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Sufi Lifestyle, Spiritual Resilience, and Social Welfare (Psychospiritual and Metabolic Pathways to Community Health in the COVID-19 Era)

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ABSTRACT

This study explores how the Qadiriyya–Naqshbandiyya Suryalaya Sufi Order (TQN Suryalaya) integrates spiritual practice and metabolic health to strengthen community resilience during the COVID-19 pandemic. While global health responses have largely focused on biomedical interventions, this research emphasizes the complementary role of faith-based practices in promoting holistic well-being. Using a qualitative methodology—including in-depth interviews, participant observation, and document analysis of the 2020 Maklumat and Abah Aos's letter to the President—the study identifies two interrelated pathways that underpin the Sufi lifestyle. The psychospiritual pathway encompasses the reduction of death anxiety through tawakkul (trust in God) and riḍā (contentment), emotional stability via dhikr (remembrance of God) and muraqabah (mindful awareness), and theological framing that interprets fear of Allah as the ultimate form of protection. These practices helped practitioners reframe pandemic-related uncertainties, mitigate stress, and foster emotional resilience. The metabolic pathway involves dietary simplicity, moderated caloric intake, physical worship routines, stress management, and structured sleep hygiene. Together, these elements supported immune competence and physical health, aligning with contemporary models of psychoneuroimmunology and holistic health promotion. Findings reveal that the TQN lifestyle does not only enhance individual mental well-being but also fosters social solidarity through communal worship, mutual aid, and spiritual counseling, thereby functioning as a culturally embedded form of faith-based social welfare. The study highlights the policy potential of incorporating Sufi practices into community health strategies and enriches interdisciplinary literature on religion, resilience, and social welfare. This dual-pathway model demonstrates that Sufi traditions can play a critical role in mitigating both the psychological and physiological impacts of global crises.

Keywords: Metabolic health; Mental health; Qadiriyya–Naqshbandiyya; Resilience; Sufism.

1. Introduction

The COVID-19 pandemic, declared a global health emergency by the World Health Organization (WHO) in March 2020, has constituted not merely a biomedical challenge but a multi-dimensional public health crisis with far-reaching physical, mental, spiritual, and social consequences (WHO, 2020). While the virus's pathogenicity primarily targets the respiratory system, the pandemic's impacts have been profoundly amplified by collateral effects on mental health, social cohesion, economic stability, and religious life. In Indonesia, a nation with a deeply rooted spiritual heritage and vibrant religious communities, the pandemic disrupted daily worship, social gatherings, and traditional spiritual practices, creating complex challenges that transcend the biomedical domain (Achour et al., 2021; Nasr, 2007).

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From a physical health perspective, the pandemic placed unprecedented strain on individuals' immune and metabolic systems. Prolonged periods of restricted mobility, stress-induced eating patterns, and disruptions to physical activity regimes contributed to metabolic dysregulation, weight gain, and reduced immune competence (Mattioli et al., 2020). At the same time, the constant exposure to alarming news cycles and high mortality rates triggered an intensification of *death anxiety*, defined as the persistent fear of one's own mortality or the dying process (Iverach et al., 2014). Research in existential psychology and thanatology has consistently demonstrated that *death anxiety* is not only a psychological burden but also a determinant of physiological health, capable of influencing cardiovascular function, inflammatory markers, and immune responses (Kemp & Strongman, 2015).

The dual challenges of *death anxiety* (mental) and metabolic/immune disruptions (physical) thus form two critical and interrelated pathways through which the COVID-19 pandemic threatened individual and community health. These pathways are mutually reinforcing: chronic anxiety can impair immune function, while poor metabolic health increases vulnerability to severe COVID-19 outcomes (Chida et al., 2008). This psychosomatic interplay suggests that addressing only one dimension—either mental or physical—without attending to the other may yield suboptimal results in pandemic response strategies.

Yet, despite the evident interdependence of mental, spiritual, and physical health, public health policy during the pandemic has been predominantly oriented toward biomedical measures. The national and global focus on epidemiological surveillance, vaccination campaigns, masking, and physical distancing—while necessary and scientifically justified—often left limited space for integrating faith-based holistic health approaches into the mainstream public health discourse (Koenig, 2012). In the Indonesian context, this omission is particularly significant, as religious institutions and leaders have historically played critical roles in delivering social support, shaping community norms, and fostering resilience during crises (Bush, 2015; Latief, 2016).

Faith-based interventions are not mere cultural add-ons; they represent deeply embedded systems of meaning-making, emotional regulation, and health-related behaviors that can powerfully influence both compliance with health measures and broader well-being outcomes (Idler et al., 2017). Within Islamic spirituality, Sufi orders (*turuq*), such as the *Tariqa Qadiriyya Naqshbandiyya* (TQN) of Suryalaya, have long been recognized not only as pathways for personal spiritual development but also as community-based networks delivering social welfare, moral education, and psychosocial support (Howell, 2001; Van Bruinessen, 1995). The TQN Suryalaya, in particular, has a documented history of integrating spiritual training (*talqin dzikir*) with social services, including drug rehabilitation, poverty alleviation, and community education (Hakim, 2020).

The central argument of this article is that the Sufi lifestyle as practiced in TQN Suryalaya offers two synergistic pathways to community health in the COVID-19 era: psychospiritual resilience and metabolic well-being. These pathways are not abstract constructs but are rooted in concrete practices, beliefs, and communal structures. On the psychospiritual side, TQN teachings emphasize *tawakkul* (complete trust in God), *riḍā* (contentment with divine decree), *dhikr al-mawt* (remembrance of death), and *muraqabah* (spiritual mindfulness), all of which contribute to reducing existential fear and fostering inner calm. These practices align with empirical findings in existential psychology and the *Terror Management Theory* literature, which suggest that strong religious worldviews can buffer mortality salience and mitigate anxiety (Pyszczynski et al., 2015). On the metabolic side, the TQN lifestyle promotes a simple diet (*zuhud* in food consumption), regular physical activity embedded in worship (such as walking *dhikr* and night prayers), regulated sleep, and disciplined emotional self-management—factors known to enhance metabolic efficiency and immune function (Craig et al., 2003; Mattioli et al., 2020).

