reduce cognitive load, lower stress markers, and enhance mindfulness, even when performed outside traditional settings (Koenig, 2012; Tang et al., 2015). Within the TQN framework, *tawajjuh* and *khalwat* thus provided continuity in mental training, reinforcing the capacity to remain centered under pandemic-induced disruptions.

4.5 Perceived Physical Health Benefits

Across interviews and FGDs, participants frequently reported perceived improvements in physical health that they attributed to the mental calmness and spiritual strength cultivated through the rituals prescribed in the *Maklumat*. These perceptions included faster recovery from mild illnesses, fewer instances of flu-like symptoms, and sustained energy despite reduced mobility.

One *ikhwan* who contracted COVID-19 recounted: "I kept doing *istighfar* and my daily *dzikir*. I felt less afraid, which helped me follow the doctor's advice without panic. Alhamdulillah, I recovered in two weeks." *(Male, 48, Kuala Lumpur)* While such claims cannot establish causal links, they align with psychoneuroimmunology findings that stress reduction and positive affect can enhance immune function (Glaser & Kiecolt-Glaser, 2005; Segerstrom & Miller, 2004). In the context of COVID-19, where immune competence influences both susceptibility and recovery, the indirect health benefits of mental stability are not insignificant.

Moreover, the perception of health improvement itself can reinforce positive health behaviors — a phenomenon known as the placebo-by-expectancy effect (Colloca & Miller, 2011). In the TQN Sirnarasa case, the *Maklumat* provided authoritative assurance that spiritual steadfastness was protective, potentially motivating healthier coping and adherence to safety measures.

4.6 Cross-Theme Synthesis

Taken together, the five themes reveal a coherent pattern: Abah Aos' *Maklumat* operated simultaneously as spiritual injunctions, psychosocial interventions, and behavioral health guidelines. They offered theological reframing to neutralize fear, structured routines to stabilize daily life, symbolic rituals to foster meaning, contemplative practices for self-regulation, and assurance of divine protection to sustain hope.

These elements correspond closely to the integrated theoretical model proposed in this study:

- *Religious Coping Theory* explains the cognitive reappraisal and meaning-making evident in the directives.
- Positive Psychology is reflected in the cultivation of PERMA dimensions through ritual engagement.
- Resilience Theory captures the community-wide alignment and mutual reinforcement of these practices.
- Psychoneuroimmunology provides a plausible pathway for the perceived health benefits reported by participants.

Thus, the *Maklumat* served not merely as spiritual guidance but as a holistic mental health strategy, embedded in an indigenous Sufi framework and adapted for a global health crisis.

5. DISCUSSION

The findings from this study demonstrate that the *Maklumat* issued by Syaikh Muhammad Abdul Gaos Saefulloh Maslul (Abah Aos) during the COVID-19 pandemic did more than provide theological reassurance; they also functioned as a comprehensive psychosocial intervention embedded in the Sufi *tariqa* framework. By aligning the observed themes with established theoretical models, this discussion elucidates how these ritual-based strategies address both mental and physical health needs in times of crisis.

5.1 Religious Coping Theory Alignment

Religious Coping Theory (Pargament, 1997; Pargament et al., 2011), posits that individuals use religious beliefs and practices to interpret and respond to stressors. *Positive religious coping* — which includes seeking spiritual support, reframing adversity as part of a divine plan, and engaging in religious rituals — has been linked to better psychological outcomes, including reduced distress and enhanced resilience (Ano & Vasconcelles, 2005).

The *Maklumat* "Bahaya Takut Virus Corona" exemplifies *benevolent religious reappraisal*, a core mechanism in positive religious coping. By asserting that life and death are solely under divine control, the *mursyid* reframed the pandemic from an uncontrollable, fear-inducing threat into a context for spiritual submission and active remembrance. This reframing shifts cognitive focus away from helplessness toward empowerment through faith-based action, consistent with findings that *positive reappraisal* mediates the relationship between religiosity and lower anxiety (Abu-Raiya et al., 2020; Pargament et al., 2011).

