

Psychosocial interventions based on Islamic spirituality for the mental health of landslide survivors

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ABSTRACT

The landslide disaster that occurred in January 2025 in Batang Regency, Central Java, had multidimensional impacts, encompassing physical, social, and psychological losses. Initial assessments indicated that many survivors experienced difficulty sleeping, anxiety, profound sadness, and loss of motivation, indicating post-disaster mental health disorders. If left untreated, these conditions can reduce the quality of life and hinder the psychosocial recovery process of affected communities. This study aimed to improve the mental health of landslide survivors through psychosocial interventions based on Islamic spirituality. A concurrent embedded approach method was used. There were five participants in the study, selected through purposive sampling. The intervention was administered in groups for five sessions. Before and after the intervention sessions, researchers conducted pre- and post-tests using Brief Mental Health Inventory (BMHI-12) which were analyzed using the Wilcoxon signed-rank test statistical technique. Data from interviews and observations were analyzed qualitatively. The results of the Wilcoxon signed-rank test showed a value of $0.043 < 0.05$, where the significant value < 0.05 means that providing psychosocial interventions based on Islamic spirituality effective in improving mental health of the five research participants. Psychosocial interventions based on Islamic spirituality significantly help participants in expressing feelings, managing emotions, constructing meaning from disasters, and strengthening social relationships, so that they can be an applicable model in the context of Islamic psychology and psychosocial disaster response.

INTRODUCTION

Landslides are a common natural disaster in Indonesia, particularly in mountainous areas and on hilly slopes (Zulfa et al., 2022.). Data from the National Disaster Management Agency (BNPB) shows that landslides cause multidimensional impacts, including social and humanitarian impacts (fatalities, injuries, and refugees), economic and infrastructure impacts, and environmental impacts (Bencana, 2024). As of July 2024, 170 disasters had occurred in Indonesia, resulting in a large number of fatalities (Mohamad et al., 2025). Furthermore, the psychological impact of natural disasters can disrupt the mental health of disaster victims, affecting their thinking and feelings. Emotionally, symptoms include shock, fear, sadness, resentment, guilt, shame, and helplessness. Cognitive impacts include disorganized thinking, misperceptions, decreased decision-making ability, reduced concentration and memory, and even self-blame (Zamiri-Miandoab et al., 2022; Nakao et al., 2021).

Landslide victims also experience severe psychological disorders, such as trauma, anxiety, post-traumatic stress disorder (PTSD), and depression (Nurjanah & Mursalin, 2021).

The floods, landslides, and extreme weather that struck Batang Regency had a significant impact on several areas. Data from Batang Regency Regional Disaster Management Agency (BPBD) recorded material losses, damaged infrastructure, and even fatalities (Jumadi, 2025). Furthermore, landslide survivors struggled to recover mentally due to prolonged emotional distress, such as trauma (Pradana, 2024), fear and anxiety during rain (Utami et al., 2024), loss of family members and homes (Aryuni, 2023), uncertainty about future housing and businesses, and a lack of ongoing psychosocial support (Rochman et al., 2023). Natural disasters such as the landslide in Batang region have widespread impacts that affect the lives and mental health of the community as a whole. Therefore, interventions should be emphasized in a psychosocial context, or at the community level, rather than on an individual basis. Mental health is as important as physical health, and the two are interconnected. If someone is physically disturbed, they are likely to be mentally or psychologically disturbed, and vice versa (Farmawati, 2023). Improving community mental health when facing disasters is important by emphasizing interventions at all levels, from prevention to rehabilitation (Astuti et al., 2022).