Importantly, these two pathways are embedded in a social welfare framework that treats health as a collective responsibility rather than an individual pursuit. The communal rituals of *manaqib* (hagiographic recitations), collective *dhikr*, and shared meals are not only spiritually nourishing but also serve as vehicles for peer support, mutual aid, and social solidarity. This integration of spiritual practice with social welfare functions is consistent with the "social determinants of health" model, which recognizes social capital, community cohesion, and cultural identity as key determinants of health outcomes (Solar & Irwin, 2010). In TQN Suryalaya's case, the *mursyid* (spiritual master) serves as both a religious guide and a community leader, shaping health-related behaviors and attitudes through moral authority and personal example.

The pandemic context offers a unique lens to examine these dynamics, particularly because some of TQN Suryalaya's responses diverged from state-sanctioned health protocols. For example, Maklumat issued by Abah Aos in May–June 2020 emphasized that excessive fear of the virus is spiritually counterproductive and advocated spiritual immunity through *istighfar* and *talqin dzikir*. In his letter to the President, Abah Aos expressed concern over restrictions on communal worship and urged for the re-opening of mosques, framing fear of Allah as the ultimate protection against harm. These positions, while rooted in theological convictions, invite critical examination of the tensions and potential synergies between faith-based health beliefs and public health policy.

The purpose of this study is twofold. First, it seeks to examine how Sufi spiritual practices and lifestyle choices within TQN Suryalaya contributed to health resilience—both psychospiritual and metabolic—during the COVID-19 pandemic. This involves not only descriptive documentation of practices but also analytical linkage to established theoretical frameworks such as psychoneuroimmunology, holistic health models, and existential psychology. Second, it aims to position these practices within a social welfare framework, highlighting how religious communities can function as *de facto* health-promoting institutions. This positioning is particularly relevant for Indonesia, where state–religion collaboration in health and welfare provision has deep historical precedents (Bush, 2015; Latief, 2016).

By bridging Sufi spirituality, lifestyle health practices, and social welfare theory, this article contributes to a growing body of literature advocating for more integrative, culturally sensitive approaches to public health. The findings have potential implications not only for pandemic preparedness but also for addressing broader health disparities in resource-limited settings where religious institutions may have greater reach and trust than formal health systems. Moreover, by situating the TQN Suryalaya case within interdisciplinary scholarship, this study offers insights into how localized religious traditions can inform global conversations on holistic health and resilience in times of crisis.

2. Literature Review & Theoretical Framework

2.1. Sufi Lifestyle

The Sufi lifestyle represents a distinctive synthesis of spiritual discipline and practical daily habits aimed at purifying the heart (*tazkiyat al-nafs*) and aligning bodily conduct with divine guidance. While often described through the lens of metaphysical goals, Sufi traditions—particularly within the *Tariqa Qadiriyya Naqshbandiyya* (TQN) Suryalaya—incorporate concrete routines that impact physical health, emotional stability, and social behavior (Hakim, 2020; Van Bruinessen, 1995).

A simple diet (*zuhud* in food consumption) is central to the Sufi lifestyle. Classical Sufi literature, from al-Ghazali's *Ihya' 'Ulum al-Din* to Ibn al-Qayyim's *Zad al-Ma'ad*, emphasizes moderation in eating as a means to control desires, maintain bodily health, and enhance clarity of thought. Contemporary nutritional science corroborates that caloric moderation and balanced nutrient intake improve metabolic efficiency, reduce inflammation, and support

immune function (Longo & Mattson, 2014). In TQN Suryalaya practice, dietary restraint is not merely a health recommendation but an act of worship—an embodied form of *zuhud* that reinforces humility before God and solidarity with the poor.

Regulated sleep is another defining element. The Prophet Muhammad's sleeping habits, often segmented between night worship (*qiyam al-layl*) and early rising for dawn prayer, are emulated by Sufi practitioners (Nasr, 2007). Adequate and consistent sleep has been associated with reduced cortisol levels, improved insulin sensitivity, and enhanced immune competence (Irwin, 2015). For TQN members, sleep regulation is framed as both physical restoration and spiritual preparation, allowing practitioners to approach *dhikr* and daily tasks with alertness and focus.

Physical activity in worship is embedded in Sufi rituals. Movements in prayer, prostration, and certain forms of *dhikr*—such as walking *dhikr* or swaying in group recitation—provide low- to moderate-intensity physical exercise. Studies have demonstrated that even modest physical activity embedded in daily routines can lower cardiovascular risk and improve metabolic health (Craig et al., 2003). Within the TQN framework, such activity is infused with intention (*niyyah*), transforming exercise into a devotional act.

Emotional regulation is cultivated through spiritual exercises like *muraqabah* (self-observation in God's presence), *sabr* (patience), and structured communal life. Emotional balance is considered essential to avoiding states of anger, despair, or arrogance—all seen as veils between the soul and God. Modern psychology confirms that emotional self-regulation is linked to lower allostatic load and improved resilience in stressful contexts (Gross, 2015). In Sufi contexts, emotional discipline serves dual purposes: facilitating spiritual progression and maintaining harmonious community relations.

Collectively, these practices align with Islamic dietary ethics and holistic living. The Qur'an repeatedly enjoins moderation (Q. 7:31) and lawful consumption (*halalan tayyiban*), linking physical sustenance to moral-spiritual states. Holistic living in Sufi practice thus integrates ethical consumption, bodily care, emotional balance, and spiritual devotion—a synthesis that maps closely onto contemporary models of *whole-person health*.

2.2. Spiritual Resilience

Spiritual resilience refers to the capacity to maintain inner stability, purpose, and faith in the face of adversity, drawing upon transcendent meaning systems and religious practices (Connor & Davidson, 2003; Pargament, 1997). Within TQN Suryalaya, four core values underpin this resilience: *tawakkul*, *riḍā*, *dhikr al-mawt*, and *ma'rifah*.

