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Strengthening Theology-Based Spirituality to Enhance Mental Resilience in the Era of Social Disruption

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ABSTRACT

Social disruption heightens psychological strain and demands resources that sustain mental resilience. This study examined the potential effectiveness of a six-week theology-based spirituality program. An explanatory sequential mixed-methods design combined a nonequivalent pretest-posttest control-group quasi-experiment with semi-structured interviews. Eighty purposively recruited adults were assigned nonrandomly to intervention and control groups (40 each), and 16 intervention participants were interviewed. ANCOVA controlling for baseline resilience showed a higher adjusted posttest score in the intervention group than in the control group (29.87 vs. 24.78), $F(1, 77) = 41.21$, $p < .001$, partial eta squared = .349. Qualitative themes included meaning-making, emotion regulation, adaptation, hope, and community support. The program may complement pastoral counseling and community-based mental health promotion.

INTRODUCTION

Social disruption triggered by accelerated digitalization, economic uncertainty, pandemics, conflicts, and weakening social relations increase the demand for psychological adaptation. In 2020, the COVID-19 pandemic is estimated to increase the prevalence of major depressive disorder by 27.6% and anxiety disorder by 25.6% globally (COVID-19 Mental Disorders Collaborators, 2021). The findings show that rapid social change is not just a structural problem, but can also disrupt emotional balance, a sense of security, interpersonal relationships, and the meaning of life.

In a religious society, spirituality can be a source of meaning, hope, and support when individuals are facing pressure. In Indonesia's Muslim community during the pandemic, spiritual well-being was associated with lower levels of depression, anxiety, and stress (Hamka et al., 2022). Although the context of beliefs may differ, the findings demonstrate the relevance of spiritual resources to mental health. In this study, theology-based spirituality is not equated with ritual frequency, but is understood as a directed reflection on God, human dignity, suffering, moral responsibility, life goals, spiritual practices, and community life.

The relationship between religion or spirituality and mental health is not always uniform. Systematic reviews show that forms of spirituality that support meaning and connectedness can be beneficial, while negative religious coping mechanisms, such as feeling abandoned or punished by God, can be related to poor psychological outcomes (Aggarwal et al., 2023; Surzykiewicz et al., 2022). Therefore, strengthening spirituality needs to be designed reflectively, not judgmentally, and still encourage adaptive actions.

The research gap lies in the limited testing of theology-based spirituality as a structured program. Many previous studies have been cross-cutting and measured religiosity as identity, frequency of worship, or general spiritual well-being. This research offers novelty through a six-week program that integrates theological reflection, spiritual practice, the meaning of suffering, the strengthening of hope, and community support; test it with a comparison group; and using interviews to explain changes in resilience scores. The purpose of the study was to assess the potential effectiveness of the program in increasing the mental resilience of adults who are under pressure due to social disruption.

METHODS

The study used the design of the sequential explanatory mixture method (QUAN→qual). The quantitative stage applies a quasi-experimental nonequivalent pretest-posttest control group. The qualitative stage is carried out after the posttest to explain how participants interpret the changes experienced. The two stages were connected through the selection of interview participants from the intervention group and integrated at the interpretation stage (Schoonenboom, 2024).

Participants were 80 adults aged at least 18 years in Indonesia who reported facing pressure due to social change and were willing to participate in a series of studies. Recruitment uses purposive sampling. Participants were placed without randomization into intervention and control groups, 40 people each; Therefore, the design is declared a nonequivalent group. Initial equivalence was examined based on age, gender, and pretest scores. Sensitivity analysis at alpha = 0.05 and power = 0.80 showed that the sample could detect an effect of around f = 0.32 (Lakens, 2022). After the quantitative stage, 16 participants in the intervention group were purposively selected to be interviewed.

Primary outputs were measured using the Connor-Davidson Resilience Scale version 10 item (CD-RISC-10). The instrument is unidimensional; each item is scored 0-4 so that the total score ranges from 0-40 and a higher score indicates better resilience (Campbell-Sills & Stein, 2007; Waddimba et al., 2022). The instrument was translated through forward-back translation, studied by experts, and tested on 30 respondents. Validity was checked through content validity and item-total correlation, while internal consistency was assessed using Cronbach's alpha and McDonald's omega. Qualitative data were obtained through eight semi-structured interview questions on the meaning of experiences, emotion regulation, adaptation, hope, spiritual practices, and community support.