Interventions provided to landslide survivors are generally emergency in nature, short-term, and primarily focused on material and medical assistance (Khobibah et al., 2023) or educational support (Narayan et al., 2022). While such efforts are essential, they often overlook the psychological and spiritual dimensions of recovery, which play a crucial role in the holistic process of post-disaster rehabilitation. Most survivors in areas such as Batang Regency are Muslims who possess internal strengths derived from Islamic spiritual values, including patience (ṣabr), trust in God (tawakkul), remembrance of God (dhikr), and sincerity (ikhlaṣ) (Pratama et al., 2023). These values can serve as powerful psychospiritual resources that support emotional regulation, acceptance, and social adaptation in the aftermath of trauma. Spiritual practices such as dhikr, prayer, and Islamic meditation function as spiritual coping mechanisms oriented toward relaxation and mindfulness. These practices help reduce symptoms of anxiety, enhance calmness, and promote self-acceptance (Syamila & Mansoer, 2023; Hidayat et al., 2023; Rosendahl et al., 2023; Pihasniwati et al., 2024). Similarly, Leung et al. (2023) demonstrated that spiritually based psychosocial interventions can effectively reduce mild to moderate levels of distress and depression.

When Islamic spiritual values are systematically integrated into psychosocial interventions, the approach not only strengthens individual mental resilience but also deepens the meaning of life and increases the sense of social connectedness among survivors (Franzoi et al., 2022). The Islamic values of ukhuwah (brotherhood) and ta'awun (mutual assistance) form a vital foundation for social support, which serves as a key protective factor against post-disaster psychological disorders (Okyere et al., 2024). Therefore, psychosocial interventions grounded in Islamic spirituality are not only culturally and religiously contextual but also more likely to be accepted by conservative Muslim communities, as they align with their beliefs, traditions, and daily religious practices (Winiger & Goodwin, 2023).

Landslide survivors in Batang Regency not only face material and physical losses, but also significant psychological distress in the form of trauma, anxiety, deep sadness, loss of hope, and social disruption. Several studies in Indonesia show that survivors of natural disasters, including landslides, often experience symptoms of depression (38–45%), anxiety disorders (30–40%), and post-traumatic stress disorder (PTSD) symptoms 25–35% after a disaster (Nur Rohmah et al., 2023). Factors contributing to these psychological disorders include the loss of family members and homes,

uncertainty about the future and loss of livelihoods, weak social and community support after the disaster, and lack of access to professional psychological services. Interviews with religious leaders indicated that the majority of people in Bawang District, Batang Regency, are religious and deeply involved in spiritual and religious practices. Izza (2024), noted that the congregation of the Ar-Rahmah Jami Mosque in Batang Regency applies sincerity in developing prosocial behavior. Furthermore, in the context of rural communities like Batang, spiritual and religious values can actually be a source of strength (coping resources) in dealing with suffering. However, this spiritual approach is often not integrated into formal psychosocial services (Winiger & Goodwin, 2023; Okyere et al., 2024). Current treatment methods, such as providing material or medical assistance, are important and urgent, but they only address basic physical needs. Meanwhile, emotional, psychological, social, and spiritual needs are often neglected (Ventevogel & Whitney, 2023). This creates a gap between the actual needs of survivors and the types of interventions provided.

To address the complex aftermath of the disaster, a new holistic and transdisciplinary paradigm is required one that emphasizes not only physical recovery but also mental, social, and spiritual healing. The biopsychosociospiritual paradigm (Panggalo et al., 2024) offers a comprehensive framework for such recovery by viewing human beings as an integrated whole composed of biological, psychological, social, and spiritual dimensions. Within the context of Muslim-majority societies, a psychosocial intervention grounded in Islamic spirituality is particularly relevant, as it aligns with survivors' belief systems and cultural practices. This approach integrates core Islamic values such as *ṣabr* (patience), *ikhhlās* (sincerity), *tawakkul* (trust in God), *syukr* (gratitude), and *dhikrullāh* (remembrance of God) as mechanisms for psychological stabilization and social re-engagement (Halim et al., 2022; Tengku Kamarulbahri et al., 2024; Zahir & Qoronfleh, 2025).