Tawakkul—complete trust in God's plan—is both a theological tenet and a coping mechanism. By reframing uncertainty as an arena for divine trust, *tawakkul* reduces anticipatory anxiety and fosters proactive engagement with life's challenges. Empirical research has found that trust-based religious coping is associated with lower stress levels and improved psychological adjustment in health crises (Abu-Raiya & Pargament, 2011).

Riḍā—contentment with divine decree—extends beyond passive acceptance. In Sufi epistemology, *riḍā* is an active embrace of God's will, cultivating gratitude even in hardship. Such acceptance aligns with the acceptance-based coping strategies in positive psychology, which are linked to greater subjective well-being and reduced depressive symptoms (Hayes et al., 2006).

Dhikr al-mawt—the remembrance of death—serves as an existential anchor. By contemplating mortality, practitioners reframe death not as annihilation but as transition. Terror Management Theory (TMT) posits that mortality salience can either increase anxiety or, when buffered by a strong worldview, deepen meaning-making and prosocial behaviors (Pyszczynski et al., 2015). In TQN practice, *dhikr al-mawt* reinforces the transitory nature of worldly trials, diminishing the sting of *death anxiety*.

Ma'rifah—direct experiential knowledge of God—constitutes the aspirational horizon of Sufi practice. It infuses daily life with sacred purpose, providing a deep source of motivation and coherence. Such transcendental meaning systems have been shown to predict greater resilience and recovery from traumatic events (Park, 2010).

The link between spiritual resilience, mental health, and community cohesion is particularly strong in communal Sufi contexts. Group rituals like *manaqib* foster collective efficacy and shared identity, enhancing social support networks—one of the most robust predictors of resilience across cultures (Southwick et al., 2016). In TQN Suryalaya, spiritual resilience is not only an individual trait but a communal asset, cultivated through shared practice and mutual reinforcement.

2.3. Social Welfare Perspective

Social welfare encompasses organized efforts to promote human well-being through the provision of social services, community development, and public policy measures. In contemporary social work literature, community health is recognized as an integral part of social welfare, emphasizing the interplay between social conditions, health behaviors, and access to care (Midgley, 1995; Popple & Leighninger, 2019).

From an Islamic perspective, social welfare (*kifayah ijtima'iyyah*) is both a religious obligation and a communal responsibility. Institutions like *zakat*, *waqf*, and *sadaqah* represent formal mechanisms of resource redistribution, but Sufi orders have historically supplemented these through informal networks of care (Latief, 2016). The TQN Suryalaya's *Inabah* program for drug rehabilitation, community education, and poverty alleviation exemplifies how spiritual institutions can deliver both material and psychosocial support (Hakim, 2020).

The role of faith-based community interventions in crises has gained scholarly attention, particularly during COVID-19. Religious communities often act as trusted intermediaries between public health authorities and local populations (Idler et al., 2017). They can mobilize volunteers, provide culturally appropriate health education, and offer psychosocial support in ways that secular institutions may struggle to achieve. In crises, these networks can deliver rapid, context-sensitive responses that integrate material assistance with spiritual care.

Within the TQN Suryalaya, communal rituals served as both spiritual sustenance and social welfare mechanisms during the pandemic. *Manaqib* gatherings and *dhikr* circles doubled as spaces for emotional support, informal counseling, and the distribution of aid to members in need. This dual role situates the TQN not only as a religious community but as a culturally embedded social welfare hub.

2.4. Supporting Theories

Psychoneuroimmunology (PNI) explores the interactions between psychological processes, the nervous system, and immune function. Stress and anxiety can dysregulate immune responses, increasing susceptibility to illness, while positive emotional states can enhance immunocompetence (Ader et al., 2001). Sufi practices such as *dhikr* and *muraqabah* induce parasympathetic activation, lowering heart rate and cortisol levels—physiological changes that PNI identifies as conducive to immune health (Abdullah et al., 2018). The TQN emphasis on spiritual calm thus has plausible biological pathways to enhanced disease resistance.

The Holistic Health Model posits that optimal health arises from balanced integration of physical, mental, social, and spiritual dimensions (Edelman & Kudzma, 2018). Sufi lifestyles, by design, engage all these domains: physical (diet, activity, rest), mental (emotional regulation, mindfulness), social (communal worship, mutual aid), and spiritual (devotion, remembrance). In this model, neglecting any dimension diminishes overall well-being, underscoring the relevance of Sufi holistic practices to pandemic resilience.

Existential Psychology examines how individuals find meaning, confront mortality, and navigate the "givens" of existence (Yalom, 1980). During the pandemic, existential threats were heightened, making meaning-making frameworks critical to psychological stability. TQN's theological worldview provides such a framework, interpreting suffering as part of divine wisdom and death as a return to the Creator.

Terror Management Theory (TMT) offers a complementary lens, suggesting that awareness of mortality can provoke defensive behaviors unless buffered by a stable worldview and self-esteem (Pyszczynski et al., 2015). In the TQN context, practices like *dhikr al-mawt* and communal worship strengthen collective identity and divine trust, mitigating mortality-induced anxiety and fostering prosocial orientations.

Together, these theories provide a multi-layered framework for analyzing the Sufi lifestyle's impact on community health. PNI elucidates the biological plausibility of spiritual practices affecting immune function; the Holistic Health Model situates these practices within an integrative paradigm; Existential Psychology and TMT explain their psychological and social mechanisms.

3. Methodology

3.1. Research Design

This study adopts a qualitative exploratory design, integrating narrative analysis with an interpretive literature review. The qualitative exploratory approach is particularly suited to investigating complex social and cultural phenomena that are under-researched and context-dependent, allowing for inductive theory-building from rich, descriptive data (Creswell & Poth, 2018; Stebbins, 2001). In the context of this research, the aim is to explore how the Sufi lifestyle practiced within the *Tariqa Qadiriyya Naqshbandiyya* (TQN) Suryalaya contributed to community health resilience during the COVID-19 pandemic through two primary pathways: psychospiritual resilience and metabolic well-being.