Both groups took a pretest. The intervention group then underwent a six-week theology-based spirituality strengthening program, with one 90-minute session each week. The material includes reflections on God and man, the meaning of suffering, spiritual practices, strengthening hope, responsibility for adapting, and community support. The control group underwent routine activities without special intervention. After the program, both groups took a posttest; The interview will be held on May 12-15, 2025. Participation is voluntary, all participants provide written informed consent, and the identity of the interview is anonymized using a code.

Initial characteristics were analyzed using descriptive statistics, independent t-test, and chi-square. The effect of the program on posttest scores was tested using ANCOVA with the group as a factor and the pretest score as a covariate. Residual normality, variance homogeneity, and regression slope homogeneity were checked before testing. The magnitude of the effect was reported as partial eta squared and the uncertainty of the mean difference as a 95% confidence interval. Interview transcripts were thematically analyzed through repeated reading, encoding of meaningful units, development and review of themes, and naming of themes (Braun & Clarke, 2021). Theme frequency is used only to show the number of participants who delivered the theme, not to determine its level of importance. Integration is carried out using a qualitative theme to explain the pattern of changes in quantitative scores.

RESULTS AND DISCUSSION

The intervention and control groups consisted of 40 participants each. The mean age of the intervention group was 35.4 years (SD = 9.2) and the control group was 35.1 years (SD = 9.5); The difference was not significant, t (78) = 0.14, p = 0.886. The intervention group consisted of 24 women and 16 men, while the control group consisted of 23 women and 17 men. The sex composition did not differ significantly, chi-square (1) = 0.05, p = 0.820. The pretest scores of the two groups were also comparable, t (78) = -0.31, p = 0.759.

CD-RISC-10 showed good internal consistency, with Cronbach's alpha = 0.88 and McDonald's omega = 0.89; The item-total correlation is in the range of 0.43-0.76. The total score of the intervention group increased by 6.12 points, while the control group increased by 0.95 points (Table 1).

Table 1. Mental Resilience Pretest and Posttest Scores

Groups	Pretest M (SD)	Posttest M (SD)
Intervention (n = 40)	23,64 (4,26)	29,76 (4,74)
Control (n = 40)	23,94 (4,45)	24,89 (4,72)

ANCOVA assumptions were met: normally distributed residual according to Shapiro-Wilk test (p = 0.550), homogeneous posttest variance according to Levene test (p = 0.896), and group interaction with insignificant pretest (p = 0.742). After the pretest was controlled, there was a significant difference in posttest scores between groups, F (1, 77) = 41.21, p < 0.001, partial eta squared = 0.349. The mean corrected posttest was 29.87 in the intervention group and 24.78 in the control group. The estimated mean difference of 5.08 points, 95% CI [3.51, 6.66], showed a large effect and supported the study hypothesis.

The analysis of the interviews yielded five themes that explained the changes after the program. A participant can deliver more than one theme so the total percentage does not have to be 100% (Table 2).

Table 2. Theme of Mental Resilience Change

Theme	Key evidence
Reinterpretation of suffering - 14 (87.5%)	Difficulties are understood as experiences that can be interpreted and become a space for growth.
Strengthening of emotion regulation - 13 (81.3%)	Reflection and spiritual practice help participants calm down before responding to problems.
Increased adaptation - 12 (75.0%)	Participants are better able to accept uncertainty and determine realistic actions.
Community support - 11 (68.8%)	Group interactions foster a sense of acceptance, listening, and not being alone.
Reinforcement of expectations - 10 (62.5%)	Hope is understood as an active belief accompanied by effort and responsibility.