Building on this conceptual foundation, the present study aims to develop and empirically test an Islamic spirituality-based psychosocial intervention model to improve the mental health of landslide survivors in Batang Regency, Central Java. Specifically, this study seeks to: (1) explore the psychological, social, and spiritual challenges experienced by female survivors of 2025 Batang landslide; (2) implement a structured psychosocial intervention that integrates Islamic spiritual practices and values; and (3) evaluate the effectiveness of the intervention in enhancing mental health indicators as measured by the Brief Mental Health Inventory (BMHI-12). The results are expected to provide both theoretical contributions to the field of Islamic psychology and practical insights for spirituality-based disaster recovery programs. Accordingly, the research hypotheses are as follows: H_0 (Null Hypothesis): The provision of psychosocial interventions based on Islamic spirituality has no significant effect on improving the mental health of landslide survivors; and H_1 (Alternative Hypothesis): The provision of psychosocial interventions based on Islamic spirituality has a significant effect on improving the mental health of landslide survivors.

METHODS

Research Design

The research design used in this study is a concurrent embedded approach, a mixed methods research strategy where quantitative and qualitative data are collected simultaneously. This approach uses qualitative data as the primary method to guide the research process, while quantitative data serves as a secondary data support for the research procedure (Rachmad et al., 2024). Quantitative data with one-group pretest-posttest pre-experimental design, will be obtained through pre- and post-

test questionnaires to measure the level of mental health indicators, while qualitative data will be obtained through various sources, including interviews, observations, and recordings of the intervention process. This approach is used to obtain a more in-depth and comprehensive picture and results from each sample.

Participants

The sampling technique used was based on a non-probability approach, namely purposive sampling from a list of survivors who met the criteria such as having landslide survivor status at the research location (experiencing direct impacts: damage to housing, loss of livelihood, or loss of family members) at least 1 month after the disaster, aged 30 – 50 years (adults), having a mental health problem score on the BMHI-12 screening (score ≤ 13 which means high distress / risk of mental health problems), willing to follow the entire series of interventions (5 sessions) and pre-post and follow-up measurements, giving written consent (informed consent). In this study there were five research participants who were willing and felt the direct impact of the landslide disaster, both physically and psychologically. The research location was in Gunungsari Village, Bawang District, Batang Regency, Central Java.

Instrument and Ethical Clearance

The interviews were designed to explore three main domains: psychological, social, and spiritual aspects of Islam. These interviews were semi-structured, with the researcher following a fixed guide but allowing participants to express their personal experiences in depth ([Creswell & Plano Clark, 2023](#)).

The instrument used to assess the mental health of landslide survivors before (pretest) and after (posttest) receiving Islamic spiritual-based psychosocial intervention was the Brief Mental Health Inventory (BMHI-12) by Veit and Ware ([1983](#)). This instrument was then adapted to the Indonesian context by Aziz and Zamroni ([Aziz & Zamroni, 2019](#)) through confirmatory factor analysis (CFA) and construct validity testing based on the dual model theory of mental health. Research by Salsabila et al. ([2022](#)) reconfirmed the validity and reliability of the BMHI-12 scale in the Indonesian population, with a Cronbach's Alpha reliability coefficient of 0.86, indicating high internal consistency. Furthermore, the item-total correlation ranged from $r = 0.43\text{--}0.71$ ($p < 0.01$), indicating that all items functioned well in measuring mental health constructs. The BMHI-12 consists of two main dimensions: Psychological Well-being (encompassing positive emotions, love, and life satisfaction) and Psychological Distress (encompassing anxiety, depression, and loss of self-control), which are responded to using a 4-point Likert scale: "Very Often," "Often," "Rarely," and "Never."

To support this research, the researcher also developed an intervention module and evaluation sheet by studying the Islamic spiritual theory of Wahab ([2022](#)). The intervention module and evaluation sheet prepared by the researcher were then tested through an expert judgment process that included content validity, theme clarity, intervention duration, module design, and reviewing completeness. The expert judgment was implemented through a group discussion with Dr. Miftahul Ula, M. Ag (Expert/Lecturer in Sufism at UIN K.H. Abdurrahman Wahid Pekalongan) and Annisa Mutohharoh, M. Psi., Psychologist (Expert/Lecturer in Psychology at UIN K.H. Abdurrahman Wahid Pekalongan), both of them have participated in SEFT (Spiritual Emotional Freedom Technique) training and certification. The intervention module and participant evaluation sheet designed by the researcher will be given at each therapy session. The participant evaluation sheet always contains the

same items that measure the participants' assessment of themselves after participating in an Islamic spiritual-based psychosocial intervention session and discussions with the therapist. In addition, to support the Islamic spiritual approach taken, the researcher also asked the participants to fill out a facilitator assessment sheet containing statements regarding the facilitator's attitude towards the participants which were derived in accordance with Islamic spiritual principles.