The choice of narrative analysis is grounded in the recognition that religious communities often transmit health-related beliefs, coping mechanisms, and behavioral norms through stories, sermons, written statements, and ritualized narratives (Riessman, 2008). Narrative analysis enables the examination of both content (what is said) and structure (how it is said) to uncover the underlying meaning-making frameworks that guide behavior. When applied to TQN Suryalaya, narrative analysis can reveal how spiritual principles such as *tawakkul* (trust in God) and *riḍā* (contentment) are invoked to interpret health risks, and how communal practices reinforce those interpretations.

In parallel, the interpretive literature review component synthesizes empirical and theoretical scholarship from multiple disciplines—including psychoneuroimmunology, holistic health, social welfare, and Islamic studies—to contextualize the primary data. This dual approach allows the study to be both grounded in local realities and situated within broader scholarly debates, enhancing its academic rigor and relevance (Snyder, 2019).

3.2. Data Sources

3.2.1. In-depth Interviews

Primary qualitative data were collected through in-depth, semi-structured interviews with 20 purposively selected members of TQN Suryalaya who actively practiced the Sufi lifestyle during the pandemic period (March 2020–December 2021). Purposive sampling was chosen to ensure that participants had direct experience with both the spiritual and lifestyle practices under investigation (Patton, 2015). The sample included a mix of gender, age groups, and socio-economic backgrounds, reflecting the diversity within the tarekat's membership.

Interviews explored:

- Daily lifestyle practices during the pandemic (diet, sleep, physical worship, emotional regulation).
- Experiences of fear, anxiety, and coping related to COVID-19.
- Perceived connections between spiritual practices and physical health.
- Interpretations of guidance issued by Abah Aos, particularly in the COVID-19 Maklumat and the letter to the President.

Interviews were conducted in Bahasa Indonesia, with informed consent obtained from all participants. Each session lasted 60–90 minutes, was audio-recorded, and later transcribed verbatim for analysis.

3.2.2. Participant Observation

Participant observation was conducted in selected community rituals, both in-person (when permitted by local regulations) and via online platforms. Observations focused on:

- Ritual structure and participation dynamics in *manaqib* gatherings, *dhikr* sessions, and *talqin dzikir*.
- Embodied practices (movement, posture, breathing) relevant to metabolic or emotional regulation.
- Social interactions and mutual aid activities embedded in religious gatherings.

Field notes captured not only observable behaviors but also contextual cues such as the emotional tone of gatherings and the integration of public health measures—or lack thereof—into ritual spaces (Emerson et al., 2011).

3.2.3. Primary Documents

Two sets of primary documentary sources provided critical insight into the official discourse and leadership guidance within TQN Suryalaya during the pandemic:

1. COVID-19 Maklumat issued by Abah Aos between May–June 2020, including: *Bahaya Takut Virus Corona* (11 May 2020), emphasizing spiritual immunity and cautioning against excessive fear of the virus; And *Tingkatkan Istiqomah dalam Amaliyah* (5 June 2020), reinforcing daily spiritual discipline as a post-pandemic preparation.
2. Letter to the President of the Republic of Indonesia (2020), in which Abah Aos expressed support for national leadership but urged the re-opening of places of worship, framing fear of Allah as ultimate protection.

These documents were treated as narrative artifacts, analyzed for theological framing, rhetorical strategies, and implicit health-related guidance. The texts were preserved in their original language to maintain semantic fidelity during analysis.

3.2.4. Scientific Literature

The study incorporated peer-reviewed scientific literature on:

- Metabolism and immune health: Research on diet, physical activity, and stress regulation during pandemics (Craig et al., 2003; Mattioli et al., 2020).
- Faith-based health interventions: Studies on how religious practices influence mental and physical health outcomes (Idler et al., 2017; Koenig, 2012).
- Social welfare in religious communities: Works exploring the integration of spiritual and social services in Islamic and other faith-based settings (Latief, 2016).

This literature was used to triangulate and interpret findings, ensuring that local observations were contextualized within established evidence.

3.3. Data Analysis

Data analysis followed thematic coding procedures as described by Braun & Clarke (2006), tailored to the dual focus on psychospiritual and metabolic pathways.

Step 1: Familiarization. Transcripts, field notes, and primary documents were read multiple times to gain an immersive understanding of the data. Initial memos captured emergent impressions and possible connections to the theoretical frameworks. *Step 2: Generating Initial Codes.* Open coding identified segments of data relevant to: Psychospiritual resilience (e.g., trust in God, contentment, reinterpretation of illness); Metabolic well-being (e.g., dietary practices, physical worship, sleep regulation); And social welfare functions (e.g., communal support, aid distribution).

Step 3: Searching for Themes. Codes were clustered into broader themes reflecting the study's analytic focus: theological reframing of pandemic risk; ritualized emotional regulation; lifestyle integration of worship and health behaviors; and community solidarity as a health determinant. *Step 4: Reviewing Themes.* Themes were cross-checked against the full dataset to ensure internal coherence and distinctiveness. Overlapping themes were refined to avoid redundancy.

Step 5: Defining and Naming Themes. Each theme was given a concise, descriptive label, with clear definitions linking it to the study's conceptual framework. *Step 6: Integration with Literature.* Themes were interpreted in light of relevant theories—psychoneuroimmunology, holistic health, existential psychology, and Terror Management Theory—to build a multi-layered explanation.

The analysis software NVivo 12 was used to manage data, enabling efficient retrieval of coded segments and thematic matrices.

3.4. Validity and Reliability

Ensuring trustworthiness in qualitative research requires addressing credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). Credibility was enhanced through: Source triangulation, comparing insights from interviews, observations, primary documents, and scientific literature to identify convergences and divergences. As well, Member checking: sharing preliminary findings with five interview participants to verify accuracy and resonance with their experiences.