The change in meaning and management of emotions is illustrated in the following statement:

"In the past, when problems came, I immediately felt that everything was over. After participating in this activity, I began to try to calm down, pray, and look at problems from a different side. The problem hasn't gone away, but I feel better able to deal with it." (SIM-P03-INT, interview, May 12, 2025)

The ability to accept the situation without giving up also appears in the experiences of other participants:

"I began to understand that accepting circumstances does not mean giving up. There are things that I can't change, but I can still set the next step. That's what makes me have hope again." (SIM-P09-INT, interview, May 14, 2025)

Community support was described by participants as follows:

"When I heard the stories of other participants, I realized that I was not the only one who was experiencing difficulties. I feel lighter because I can tell stories and be listened to without being judged." (SIM-P14-INT, interview, May 15, 2025)

The principal finding of this study is that participation in the six-week theology-based spirituality strengthening program was associated with a greater improvement in mental resilience than routine activities. The intervention group's mean CD-RISC-10 score increased from 23.64 to 29.76, representing a gain of 6.12 points, whereas the control group increased from 23.94 to 24.89, representing a gain of only 0.95 points. The difference in change between the two groups was therefore approximately 5.17 points at the descriptive level. This pattern was confirmed by ANCOVA. After controlling for baseline resilience, the adjusted posttest mean was 29.87 in the intervention group and 24.78 in the control group, with an estimated adjusted difference of 5.08 points (95% CI [3.51, 6.66]). The intervention group therefore retained a clear advantage even after initial resilience scores were considered.

The statistical result is strengthened by the comparability of the two groups before the intervention. The groups did not differ significantly in age, sex composition, or pretest resilience. In addition, the assumptions for ANCOVA were met, including residual normality, homogeneity of variance, and homogeneity of regression slopes. These results reduce the likelihood that the posttest difference was merely produced by baseline imbalance or violation of the analytical assumptions. The value of partial eta squared of .349 also indicates a large effect under conventional interpretation. This suggests that the difference was not only statistically detectable but represented a substantial separation between the groups after adjustment for baseline scores.

Nevertheless, the magnitude of the effect needs to be interpreted within the measurement used in this study. The CD-RISC-10 measures perceived capacity to deal with change, pressure, failure, uncertainty, and unpleasant emotions. Therefore, the higher posttest score indicates that participants perceived themselves as better able to respond adaptively to difficult circumstances. The result does not mean that the external sources of social disruption had disappeared. It also does not directly establish reductions in depression, anxiety, or other clinical symptoms because these outcomes were not measured. The participant's statement that "the problem hasn't gone away, but I feel better able to deal with it" accurately represents the meaning of the quantitative improvement. The intervention appears to have strengthened the participants' capacity to face problems rather than eliminating the problems themselves.

The internal consistency results further support the interpretation of the CD-RISC-10 scores. Cronbach's alpha of .88 and McDonald's omega of .89 indicate that the ten items consistently measured the same underlying resilience construct in this sample. The item-total correlations, ranging from .43 to .76, also show that each item made an adequate contribution to the total score. Thus, the improvement observed in the intervention group was reflected across a coherent measure of resilience rather than being dependent on a single weak item. However, because CD-RISC-10 is unidimensional, the five qualitative themes should not be interpreted as new quantitative dimensions or subscales. Instead, they explain the experiences and processes that may underlie changes in the total resilience score.

The qualitative findings deepen the quantitative result by showing how participants experienced the improvement. The five themes were reinterpretation of suffering, emotion regulation, adaptation, community support, and hope. These themes did not operate independently. They formed a connected process in which theological meaning influenced how participants appraised adversity, spiritual practice influenced how they regulated emotional reactions, and community interaction strengthened their ability to maintain hope and take adaptive action. This convergence between quantitative and qualitative findings is important because an increase in resilience scores alone cannot explain what changed in the participants' thinking, emotions, and behavior.

Reinterpretation of suffering was the most frequently reported theme, identified in 14 of the 16 interview participants. Its prominence suggests that meaning-making was one of the central processes within the intervention. Before participating in the program, some participants appeared to interpret adversity as an indication that everything was ending or that they no longer had the capacity to continue. After the program, adversity was more often understood as a difficult reality that could be acknowledged, interpreted, and responded to. This change did not require participants to describe suffering as desirable. Instead, it enabled them to prevent suffering from becoming the sole definition of their lives and future.