Intervention

The intervention was conducted from January 28, 2025, to February 28, 2025, one week one session for five sessions through face-to-face meetings, with daily follow-up via Whatsapp Group. Each session lasted 60-90 minutes. To begin the session, the researcher always began with a warm-up activity, namely a prayer activity aimed at helping the participants become calmer and get to know Allah SWT. It was hoped that when entering the main intervention session, the participants would be ready and comfortable during the intervention session.

In the first session, the Acceptance and Self-Awareness (Tafakur Musibah) stage, participants were invited to reflect on why the disaster occurred, write down and articulate their feelings, interpret the Quranic verses, namely QS. Al-Baqarah: 155–157, and share together. This session helped participants recognize their emotional state after the disaster and frame the disaster from a faith perspective (Jaya et al., 2021). Memories, thoughts, and feelings regarding the landslide disaster were presented again in a safe manner so that participants could internalize the things within themselves, explore their experiences, and finally convey them. This process provided space for participants to be able to clearly identify the emotions and thoughts they had experienced and avoided previously, so that participants could realize, understand, and accept themselves with *shabr*, *ridha*, and acceptance of Allah's destiny (Qadar) that they had previously denied and avoided.

In the second session, the Emotional Management through Dhikr and Prayer stage, participants were invited to be able to manage emotions through dhikr and prayer with breathing exercises, breathing dhikr practice, murojaah prayer of the Prophet during disaster, and writing personal prayers that reflect hope and new strength. This session helped participants calm themselves and manage anxiety through spiritual worship techniques that can be done in everyday life (Nurmala et al., 2024; Al-Razi & Nashori, 2025). Anxiety and fear felt by the participants were calmed through spiritual worship such as dhikr, tawakal, hope (raja') and patience so that participants could calm themselves and adorn themselves with spiritual worship in their daily lives.

The next stage in the third session, which focused on building meaning and hope, involved participants in a group discussion on: "What is still valuable in my life?", particularly in the past year after experiencing a disaster. Furthermore, participants were asked to practice writing letters to themselves about lessons learned from the landslide and creating a hope tree (personal, family, and community hopes). This enabled them to find meaning in life after the disaster and strengthen their hopes for the future (Khoirudin, 2021). This session fostered a sense of husnuzhan billah, good deeds, optimism, and istiqomah.

In the fourth session, the Self-Strengthening and Social Solidarity stage, participants attempted role-play by helping fellow survivors, learning from a case study of the Qur'anic figure, namely the Prophet Ayyub, AS (trial and healing), collective problem-solving exercises, and commitments in the form of simple acts of kindness (e.g., mutual cooperation, helping neighbors). Participants experienced and identified obstacles and threats that might arise. These situations were imagined by the participants so that they could anticipate them through their potential and also other plans that could be prepared in advance. This goal then made the participants more resilient (Razy et

al., 2022), caring for others (Saputra et al., 2023), and strengthening social networks (Aziz, 2024). This is also related to mental health through Islamic values such as Islamic fraternity, ta'awun, qowiy (strength), and shabr.

In the final session, the Closing and Soul Recovery Prayer, the participants evaluated their emotional changes since the first session. They also conducted personal reflections: "What have I learned from this program?", wrote spiritual resolutions after the landslide, and recited collective recovery prayers (congregational dhikr, shalawat, and closing prayers). These activities reinforced the participants' positive belief in their own abilities to achieve their desired goals, incorporating Islamic values such as gratitude, tawakkul (religious devotion), sincerity, and mujahadah. They also provided space for final reflection, strengthened self-change (Ismaya et al., 2023), and developed personal spiritual plans (Nole et al., 2024). These processes supported the improvement in mental health experienced by all five participants.

The following table describes the session overview, purpose, theme, and description of each session conducted in this intervention activity.