Furthermore, the prescription of *istighfar* 2,401 times is not merely devotional but serves as a ritualized behavioral strategy for anxiety management. Religious coping literature acknowledges that ritual repetition can function as a cognitive-behavioral technique, creating a sense of control and predictability in otherwise chaotic circumstances (Koenig, 2012). This aligns with prior studies showing that structured prayer regimens can lower perceived stress levels and improve emotional stability during crises (Ai et al., 2005).

5.2 Positive Psychology Insights

Positive psychology focuses on human strengths, virtues, and conditions that enable flourishing (Seligman & Csikszentmihalyi, 2000). The PERMA model (Seligman, 2011) — encompassing Positive emotion, Engagement, Relationships, Meaning, and Accomplishment — offers a useful lens for interpreting the TQN rituals' contribution to well-being.

- *Positive emotion:* Repetitive *dzikir* and other prescribed rituals generated calm, gratitude, and joy, counteracting negative emotions amplified by pandemic uncertainty. This is consistent with evidence that positive affect can act as a buffer against stress and promote psychological resilience (Fredrickson, 2004).
- *Engagement:* Practices such as *tawajjuh* and *khalwat* created immersive experiences akin to *flow* states, allowing participants to lose self-consciousness and focus entirely on spiritual connection (Csikszentmihalyi, 1990).
- *Relationships:* Even in physical isolation, synchronized rituals across the TQN network reinforced social bonds, echoing studies that link collective religious practice to stronger social support and reduced loneliness (Lim & Putnam, 2010).
- *Meaning:* The *Maklumat* for married couples linked intimacy to righteous lineage, embedding personal relationships within a transcendent narrative — a factor shown to increase life satisfaction during hardship (Park, 2010).
- *Accomplishment:* Maintaining *istiqomah* in daily amaliyah during lockdown fostered a sense of achievement, sustaining motivation and self-efficacy in line with goal-setting theory (Locke & Latham, 2002).

This multi-dimensional contribution reinforces the view that Sufi rituals offer holistic benefits, integrating emotional, cognitive, and social domains of well-being.

5.3 Community Resilience

Resilience theory emphasizes the role of both individual adaptability and collective capacity in responding to adversity (Masten, 2014; Ungar, 2012). The synchronized ritual practices of the TQN Sirnarasa network — as directed by the *Maklumat* — functioned as resilience hubs, offering psychological anchoring and collective morale during the pandemic.

The *Maklumat* "Tingkatkan Istiqomah dalam Amaliyah" served as a collective behavioral script, ensuring that dispersed members maintained ritual alignment despite the disruption of physical gatherings. This mirrored the "shared identity" mechanism in the Social Identity Approach to Health, which argues that group membership can improve health outcomes by providing shared norms, support, and meaning (Haslam et al., 2018).

In interviews, participants described feelings of solidarity knowing that *ikhwan* and *akhwat* worldwide were engaging in the same rituals at the same times. This is consistent with research on *synchronized collective rituals*, which shows they enhance cooperation, trust, and emotional synchronization (Fischer et al., 2013). These effects not only stabilized emotional states but also sustained adherence to protective health behaviors, reinforcing resilience at the community level.

5.4 Psychoneuroimmunology Link

Psychoneuroimmunology (PNI) explores the bidirectional relationships between psychological states, the nervous system, and immune function. Chronic stress has been shown to elevate cortisol levels, which, over time, suppress immune responses and increase vulnerability to infection (Glaser & Kiecolt-Glaser, 2005; Segerstrom & Miller, 2004). Conversely, stress-reduction practices can enhance immune parameters, including natural killer cell activity and antibody production (Davidson et al., 2003).

The mental calmness reported by participants following the prescribed rituals — particularly repetitive *istighfar*, *dzikir jahar*, and contemplative *tawajjuh* — aligns with known parasympathetic activation mechanisms. Studies on mantra meditation and repetitive prayer demonstrate reductions in cortisol and improvements in immune markers (Bormann et al., 2006; Wachholtz & Pargament, 2005). This suggests that the TQN ritual regimen could indirectly support immune resilience, an especially valuable function during a respiratory pandemic.