Transferability was supported by providing thick description of the TQN Suryalaya context, enabling readers to assess applicability to other religious or cultural settings. *Dependability* was addressed through: maintaining a detailed audit trail of methodological decisions, coding frameworks, and data transformations; using consistent interview guides and observation protocols.

Confirmability was strengthened by: reflexive journaling to monitor researcher biases; and peer debriefing with colleagues familiar with qualitative methods and Islamic studies. While generalizability in the statistical sense is not the goal, these measures ensure that the findings are robust, well-contextualized, and capable of informing both academic and practical discourses on faith-based health interventions.

3.5. Ethical Considerations

Ethical approval was obtained from the relevant institutional review board, with all participants providing informed consent. Given the sensitivity of religious beliefs and practices, data were anonymized, and identifying details were removed from transcripts and field notes. Care was taken to present potentially controversial views—such as divergence from public health protocols—in a balanced, nonjudgmental manner that respects both religious freedom and public health priorities.

4. Findings

4.1. Psychospiritual Pathway

Reduction of Death Anxiety through Tawakkul *and* Riḍā

The findings indicate that *tawakkul*—complete trust in God—and *riḍā*—contentment with divine decree—were pivotal in reducing *death anxiety* among TQN Suryalaya members during the COVID-19 pandemic. Interviewees repeatedly described the pandemic not as an arbitrary biological hazard but as an event within God's will, thus reframing uncertainty and threat into a domain governed by divine wisdom. This reframing shifted the emotional focus from fear to trust, reducing hypervigilance and catastrophic thinking. For example, one respondent noted: "If we truly believe that life and death are in Allah's hands, fear becomes lighter. We still take care of our bodies, but we don't let fear dominate our hearts."

This aligns with previous empirical research showing that religious trust-based coping correlates with lower levels of stress, anxiety, and depression during crises (Abu-Raiya & Pargament, 2011; Ano & Vasconcelles, 2005). By positioning the pandemic within a theologically coherent framework, members could reinterpret daily risk as part of a divine plan, effectively buffering mortality salience as proposed by *Terror Management Theory* (Pyszczynski et al., 2015).

Emotional Stability via Dhikr *and* Muraqabah

Daily *dhikr* (remembrance of God) and *muraqabah* (spiritual mindfulness) practices emerged as primary mechanisms for emotional stabilization. These practices, performed individually and in groups, fostered a parasympathetic response—slowing heart rate, reducing muscle tension, and inducing a sense of calm.

Observations of *dhikr* sessions revealed rhythmic breathing, synchronized chanting, and collective focus on divine names. Participants described these as grounding experiences that counterbalanced the psychological strain of prolonged social restrictions and the constant media focus on COVID-19 fatalities. One female participant explained: "When fear rises, I sit, close my eyes, and repeat Allah's name. The noise in my mind quiets. I feel I am not alone in this world."

Neuropsychological studies support these observations, showing that repetitive spiritual recitation can regulate emotional responses and enhance resilience under stress (Ferguson et al., 2010; Wachholtz & Pargament, 2005). Within TQN Suryalaya, *muraqabah* deepened the effect by linking self-awareness to God-consciousness, embedding emotional stability within an enduring spiritual relationship.

Meaning-Making and Theological Framing

The leadership of Abah Aos provided a unifying theological narrative that guided members' interpretation of the pandemic. Two primary documents illustrate this framing.

Maklumat 11 May 2020 ("Bahaya Takut Virus Corona") emphasized that "no one can cause death except Allah" and warned against excessive fear of the virus. It prescribed *istighfar* (seeking forgiveness) 2,401 times before sleep as a form of "spiritual immunity." This directive reframed fear management as an act of worship, situating preventive action within spiritual disciplines rather than solely biomedical measures. The use of the metaphor "spiritual immunity" resonates with *psychoneuroimmunology* findings that psychological states influence immune competence (Ader et al., 2001; Koenig, 2012).

The Letter to the President (2020) reinforced this framing by advocating for uninterrupted worship in mosques, despite national social distancing measures. Abah Aos grounded his position in the Qur'anic principle of fearing only Allah (Q. 33:39) and asserted that "the coronavirus fears those who fear Allah." While this stance diverged from public health protocols, it reinforced group cohesion and identity by appealing to shared theological convictions.

Narrative analysis of these documents shows that the leadership leveraged scriptural authority, historical continuity of the tarekat's principles, and emotional appeals to sustain a collective sense of meaning. Such meaning-making processes are consistent with existential psychology's assertion that purpose and coherence mitigate distress in crisis contexts (Park, 2010).

4.2. Metabolic Pathway

Simple Diet and Moderate Caloric Intake

Members consistently reported adhering to a simple diet during the pandemic, rooted in TQN teachings on *zuhud*. Meals were modest in portion, emphasizing plant-based foods, minimal oil, and reduced sugar. This approach is consistent with evidence linking moderate caloric intake to improved metabolic health, lower fasting blood sugar, and reduced inflammatory markers (Longo & Mattson, 2014). Respondents also described fasting beyond Ramadan—either the Monday-Thursday *sunnah* fasts or intermittent fasting patterns—which they associated with increased energy and mental clarity. Such practices align with research on fasting's beneficial effects on insulin sensitivity and immune modulation (Wilhelmi de Toledo et al., 2020).

Physical Worship as Functional Exercise

Physical components of worship, particularly *qiyam al-layl* (night prayer) and walking *dhikr*, were identified as sustaining baseline physical activity levels despite restrictions on outdoor exercise. Observations of *dhikr* processions revealed low- to moderate-intensity movement sustained over 20–30 minutes, involving controlled breathing and postural changes that mimic light aerobic exercise. Scientific literature supports the health benefits of such activity, noting that moderate-intensity exercise can enhance immune function, reduce systemic inflammation, and improve cardiovascular health (Craig et al., 2003). For TQN practitioners, the spiritual intention infused into these movements amplified their perceived value, integrating physical health with devotional practice.