Table 1

Overview of Interventions

Session Order	Themes and Descriptions
<p>Session 1</p> <p>Self-Acceptance and Awareness (Tafakur / Contemplation of Disaster)</p> <p>Purposes:</p> <p>Helping participants recognize post-disaster emotional conditions and framing the disaster from a faith perspective</p>	<p>Themes: <i>Shabr, tafakur, ridha, qadar (destiny of Allah)</i></p> <p>Descriptions:</p> <ol style="list-style-type: none"> Icebreaker and group introductions Reflective guidance: "Why do disasters happen?" <i>Tafakur</i> on disaster experiences: Writing down and naming the feelings experienced Understanding disasters through verses from the Quran: QS. Al-Baqarah: 155–157 Sharing circle: personal experiences and remaining gratitude
<p>Session 2</p> <p>Emotional Management through Dhikr and Prayer</p> <p>Purposes:</p> <p>Providing techniques for calming yourself and managing anxiety through spiritual worship</p>	<p>Themes: <i>Dhikr, tawakal (trust in God), raja' (hope), shabr</i></p> <p>Descriptions:</p> <ol style="list-style-type: none"> Breathing and relaxation exercises with verbal and mental remembrance Breath Dhikr practice (inhale: Allah, exhale: Hu) Recitation of the Prophet's prayer during calamities (Narrated by Muslim): "<i>Allahumma ajirni fi musibati...</i>" Writing a personal prayer that reflects new hope and strength
<p>Session 3</p> <p>Building Meaning and Hope</p> <p>Purposes:</p> <p>Helping participants find the meaning of life after a disaster and strengthening hope for the future</p>	<p>Themes: <i>Husnuzhan billah, good deeds, optimism, istiqomah</i></p> <p>Descriptions:</p> <ol style="list-style-type: none"> Group discussion: "What is still valuable in my life?" Thematic interpretation of QS. Az-Zumar: 53 (forgiveness and hope) Exercise "writing a letter to oneself" about lessons learned from a disaster Creating a hope tree (personal, family, and community hopes)

Session 4	Themes: <i>Islamic Fraternity (Ukhuwwah Islamiyah), ta'awun, qawiy</i>
Self-Strengthening and Social Solidarity	<i>(strong), active shabr</i>
Purposes:	Descriptions:
Increase resilience, care for others, and strengthen social networks	a. Role-play: helping fellow survivors b. Studying the story of the Qur'anic figure: Prophet Ayyub, AS (trial and healing) c. Collective problem-solving exercises d. Commitment in the form of simple acts of kindness (e.g., mutual cooperation, helping neighbors)
Session 5	Themes: <i>Gratitude, tawakal (trust in God), ikhlas, mujahadah</i>
Closing and Prayer for Soul Restoration	Descriptions:
Purposes:	a. Evaluating emotional changes since the first b. Personal reflection: "What did I learn from this program?" c. Writing post-disaster spiritual resolutions d. Reciting collective recovery prayers (dhikr jama'i, prayers, closing prayer)
Provides space for final reflection, strengthens self-change, and develops a personal spiritual plan.	

Data Analysis

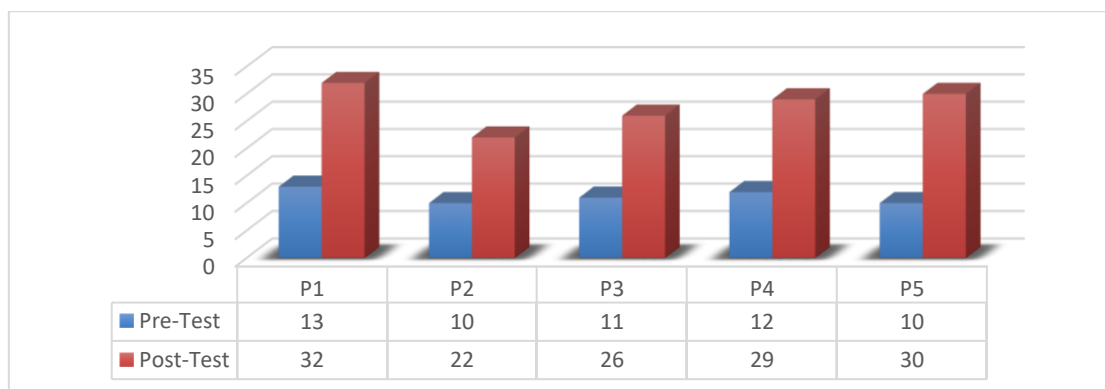
The qualitative data obtained were processed using content analysis by analyzing the results of discussions held after the Islamic spiritual-based psychosocial intervention between the participants and the therapist. The discussions were conducted to examine the psychological processes occurring in each subject and the changes in their perceived mental health before and after the intervention. Quantitative data were compared to observe changes in pre-test and post-test scores using the Wilcoxon signed-rank test statistical technique with SPSS version 29.