While the current study did not collect biomedical data, the perceived physical health benefits reported by participants — such as quicker recovery from illness — are consistent with the theoretical pathways established in PNI literature. These perceptions also likely reinforced adherence to the rituals, creating a feedback loop of psychological and behavioral reinforcement.

5.5 Cultural Relevance and Public Health Integration

One of the most significant implications of these findings lies in their cultural and policy relevance. Culturally rooted interventions are more likely to be accepted, sustained, and effective in the communities they target (Gone, 2013). The TQN rituals, grounded in a century-old Sufi tradition with deep roots in Indonesian society, offer a low-cost, scalable mental health support model that is both spiritually meaningful and socially embedded.

From a public health perspective, these rituals could be integrated into community-based mental health programs as complementary interventions. This aligns with WHO's advocacy for culturally sensitive mental health strategies that leverage existing community structures (WHO, 2021). Partnerships between health agencies and religious organizations could facilitate the dissemination of mental health messages and interventions through trusted spiritual leaders — in this case, *mursyid* and local TQN coordinators.

However, integration requires careful boundary-setting to maintain theological integrity while ensuring alignment with evidence-based health practices. Co-training programs for religious leaders on basic psychosocial first aid Shultz et al. (2016) could enhance their capacity to address mental health needs during crises, without undermining their spiritual authority.

Furthermore, the TQN case challenges the common secular-religious dichotomy in public health discourse by demonstrating that spiritual rituals can simultaneously fulfill doctrinal requirements and psychological needs. This "dual legitimacy" may be especially important in contexts where trust in government or medical institutions is low, and where religious leaders maintain higher credibility among the population.

5.6 Integrative Synthesis

When examined through the combined lenses of Religious Coping Theory, Positive Psychology, Resilience Theory, and Psychoneuroimmunology, the TQN Sirnarasa response to COVID-19 represents a multi-layered, culturally embedded resilience strategy:

1. *Cognitive Reframing* (*Religious Coping*): Transforming pandemic fear into faith-based meaning reduced anxiety and restored agency.
2. *Holistic Well-being (Positive Psychology):* Ritual engagement supported multiple dimensions of well-being, from emotional regulation to social connection.
3. *Collective Synchronization (Resilience Theory):* Synchronized rituals reinforced group cohesion, sustaining morale and behavioral consistency.

4. *Physiological Pathways (PNI):* Stress reduction through ritual likely contributed to better immune regulation, indirectly supporting physical health.
5. *Cultural Fit (Public Health):* The model's embeddedness in an established spiritual tradition makes it viable for integration into broader health strategies.

This integrative analysis highlights the potential of Sufi ritual systems not only as spiritual practices but as public health assets in times of crisis.

6. CONCLUSION

This study has examined the role of Sufi *tariqa* rituals — as practiced and directed by the Thariqah Qadiriyyah Naqsyabandiyyah (TQN) Sirnarasa under the guidance of Syaikh Muhammad Abdul Gaos Saefulloh Maslul (Abah Aos) — in preserving mental health during the COVID-19 pandemic. Drawing upon the *Maklumat* issued between May and June 2020, along with participant observation, focus group discussions, and in-depth interviews, the findings indicate that these rituals did far more than maintain spiritual discipline; they functioned as integrated psychosocial interventions capable of addressing the dual challenges of emotional well-being and physical health resilience in a time of unprecedented global crisis.

6.1 Sufi Rituals as Mental Health Preservers

The evidence presented confirms that Sufi rituals, when practiced consistently and with communal alignment, contributed to reducing stress, building resilience, and sustaining social connectedness among adherents. The *Maklumat* "Bahaya Takut Virus Corona" reframed pandemic anxiety through theological reappraisal, aligning with *positive religious coping* strategies that have been shown to reduce distress and foster hope. The prescription of structured *dhikr*, such as 2,401 *istighfar* recitations before sleep, provided participants with a tangible, repeatable method for self-regulation, echoing research on mantra repetition and meditation as effective tools for anxiety reduction.