Stress Management and Sleep Hygiene

Interviewees highlighted the role of structured worship times in regulating their sleep patterns, often going to bed early to wake for pre-dawn prayers. Consistent sleep schedules are associated with improved circadian rhythm stability, hormonal balance, and immune function (Irwin, 2015). The stress-buffering effect of this regimen was reinforced by the combination of evening *dhikr*, limited late-night screen exposure, and social accountability within the community. Members described reduced insomnia and improved daytime energy, attributing these benefits to the discipline of the Sufi lifestyle.

4.3. Tarekat as a Social Welfare Hub

Maintaining Manaqib *and Communal* Dhikr

Despite public health restrictions, the TQN Suryalaya continued to hold *manaqib* and communal *dhikr* in various forms—either in smaller groups, outdoor spaces, or via digital platforms. This persistence was framed as essential to maintaining spiritual and communal vitality. From a social welfare perspective, these gatherings functioned as resilience-building spaces, providing mutual emotional support and reinforcing social bonds. This reflects broader research on religious gatherings as protective factors for mental health during crises (VanderWeele et al., 2016).

Emotional and Material Support

The tarekat mobilized resources to assist members affected by the pandemic, including distributing food packages, providing financial aid, and offering informal counseling. Aid was often delivered through existing spiritual networks, ensuring rapid identification of those in need. Such mobilization mirrors findings that faith-based organizations often outperform secular agencies in reaching marginalized populations due to their embeddedness in local trust networks (Idler et al., 2017).

Mursyid as Facilitator of Holistic Health Guidance

Abah Aos played a central role in integrating health guidance—both spiritual and lifestyle-related—into the tarekat's daily life. His messages combined theological exhortations with practical instructions, such as maintaining amaliyah routines, eating simply, and sustaining worship schedules.

This leadership role parallels the "health ambassador" model in public health, wherein respected community figures promote healthy behaviors through culturally resonant messaging (Campbell & Cornish, 2010). While some of his guidance diverged from biomedical recommendations, it was nonetheless effective in fostering adherence to a coherent health-promoting regimen within the group's own worldview.

Synthesis

The findings demonstrate that TQN Suryalaya's pandemic response operated through intertwined psychospiritual and metabolic pathways, embedded in a social welfare framework. On the psychospiritual side, theological reframing, emotional regulation, and ritualized practices mitigated *death anxiety* and promoted psychological stability. On the metabolic side, dietary discipline, physical worship, and regulated sleep supported immune and metabolic health. As a social welfare hub, the tarekat sustained communal support systems that reinforced both pathways.

These pathways align with the Holistic Health Model, affirming that integrated attention to physical, mental, social, and spiritual dimensions yields more resilient health outcomes (Edelman & Kudzma, 2018). The TQN case illustrates how a faith-based community can operationalize such integration in a culturally specific and theologically grounded manner.

5. Discussion (1,400 words)

5.1 Integrating Findings with Theoretical Frameworks

The dual-pathway health resilience model emerging from TQN Suryalaya's practices—psychospiritual and metabolic—provides fertile ground for theoretical synthesis. Abah Aos's guidance during the COVID-19 pandemic exhibits clear resonance with Viktor Frankl's logotherapy, which underscores meaning-making as a primary human drive, even under conditions of existential threat (Frankl, 2006). Frankl's observation that "those who have a why to live can bear almost any how" is reflected in the TQN emphasis on *tawakkul* (absolute trust in God) and *riḍā* (contentment with divine decree) as antidotes to death anxiety. By reframing the pandemic not as an arbitrary disaster but as part of divine will, adherents locate themselves within a coherent theological narrative that mitigates fear and fosters resilience.

From the perspective of Terror Management Theory (TMT), such theological framing functions as a cultural worldview defense mechanism. TMT posits that awareness of mortality triggers existential anxiety, which is managed through adherence to beliefs and practices that promise symbolic or literal immortality (Pyszczynski et al., 2015). In this case, the TQN doctrine reaffirms that the believer's life and death are within divine control, effectively neutralizing the paralyzing effect of death salience. This explains why rituals such as *manaqib* and *dhikr* could continue during the pandemic despite public fear and state-imposed restrictions. The act of worship in communal settings becomes not only an expression of devotion but also a psychosocial buffer against mortality salience.

Psychoneuroimmunology (PNI) offers further explanatory depth by linking mental-emotional states to immune function (Ader, 2007; Irwin & Cole, 2011). The reduction of chronic stress through spiritual calm—achieved via *muraqabah* (mindful God-consciousness) and repetitive *dhikr*—is consistent with evidence that parasympathetic activation enhances immune regulation. Several studies have demonstrated that contemplative practices, including religious meditation, can reduce inflammatory markers and improve immune response (Black & Slavich, 2016). Within the TQN model, spiritual composure is not an abstract goal but is embodied in daily rhythm, diet, and sleep—elements shown to modulate neuroendocrine and immunological pathways.

5.2 Faith-Based Health Beliefs and Public Health Protocols

The case of Abah Aos's public stance during COVID-19 illuminates both the strengths and tensions inherent in faith-based responses to public health crises. His call to maintain worship gatherings, resist mask mandates, and reject vaccination—substituting these with "vaccine Talqin Dzikir"—reflects a theological conviction that spiritual alignment supersedes biomedical prophylaxis. This position finds precedent in historical Islamic thought, where disease is seen as ultimately under divine command, and healing as contingent upon spiritual as well as material means (Rahman, 1987).

From a biomedical standpoint, such positions can be viewed as contravening epidemiological best practices. Yet anthropological literature cautions against framing this solely as a conflict between science and religion. Rather, it is a negotiation between epistemologies—biomedicine's evidence-based risk mitigation and Sufi metaphysics' spiritually grounded concept of protection (Good, 1994; Inhorn & Wentzell, 2012). The public health challenge, therefore, lies not in the wholesale rejection or acceptance of religious health beliefs, but in developing culturally competent engagement strategies. For instance, integrating *dhikr* into stress-reduction interventions could be compatible with mask-wearing and vaccination, provided communication emphasizes complementarity rather than opposition.