RESULTS AND DISCUSSION

Based on the data obtained, the following figure explains the results of the Islamic spiritual-based psychosocial intervention provided to improve the mental health of the five research participants.

Figure 1

Differences in Pre-Test and Post-Test Mental Health Scores for Each Participant



Based on the quantitative analysis, there was an increase in mental health scores based on the Brief Mental Health Inventory (BMHI-12) in mothers in Gunungsari Village who were the participants of the study. The results of the Wilcoxon signed ranks-test with SPSS version 29 showed a Z value of -2.023 ($p = 0.043$; $p < 0.05$), which means there was a significant difference between the pre-test and post-test scores on the Brief Mental Health Inventory (BMHI-12). Therefore, H_0 is rejected and H_1 is accepted. This means there is a significant difference between mental health scores before and after the intervention. Therefore, the Islamic spirituality-based psychosocial intervention was effective in improving the mental health of the five research participants.

Table 2

Wilcoxon Signed Ranks Test Results

Test Statistics ^a	
	Post Test - Pre-Test
Z	-2.023 ^b
Asymp. Sig. (2-tailed)	.043

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks

The improvement in mental health scores also aligns with qualitative data from the five participants regarding the changes they experienced after participating in the intervention. This intervention provided a platform for the five participants to express their thoughts and feelings after experiencing the landslide. The five participants' success in conveying their thoughts and feelings through psychoeducation, group therapy, and spiritual guidance, as well as sharing them in discussion sessions, fostered positive feelings such as happiness, calm, optimism, gratitude, and *ikhlas*. The five participants felt that through the intervention, they were able to express various thoughts, worries, and fears they had previously been unable to express. Mubarak & Karim (2022) reported that regression modeling results showed a coefficient value of 0.972 for spiritual guidance among adolescent members of the PSHT. This finding aligns with research by Xue et al. (2024) that suggests multidisciplinary interventions are emerging to reduce psychological distress and improve mental health and well-being in the context of climate change. Arafat (2024) examined mental health services provided by Islamic religious leaders in Bangladesh. Yadav et al. (2025) highlighted the need for tailored psychosocial interventions to aid recovery. By emphasizing the long-term psychological impact of landslides, this work advocates the integration of mental health support systems into disaster response strategies, offering key insights for improving survivor care and resilience.

The changes in mental health experienced by the research participants are explained through the intervention framework that five participants underwent during sessions within the Islamic spiritual-based psychosocial intervention. All sessions helped participants process their memories, thoughts, and feelings about the events within them, enabling them to connect with their real-life situations, leading to a greater awareness, acceptance, and understanding of what was happening to them. These findings were further supported by interviews and observations with the five participants.

The first research participant or P1, participated earnestly in each session. In each discussion session, P1 openly shared his thoughts and feelings. He shared his experiences after the landslide, his new activities, his worries after losing his vegetable shop to the landslide, and his strong desire to develop and advance beyond his current situation. The five sessions of Islamic spiritual-based psychosocial intervention led P1 to greater optimism and hope for himself, his children, and his

family. P1 demonstrated a strong acceptance of his condition and saw the landslide as a test from Allah SWT, expressing gratitude for the safety of his soul. He communicated his thoughts and feelings, as well as his strong desire to move forward and begin rebuilding his shop. The opportunity for P1 to explore and explore himself through Islamic spiritual-based psychosocial intervention helped him find positive meaning and hope for himself, his family, and his surroundings.