The theological framework provided participants with a broader perspective through which suffering could be connected to human dignity, responsibility, hope, and the possibility of growth. Roszak (2023) argues that theological resilience should not be reduced to the ability to endure hardship. It also includes the development of virtue and moral action in response to hardship. The current findings support that argument. Participants did not merely report that they had become more tolerant of suffering. They described becoming more capable of deciding how to respond to circumstances that remained difficult. Theology-based meaning-making therefore appears to have functioned as an interpretive resource that reorganized the relationship between adversity and personal agency.

This interpretation also corresponds with Tutzer et al. (2024), who found that spirituality, meaning, inner peace, and perceived social support were relevant resources for mental health during periods of psychological strain. In the present study, meaning-making may have reduced the perception that adversity was completely chaotic, final, or uncontrollable. When difficult experiences could be

understood within a framework of purpose and responsibility, participants were better able to identify responses that remained possible. This process may explain why reinterpretation of suffering was closely connected to the themes of adaptation and hope.

Emotion regulation was the second most frequently reported theme, appearing in 13 interviews. Participants described prayer, reflection, and other spiritual practices as helping them calm down before reacting to a problem. This finding indicates that spiritual practice may have served as an emotional-regulation strategy rather than functioning only as a religious obligation. By creating a pause between the stressor and the response, the practices allowed participants to recognize their emotions, reduce immediate emotional escalation, and reconsider the situation from a different perspective.

The participant who explained that they began to "calm down, pray, and look at problems from a different side" illustrates a process resembling cognitive reappraisal. The external problem did not immediately change, but its meaning and the participant's response to it changed. Dolcos et al. (2021) found that cognitive reappraisal and coping self-efficacy mediated the relationship between religious coping and well-being. The present findings provide a practical illustration of that mechanism. Reflection and prayer may have supported reappraisal, while successfully managing an emotional reaction may have strengthened confidence in the ability to cope with subsequent difficulties.

The findings are also consistent with Brandão's (2025) review, which identifies emotion regulation as an important pathway through which religion and spirituality may relate to psychological well-being. However, the direction of this relationship depends on how spiritual practices are used. Spiritual practice may support resilience when it helps individuals recognize emotions, reassess circumstances, and select adaptive responses. It may be less beneficial when used to suppress emotions, deny problems, or avoid necessary action. In the present program, the connection between spiritual practice and responsibility appears to have prevented emotion regulation from becoming emotional avoidance.

The theme of adaptation, reported by 12 participants, demonstrates the behavioral relevance of the changes in meaning and emotion. Participants described a greater ability to accept uncertainty and identify realistic steps that could still be taken. The statement that "accepting circumstances does not mean giving up" is especially important because it distinguishes adaptive acceptance from passive surrender. Adaptive acceptance involves accurately recognizing circumstances that cannot immediately be changed while maintaining engagement with actions that remain possible. Passive surrender, in contrast, involves abandoning agency because circumstances are perceived as completely uncontrollable.

This distinction helps explain how theology-based spirituality may contribute to resilience. The intervention did not teach participants that faith would automatically remove difficulties. It encouraged them to distinguish between what needed to be accepted and what could still be addressed through responsible action. As a result, acceptance did not end the coping process but became the basis for a more realistic response. This pattern is directly relevant to the CD-RISC-10 construct because resilience includes adapting to change, coping with pressure, and continuing to function despite unpleasant experiences.

Hope was reported by 10 participants and was closely related to adaptation. In the participants' accounts, hope was not simply a belief that future circumstances would become better without effort. Hope was understood as confidence that meaningful action remained possible even when outcomes were uncertain. The program therefore appears to have transformed hope from a passive expectation into an active orientation that combined belief, effort, and responsibility. This type of hope may sustain motivation by allowing participants to imagine a future that is not entirely determined by their present difficulties.

The lower frequency of the hope theme compared with reinterpretation of suffering or emotion regulation does not necessarily mean that hope was less important. Theme frequency only indicates how many participants explicitly expressed an idea during the interviews. It does not measure the strength of the theme or its causal contribution to resilience. Hope may also have been implicitly present within statements about meaning, adaptation, and responsibility. For example, the decision to take a "next step" after accepting an uncontrollable situation already contains an orientation toward the future.