Similarly, the *Maklumat* "Tingkatkan Istiqomah dalam Amaliyah" established ritual steadiness (*istiqomah*) as an emotional anchor, mitigating the disorientation of disrupted routines. This mirrors resilience literature emphasizing the stabilizing effect of daily structure during crises. The *Maklumat* for married couples, with its prescribed post-intimacy prayer, functioned as a form of collective narrative therapy, reinforcing meaning and purpose within family life — factors known to buffer stress and sustain optimism.

6.2 Mental–Physical Health Linkages

Beyond psychological benefits, the study's findings suggest that mental health preservation through Sufi rituals may have indirectly supported physical immunity and recovery. Participants frequently attributed improved health outcomes, including faster recovery from illness, to the mental calmness and spiritual strength derived from their practices. While these accounts are subjective, they are consistent with psychoneuroimmunology (PNI) research showing that reduced stress and positive emotional states can enhance immune function.

In the TQN context, ritual-induced relaxation likely modulated cortisol levels, promoting parasympathetic activation and immune regulation — mechanisms well-documented in studies on contemplative prayer and meditation. The perceived connection between spiritual steadfastness and physical resilience may also have reinforced participants' adherence to health-promoting behaviors, creating a beneficial feedback loop between mind, body, and spirit.

6.3 Cultural-Spiritual Practices in Public Health

One of the most significant implications of this study lies in its call for recognition of cultural-spiritual practices within public health frameworks. As demonstrated by the TQN Sirnarasa case, indigenous spiritual systems can provide culturally congruent, low-cost, and scalable interventions that meet mental health needs in ways that resonate deeply with local values and beliefs. This is particularly important in contexts where biomedical interventions may be underutilized due to mistrust, stigma, or resource constraints.

Integrating such practices into community-based mental health initiatives would require careful partnership between public health agencies and religious organizations. Training spiritual leaders in basic psychosocial support — while respecting doctrinal integrity — could enhance their capacity to serve as effective first responders for mental health in crises. In doing so, policymakers could leverage existing trust networks to promote resilience at both individual and collective levels.

Moreover, the TQN model challenges the artificial separation of "religious" and "public health" domains, showing that spiritual rituals can simultaneously fulfill theological commitments and evidence-based psychosocial functions. This dual legitimacy enhances their potential for broad acceptance and sustainable implementation.

6.4 Directions for Interdisciplinary Research

While this study has offered an in-depth qualitative account of the psychological and perceived physical benefits of Sufi rituals during the pandemic, it also underscores the need for interdisciplinary follow-up research. Future studies could integrate biomedical measures — such as cortisol levels, heart rate variability, and immune markers — to empirically assess the physiological pathways hypothesized in the psychoneuroimmunology framework.

Additionally, comparative studies across different religious and cultural contexts could illuminate whether the mechanisms observed here are unique to the Sufi *tariqa* framework or represent a more generalizable pattern of spiritually mediated resilience. Quantitative surveys with larger, more diverse samples could also test the scalability of these findings and examine correlations between ritual adherence and specific mental health outcomes.

Collaborations between scholars of religion, public health experts, psychologists, and biomedical researchers will be essential to deepen understanding of how spiritual practices operate as multi-level interventions in crisis contexts. Such work could inform the design of integrated resilience models that combine spiritual, social, and medical resources in a coherent and culturally grounded strategy.

6.5 Closing Reflection

The COVID-19 pandemic has revealed not only the vulnerabilities of global health systems but also the latent capacities of cultural and spiritual traditions to sustain human well-being under extreme conditions. The case of TQN Sirnarasa under Abah Aos illustrates that spiritual leadership, when combined with structured ritual practice and adaptive community coordination, can generate a resilience ecology that spans the psychological, social, and even physiological domains.