Comparative studies in faith-based health engagement during pandemics indicate that trust in religious authority often surpasses trust in state institutions (Levin, 2020). In this context, the *mursyid* functions as both a spiritual and social welfare leader whose endorsement or rejection of biomedical measures carries disproportionate influence. Bridging the gap thus requires dialogical policy-making in which religious leaders are partners in public health strategy rather than peripheral actors.

5.3 Cultural Considerations in Bridging Religious and State Health Policies

Indonesia's socio-religious landscape is characterized by high religiosity and a pluralism of Islamic traditions, of which TQN Suryalaya is a significant component. The negotiation between state-mandated health protocols and tarekat-based convictions is mediated by broader socio-political factors, including historical state–religion relations and the legitimacy capital of religious institutions (Fealy & White, 2008). In this sense, the Abah Aos episode reflects a recurring pattern: religious authority asserting autonomy over the regulation of spiritual and communal life during crises.

Effective public health engagement in such contexts must consider theological semantics. When the state promotes vaccination as *ikhtiar* (human effort), and tarekat leaders frame spiritual rituals as *ikhtiar batin* (inner effort), policy dialogue can pivot toward a synthesis of both modalities rather than mutual exclusion. Health literacy campaigns that embed biomedical recommendations within Islamic ethical discourse—using concepts like *ḥifẓ al-nafs* (protection of life) from the maqāṣid al-sharī'ah—have shown greater acceptance in Muslim-majority settings (Alghafli et al., 2014).

5.4 Social Welfare Implications: Tarekat as Holistic Health Interventions

From a social welfare perspective, the TQN's pandemic practices reveal the potential of religious orders as culturally embedded holistic health interventions. Social welfare is conventionally defined as organized efforts to ensure the well-being of individuals and communities, encompassing health, economic security, and social integration (Midgley, 1995). The TQN model expands this by integrating spiritual welfare as a core determinant of overall well-being.

The *manaqib* gatherings functioned not only as religious observances but as psychosocial support hubs where members could share resources, provide mutual aid, and reinforce communal bonds. In the face of economic disruption, the tarekat's network facilitated the distribution of food, funds, and emotional care, demonstrating operational parallels with secular welfare organizations but with a spiritually infused rationale. This mirrors findings from other contexts where faith-based organizations deliver social services with high trust capital and localized knowledge (Clarke & Jennings, 2008).

Furthermore, the TQN emphasis on metabolic health—through dietary moderation, physical worship, and sleep discipline—aligns with preventive health paradigms in social welfare practice. By encouraging behaviors that bolster immune resilience, the tarekat indirectly reduces the burden on formal health systems. This convergence of religious lifestyle and public health objectives underscores the potential for policy frameworks that recognize and integrate faith-based preventive strategies.

5.5 Potential for Adaptation Across Faith Communities

While the TQN model is rooted in specific Sufi metaphysics, its structural principles—community cohesion, ritualized stress management, and holistic lifestyle regulation—are transferable. Comparative faith-based interventions in Christian, Hindu, and Buddhist contexts have demonstrated similar pathways to resilience through meaning-making, social support, and health-promoting routines (Koenig et al., 2012). Adapting the TQN approach would require contextual theological translation, ensuring that practices resonate with the doctrinal and ritual structures of the target community.

However, transposability has limits. The high level of obedience to the *mursyid* in TQN is not universally replicable; in traditions with more decentralized authority, the coordination of community health interventions may be more fragmented. Moreover, the potential for tension with biomedical authorities exists wherever spiritual protection beliefs are construed as substitutes rather than complements to public health measures.

5.6 Strategic Synthesis

The intersection of psychospiritual and metabolic pathways in TQN's pandemic response exemplifies a multidimensional approach to health resilience that challenges the compartmentalization of physical, mental, and spiritual well-being. Integrating theories from existential psychology, PNI, and social welfare practice offers a richer understanding of how faith-based communities can navigate crises in ways that are both culturally coherent and health-promoting.

This discussion also surfaces the ethical and policy challenge: how to harness the strengths of faith-based resilience without undermining evidence-based public health measures. The path forward lies in co-creation—where state and religious actors collaborate on interventions that respect theological integrity while ensuring population-level safety.

6. Conclusion

The present study has explored the interlinked psychospiritual and metabolic dimensions of the Sufi lifestyle as practiced within the *Tariqa Qadiriyya Naqshabandiyya* (TQN) Suryalaya during the COVID-19 pandemic. Drawing on qualitative data from in-depth interviews, participant observation, and primary documents—including the COVID-19 *Maklumat* (May 2020) and the open letter from *Syeikh Muhammad Abdul Gaos Saefulloh Maslul* (Abah Aos) to the President—findings indicate that the TQN approach offered a distinct model of health resilience that addresses both death anxiety and physiological well-being. At the psychospiritual level, values such as *tawakkul* (trust in God), *riḍā* (contentment), and *dhikr* (remembrance of God) functioned as cognitive-emotional anchors, reducing existential fear while fostering emotional stability and meaning-making in the face of crisis. At the metabolic level, the combination of simple dietary habits, moderated caloric intake, structured sleep, and physical activity embedded in worship practices provided indirect but tangible benefits for immune function and general physical health.

The central argument advanced here is that the TQN lifestyle constitutes a dual-pathway model of health resilience: a psychospiritual pathway that mitigates psychological distress and enhances community cohesion, and a metabolic pathway that promotes physiological balance and immune readiness. These pathways are not isolated but synergistically reinforce each other, producing a holistic resilience framework grounded in religious tradition. In the context of the pandemic, this synergy manifested in sustained worship activities, continued social support within the *jama'ah*, and the maintenance of both individual and collective morale.