Du (2024) emphasizes that the relationship between religiosity and resilience depends on the content of beliefs and the context in which individuals face risk. The present findings support this contextual interpretation. Beliefs appeared beneficial when they strengthened agency, emotional stability, and willingness to act. The program did not rely on religious identification or frequency of worship alone. Its effect appears to be related to how theological beliefs were interpreted and translated into coping practices. This distinction may explain why a structured spirituality program can produce different outcomes from religiosity measured only as affiliation or ritual frequency.

Community support, reported by 11 participants, shows that the improvement in resilience was not exclusively an intrapersonal process. Participants emphasized the importance of being listened to without judgment and realizing that other people also experienced difficulties. The group environment reduced the sense of facing adversity alone. This experience may have provided emotional validation, normalized participants' struggles, and strengthened a sense of belonging. The statement "I was not the only one who was experiencing difficulties" demonstrates how interpersonal connection changed the meaning of individual distress.

Community interaction may also have reinforced the other mechanisms. Participants could hear how others interpreted suffering, observe alternative strategies for managing emotions, and receive encouragement for adaptive action. In this sense, community support did more than provide comfort. It created a social environment in which new interpretations and coping responses could be practiced and affirmed. Cherry et al. (2023) similarly found that religiosity and social support predicted resilience after a disaster. Sari et al. (2025) also demonstrated the relevance of spiritual well-being to emotion regulation, social support, religious activity, and quality of life. The present findings extend this evidence by illustrating how spiritual and social resources can operate together within a structured program.

The results are also broadly consistent with Leung and Li's (2024) randomized trial, which found that a spiritual-connectivity intervention strengthened spiritual experience, hope, self-esteem, and social support while reducing depressive symptoms. Both studies suggest that the benefits of spirituality are more likely to emerge when spiritual concepts are translated into structured reflection, practice, and interpersonal connection. The present study adds to this evidence by focusing specifically on resilience and by using interviews to explain how participants interpreted the observed change. It also provides evidence from an Indonesian setting, where spiritual and communal resources may have particular social relevance.

The integration of the five themes suggests a sequential but mutually reinforcing mechanism. First, theological reflection enabled participants to reinterpret adversity. Second, the new interpretation reduced the tendency to view problems as completely final or uncontrollable. Third, prayer and reflection helped regulate emotional reactions and created space for reassessment. Fourth, improved emotional regulation allowed participants to identify realistic actions. Fifth, active hope sustained those actions, while community support reinforced meaning, emotion regulation, and adaptation. This

sequence offers a plausible explanation for the substantial increase in resilience scores.

At the same time, the study did not directly test these themes as statistical mediators. Therefore, reinterpretation, emotion regulation, hope, adaptation, and community support should be understood as qualitative explanations supported by participants' accounts rather than confirmed causal pathways. Future mediation analysis would be necessary to determine whether changes in these processes statistically account for the effect of the intervention on resilience. The current mixed-methods integration nevertheless provides stronger explanatory evidence than the quantitative scores alone because it shows that participants' reported experiences corresponded with theoretically relevant resilience processes.

The modest 0.95-point improvement in the control group also requires interpretation. It may reflect natural adaptation, repeated exposure to the resilience questionnaire, ordinary social support, or changes in participants' circumstances during the six-week period. However, this improvement was much smaller than the 6.12-point increase in the intervention group. The difference suggests that the intervention provided additional resources beyond those available through routine activities. Nevertheless, because the control group did not receive an equivalent group-based activity, the specific contribution of theological content cannot be completely separated from the effects of facilitator attention, group interaction, expectations of benefit, and regular participation.

This issue is especially relevant because community support was one of the qualitative themes. Some improvement may have arisen from being part of a supportive group rather than from theological reflection alone. However, the interview results also show that participants explicitly connected their changes to theological meaning, prayer, reflection, hope, and responsibility. The most reasonable interpretation is therefore that the effect was produced by the integration of theological content, spiritual practice, and group support rather than by any single component in isolation. An active comparison group would be required to determine the independent contribution of each component.

The findings should also be considered alongside evidence that not all forms of religious coping are beneficial. Surzykiewicz et al. (2022) found that positive and negative religious coping can have different relationships with resilience and mental well-being. Aggarwal et al. (2023) similarly showed that the effects of religiosity and spirituality depend on the forms of belief and coping involved. The present program appears to have supported resilience because its theological content was reflective, non-punitive, and connected to responsible action. It did not interpret distress as evidence of weak faith or divine punishment.