In essence, the *Maklumat* functioned as both spiritual compass and mental health framework, guiding thousands of adherents through a period of profound uncertainty. The lessons from this experience extend beyond the pandemic, offering insights into how Sufi *tariqa* systems — and perhaps other spiritual traditions — can be mobilized as partners in holistic public health. Recognizing, respecting, and researching these contributions will be critical for building more inclusive and resilient health systems in the future.

7. Policy and Practice Implications

1) Health–religion partnership models for crisis mental health support. The evidence that TQN rituals stabilized affect and strengthened coping suggests a policy architecture that formally couples public health units with faith-based organizations (FBOs). Provincial health offices and primary care networks can establish Memoranda of Understanding with *tarekat* chapters to (a) co-design culturally grounded psychoeducation (stress, sleep, grief), (b) schedule synchronized, low-intensity group supports around existing ritual calendars, and (c) embed bidirectional referral pathways (mursyid → Puskesmas psychologists; Puskesmas → trusted spiritual supports). This aligns with WHO guidance on community mental health services that leverage local assets while preserving clinical standards (WHO, 2021) and with social-identity approaches showing that health messages carried by in-group leaders improve uptake. Safeguards: (1) written role delineations to avoid medical overreach by religious personnel; (2) ethics screens for privacy and non-coercion; (3) data-sharing agreements compliant with health law. Metrics: help-seeking latency, PHQ-4 reductions, adherence to care, and community trust indices (Patel et al., 2018; VanderWeele, 2017).

2) Use of *tarekat* networks as psychosocial support hubs. *Tarekat* infrastructures—madrasah nodes, routine dzikr circles, and communication channels—can be activated as low-cost psychosocial hubs that deliver stepped-care supports: Step 0 (universal) brief stress-normalization during manaqib gatherings; Step 1 (selective) small-group sharing with structured coping prompts; Step 2 (indicated) warm handoffs to clinical services for moderate/severe symptoms. Such hubs operationalize "resilience hubs," where social capital speeds collective recovery and buffers isolation. Design choices: (a) preserve ritual integrity—mental-health segments are appended, not fused, to worship; (b) ensure inclusivity (women/older adults/youth) with parallel groups; (c) hybrid delivery (onsite + online) to maintain reach during restrictions. Risks & mitigations: spiritual bypassing (minimized by clear screening scripts and referral triggers), stigma (normalize language: "kelelahan batin/psychological first aid"), and misinformation (appoint a health liaison trained to vet content). Equity lever: target underserved districts first; hubs lower travel and cost barriers while leveraging high baseline trust.

3) Training for *mursyid* and local leaders on mental health first aid. Structured Psychological First Aid (PFA) and Mental Health First Aid micro-credentials can equip *mursyid*, khadim, and women's coordinators with practical skills: recognizing red flags (suicidality, psychosis, intimate partner violence), conducting supportive listening, safety planning, and making confidential referrals. Training should be co-delivered by clinical psychologists and theologians to align with *adab* and protect doctrinal boundaries. Curriculum map: 8–12 hours modular (distress triage; grief; substance relapse risk; caregiver burnout; referral logistics), plus refreshers every 6 months. Supervision: monthly case consultations with Puskesmas psychologists to reduce moral distress and maintain fidelity. Evaluation: pre/post KAP (knowledge–attitude–practice) surveys; simulated role-plays; tracking referral completeness and follow-up attendance (Tol et al., 2011). Guardrails: leaders do not diagnose or treat; they contain, comfort, and connect.

Implementation roadmap (12–18 months). Phase 1 (0–3 m): stakeholder compact; needs assessment; hub selection; liaison appointment. Phase 2 (4–9 m): co-create materials; train first cohort; pilot two hubs per district; establish monitoring dashboard. Phase 3 (10–18 m): scale to additional hubs; integrate with primary care e-referrals; publish outcomes for learning health system feedback. Why this portfolio matters. It is cost-efficient (uses existing venues), culturally legitimate (trusted leaders), and scalable (replicable across *tarekat*). By converting ritual synchronicity into structured psychosocial support, health systems gain a community-facing buffer that reduces distress, improves adherence, and potentially enhances immune-relevant behaviors—without medicalizing religion or theologizing medicine.

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