Academically, this study makes three contributions. First, it enriches the body of literature on faith-based social work by offering an empirically grounded example of how religious communities can mobilize spiritual and lifestyle resources in crisis contexts. While existing scholarship on religious coping often focuses on psychological outcomes (Ai et al., 2005; Pargament, 2011), this study expands the scope to include metabolic health, linking it to psychoneuroimmunology (Ader, 2007; Irwin & Cole, 2011), and holistic health models. Second, it advances the discourse on Sufi social welfare by showing how TQN's practices can be interpreted as culturally embedded, community-based health interventions, aligning with the broader social determinants of health framework (Marmot & Wilkinson, 2005). Third, it contributes to the intersection of existential psychology and terror management theory (Greenberg et al., 2015), illustrating how religious meaning-making processes can attenuate death anxiety while sustaining adherence to a coherent lifestyle.

Practically, the findings offer actionable insights for both religious and public health actors. For religious leaders, the TQN case illustrates the value of integrating spiritual teachings with practical health guidance, enabling communities to draw strength from both divine reliance and disciplined lifestyle habits. This hybrid model of intervention—rooted in tradition yet adaptable to modern health challenges—can inspire similar approaches in other faith communities. For public health practitioners and policymakers, the study highlights the importance of engaging with faith-based organizations not merely as moral influencers but as active partners in delivering holistic health strategies. In contexts where biomedical measures alone face resistance, culturally resonant approaches that respect religious identity can enhance compliance and trust (DeHaven et al., 2004; Koenig, 2012).

The implications for social welfare practice are significant. The TQN Suryalaya example shows that religious communities can function as decentralized hubs of psychosocial and health support, capable of sustaining engagement even under restrictive public health measures. This aligns with the concept of community-based participatory social work, where interventions are co-produced with the communities they serve, ensuring cultural fit and sustainability. Moreover, the dual-pathway model underscores that social welfare in Muslim contexts can be more than economic redistribution—it can encompass the spiritual and physiological well-being of the *umma*.

In sum, the Sufi lifestyle in TQN Suryalaya during the COVID-19 pandemic demonstrates how a deeply embedded religious tradition can mobilize both spiritual resilience and metabolic health practices to meet the challenges of a global crisis. By situating this within a social welfare framework, the study bridges disciplinary divides, showing that faith-based interventions can be not only spiritually uplifting but also physiologically protective. Future research could extend this inquiry by employing mixed-method designs to quantitatively measure the physiological impacts of such lifestyles, or by comparing cross-faith models of integrated health resilience. The broader lesson is clear: when spiritual depth and disciplined living converge within a supportive communal structure, they form a powerful bulwark against the psychological and physical tolls of a pandemic.

7. Policy and Practice Implications

The findings of this study have direct implications for public policy, professional practice, and future research on community-based health resilience. The *Tariqa Qadiriyya Naqshabandiyya* (TQN) Suryalaya experience during the COVID-19 pandemic demonstrates that faith-based communities can serve as important partners in promoting holistic health—encompassing psychospiritual resilience and metabolic well-being. Recognizing this potential requires policy frameworks that both respect religious autonomy and integrate faith-based resources into national and local health and welfare systems.

*Policy Implications***.** At the policy level, there is a need to formally acknowledge *tarekat* as legitimate stakeholders in community health promotion. This recognition would position Sufi orders alongside other community-based organizations that contribute to public health outcomes, similar to the role that churches and temples have played in other contexts (DeHaven et al., 2004; Koenig, 2012). Ministries of Health and Social Welfare could establish partnership protocols with *tarekat* networks, enabling co-designed interventions that leverage religious authority, local trust, and existing infrastructures such as mosques and *pesantren*. Such partnerships could address both crisis situations—such as pandemics—and long-term health challenges related to non-communicable diseases, mental health, and social cohesion.

A second policy direction is the integration of faith-based holistic health programs into broader social welfare strategies. Current welfare systems often operate with a technocratic, compartmentalized logic, separating physical health services from psychosocial and spiritual support (Latief, 2016). The TQN model, by contrast, shows that spiritual care, lifestyle regulation, and social support can be delivered as an integrated package. Policy frameworks could incentivize welfare providers to collaborate with religious leaders in designing programs that combine dietary guidance, structured worship, and psychosocial counseling.

Practice Implications. For practitioners, especially in social work and community health, the findings point to the value of training in both the psychospiritual and metabolic aspects of the Sufi lifestyle. Social workers, community health volunteers, and *mursyid*-appointed facilitators could benefit from skill development in spiritual counseling, guided *dhikr*, stress reduction techniques, and faith-sensitive health education. Such training would bridge professional competencies with culturally relevant health promotion, increasing the likelihood of community uptake.

In parallel, community programs could be developed that combine worship, healthy diet, and social support. For example, night prayer gatherings could be coupled with health monitoring sessions, while *manaqib* assemblies could include nutrition workshops based on the Sufi principle of moderation (*i'tidāl*) in food consumption. By embedding these activities within existing religious routines, program designers can reduce barriers to participation and ensure that health messages are delivered in a spiritually resonant manner.

Research Implications. The empirical contributions of this study also open pathways for future research. While qualitative evidence shows strong perceived benefits of the Sufi lifestyle on both mental and physical health, quantitative studies are needed to assess its long-term impacts. Longitudinal research could measure changes in biomarkers (e.g., blood sugar, immune markers) alongside psychological well-being indicators, allowing for a more robust evaluation of the dual-pathway resilience model. Comparative studies across different faith-based communities could further identify which elements are universal and which are context-specific, supporting the development of adaptable, interfaith health-promotion frameworks.

Bridging Policy and Practice. The integration of TQN's dual-pathway model into public systems requires intentional bridging mechanisms. Multi-stakeholder platforms could bring together government agencies, health professionals, religious leaders, and researchers to co-create program guidelines, ensuring compliance with both biomedical standards and religious norms. This approach resonates with community-based participatory models of health promotion (Israel et al., 2010), where interventions are co-owned by communities and authorities, thus enhancing sustainability and legitimacy.

By treating *tarekat* not as peripheral religious enclaves but as culturally embedded health partners, policymakers and practitioners can expand the scope of social welfare to include the spiritual and lifestyle dimensions that are central to many citizens' worldviews. In doing so, they can cultivate a more holistic resilience infrastructure—one capable of addressing both the biomedical and existential dimensions of public health crises.

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