The second research participant or P2, she participated in each session quite well. During the discussion session, P2 openly expressed various things that were on her mind and feelings. P2 still felt fear and trauma regarding the landslide incident. When it rained and thundered, P2 was very scared and could not move, only standing still and stiff. P2 thought a lot, especially about the safety of her elderly mother who was only bedridden. P2 felt scared and anxious about not being able to save her mother. This fear made P2 not want to eat and remained silent and pensive. After attending five sessions of Islamic spiritual-based psychosocial intervention, P2's condition has improved. P2 began to accept and realize that to save the family from disasters, mutual help and support between family members are needed. P2 will work with her husband to be prepared for subsequent disasters. P2 also began to frequently practice breathing dhikr to manage emotions of fear when it rains and hopes to save the family so that everyone is safe.

The third research participant or P3, attended each session well. She expressed her sadness and trauma for a long time after the landslide. Her husband suffered a leg injury after being swept away by the floodwaters. She felt sad and afraid after witnessing the landslide and what her family was experiencing. After attending five intervention sessions, she accepted and realized that she was able to adapt to the post-disaster situation, and was grateful for her safety despite her husband's leg injury. She hoped that there would be no more landslides, and that if there were any further landslides, she and her family were ready to care for and help each other survive the disaster.

The fourth research participant or P4, attended each session well. In the first two sessions, P4 appeared less focused and frequently asked questions posed by the researcher. However, in the second to final sessions, P4 became more focused, although her story was told quite concisely. She explained that she witnessed the landslide firsthand and that it was very horrific, making her afraid and anxious about further landslides. Another concern she expressed was pessimism about her family's future, as her husband works in the landslide area and is still looking for work to support the family. After attending five intervention sessions, P4 interpreted what had happened positively and was grateful for the safety she had received. She was optimistic and had positive hopes for the future for herself and her family.

The fifth research participant or P5, participated in five sessions of psychosocial intervention based on Islamic spiritual with great sincerity. In the first session, P5 shared her difficult life experiences with her grandmother, but she lost her grandmother after a landslide destroyed her house. This caused a deep sadness for P5 that she had never expressed to anyone. During the emotional management session through dhikr, P5 was able to release the negative emotions she felt and transform them into positive energy that made her more enthusiastic about living her daily life and accepting what happened in life and letting go of her grandmother's passing.

Interviews and observations with five participants revealed that the landslide disaster had significant psychological impacts, including trauma, fear, deep sadness, and anxiety about the future. However, through a five-session Islamic spirituality-based psychosocial intervention, positive changes occurred in self-acceptance, emotional regulation, meaning of life, and hope for the future. Most participants demonstrated improved acceptance of their own condition and the post-disaster situation. Overall, the psychological dynamics experienced by the five participants revealed a clear

transformation from emotional instability marked by fear, sadness, and loss of meaning to a state of acceptance, inner peace, hope, and optimism. This transformation was not merely psychological in nature but deeply spiritual. Through the structured sessions of the Islamic spirituality-based psychosocial intervention, participants were guided to reinterpret their suffering through the lens of *tawakkul* (trust in Allah), *sabr* (patience), and *ikhlas* (sincerity). These values enabled survivors to perceive the disaster not solely as a tragedy, but as a divine test (*ibtila'*) that carries opportunities for spiritual growth and purification of the soul (*tazkiyatun nafs*).

The intervention fostered spiritual awareness through reflective practices such as dzikr, deep breathing with remembrance of Allah, prayer, and collective sharing sessions that invoked compassion and empathy among participants. As a result, participants reported experiencing a sense of tranquility (*sukun al-qalb*), stronger faith, and renewed gratitude for life. The spiritual dimension acted as a source of inner resilience, helping survivors to integrate their traumatic experiences within a larger spiritual narrative that every trial has divine wisdom (*hikmah*) and purpose. This spiritual reframing reduced feelings of helplessness and despair, replacing them with a renewed sense of meaning, gratitude, and moral responsibility toward family and community.