This distinction is central to understanding the findings. If suffering had been interpreted as punishment, abandonment, or personal spiritual failure, theological reflection might have intensified guilt and helplessness. Instead, participants were encouraged to recognize suffering without being defined by it, regulate emotional reactions, and identify actions that remained possible. The beneficial effect therefore should not be attributed to "more religion" in a general sense. It should be attributed more specifically to a form of spirituality that promotes meaning, emotional regulation, agency, hope, and supportive relationships.

The study's quasi-experimental design requires caution in drawing causal conclusions. Although the groups were comparable on the measured baseline characteristics, participants were not randomly assigned. Unmeasured characteristics, such as motivation, previous spiritual involvement, openness to group discussion, or expectations about the program, may have differed between the groups. The results therefore provide evidence of potential effectiveness rather than definitive proof that the program alone caused the improvement. This limitation does not negate the observed difference, but it determines the strength of the conclusion that can reasonably be drawn.

The interviews also involved only 16 purposively selected participants from the intervention group. Their accounts successfully explained the dominant pattern of improvement, but they may not represent all participants, particularly those who experienced limited change or viewed the program less positively. Because the control group was not interviewed, the study cannot determine whether participants in routine activities experienced similar forms of meaning-making or social support. The qualitative findings should therefore be interpreted as explanations of how intervention participants experienced change, not as evidence that these experiences were entirely absent from the control group.

Furthermore, the posttest was conducted immediately after the six-week program. The results demonstrate short-term improvement, but they do not show whether the gains persisted after the sessions ended or when participants encountered new social pressures. The absence of follow-up data is particularly relevant because resilience refers to adaptation over time. A temporary increase in perceived coping capacity is valuable, but sustained resilience would require participants to continue applying theological reflection, emotion-regulation practices, active hope, and community support beyond the intervention period.

Despite these boundaries, the findings have a clear practical meaning. Theology-based spirituality may serve as a complementary resource in pastoral counseling, religious education, community mentoring, and community-based mental health promotion. Its contribution lies in helping individuals construct meaning, regulate emotional responses, maintain agency, develop realistic hope, and access supportive relationships. The program should not be positioned as a substitute for psychological or psychiatric treatment because it did not assess or treat clinical disorders. Participants presenting severe or persistent psychological symptoms would still require appropriate professional referral.

Overall, the quantitative and qualitative results support one coherent interpretation. The intervention group demonstrated a substantially greater increase in resilience, while participants described changes that corresponded with central processes of resilience. Reinterpretation of suffering changed how adversity was understood; spiritual practices created space for emotional regulation; adaptive acceptance preserved personal agency; hope maintained future-oriented action; and community support reduced isolation and reinforced coping. The program's potential effectiveness therefore appears to arise from the integration of theological meaning, spiritual practice, responsible action, and supportive social relationships.

CONCLUSION

The six-week theology-based spirituality strengthening program was associated with a greater short-term improvement in mental resilience than routine activities. After controlling for baseline resilience, the intervention group achieved a higher adjusted posttest score than the control group, with an estimated mean difference of 5.08 points (95% CI [3.51, 6.66]). The qualitative findings suggest that this improvement was experienced through the reinterpretation of suffering, improved emotion regulation, adaptive acceptance, active hope, and community support.

The integration of the quantitative and qualitative findings indicates that theology-based spirituality may strengthen resilience by helping individuals construct meaning from adversity, manage emotional reactions, identify realistic actions, maintain hope, and experience supportive relationships. Its potential contribution therefore lies not simply in increasing religious activity, but in combining non-punitive theological reflection, spiritual practice, personal responsibility, and community interaction.

Because participants were not randomly assigned and resilience was measured immediately after the program, the findings should be interpreted as evidence of potential short-term effectiveness rather than definitive proof of causality or long-term impact. The program may be used as a complementary approach in pastoral counseling, religious education, community mentoring, and community-based mental health promotion. Its implementation should involve trained facilitators, respect participants' religious and social backgrounds, avoid interpretations that blame individuals for their distress, and include referral to mental health professionals when necessary.

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