Furthermore, the intervention strengthened social connectedness through the principles of *ukhuwah* (brotherhood) and *ta'awun* (mutual assistance), fostering empathy and solidarity among survivors. Participants learned that healing was not an individual process but a collective spiritual journey supported by shared faith. Consequently, the intervention functioned as a transformative tool that integrated psychological healing with spiritual awakening guiding survivors toward holistic recovery that encompasses emotional stability, spiritual serenity, and a deeper relationship with God (*taqarrub ilallah*).

The relationship between Islamic spiritual-based psychosocial interventions and the improvement of survivors' mental health can be explained through John Stuart Mill's law of causality. According to Mill's method of agreement, when several studies consistently show similar results namely, that interventions incorporating Islamic spiritual values such as patience (*sabr*), trust in God (*tawakkal*), and remembrance of Allah (*dhikr*) reduce psychological distress and increase well-being (Chen et al., 2021; Zhang et al., 2022; Tol et al., 2023) these shared factors can be inferred as the primary cause of the positive outcomes. Furthermore, based on the method of difference, participants who received Islamic spiritual-based interventions demonstrated significant improvement in psychological well-being compared to those who did not, suggesting that the intervention itself was the causal factor in enhancing mental health.

In addition, the method of concomitant variation supports this causal relationship: as participants' levels of spiritual awareness, sincerity, and mindfulness practices increased, their symptoms of anxiety, sadness, and helplessness decreased proportionally (Kirin et al., 2024; Polat & Aliyev, 2025). Meanwhile, the method of residues indicates that while material assistance and social support explain part of the recovery process, the remaining improvements particularly the growth in inner peace and spiritual resilience can only be explained by the influence of Islamic spiritual values. Therefore, integrating Islamic spirituality into psychosocial interventions provides a causal mechanism that not only restores survivors' psychological functioning but also transforms their sense of meaning and strengthens their psychospiritual resilience after disaster.

During the research, there are several limitations that warrant consideration. First, the limited timeframe for the intervention was a major challenge. This study was conducted over a relatively short period of time, spanning one month with five intervention sessions. This duration was assumed to be sufficient to produce improvements in mental health across all participants. Each survivor has

different traumatic experiences, levels of resilience, and psychological preparedness, resulting in varying lengths of recovery. Second, the limited number of participants (only five) limits the generalizability of the results. Although this study provides an in-depth overview of the effectiveness of Islamic spirituality-based psychosocial interventions, the findings are primarily exploratory and contextualized in Batang regency. Therefore, replication in different populations and disaster contexts is necessary to enhance the external validity of the results. Third, this study did not compare the effectiveness of the intervention with a control group. Therefore, future research is recommended to employ an experimental design with a comparison group in order to test the specific effects of Islamic spirituality-based interventions on mental health in a more objective and measurable way.

CONCLUSION

The conclusion of this study indicated that psychosocial interventions based on Islamic spirituality effective in improving the mental health of landslide survivors in Batang Regency. This effectiveness was demonstrated through an increase in mental health scores in the five participants after participating in psychosocial intervention based on Islamic spirituality, and was reinforced by positive changes felt by each subject, such as decreased anxiety, increased inner peace, and life expectancy.

The intervention process, consisting of psychoeducation, group therapy, and spiritual guidance, was structured thematically, integrating values such as shabr, tawakkal (trust in God), dhikr (remembrance of God), and contemplation (tafakur). The facilitator's attitude, reflecting Islamic spiritual principles, also contributed to the intervention's success, as it successfully established a warm, empathetic, and deep relationship. Psychosocial intervention based on Islamic spirituality significantly assisted participants in expressing feelings, managing emotions, constructing meaning from the disaster, and strengthening social relationships. Therefore, it can serve as an applicable model in the context of Islamic psychology and psychosocial disaster response.

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AUTHORS' CONTRIBUTIONS: CF and NZ shared the research plan: CF designed the research, created the module, conceptualized, analyzed the data, validated, and implemented the intervention. NZ designed the research, created the participant evaluation sheet, and implemented the intervention.

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