

# Online Religious Coping Intervention and Post-Traumatic Social Withdrawal for Landslide Survivors

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<p><b>Revised:</b> 2025-12-21</p> <p><b>Published:</b> 2026-01-19</p> <p><b>Keywords:</b> Intervention, Landslide Survivors, Online Religious Coping, Post-Traumatic Social Withdrawal</p> <p><b>Copyright holder:</b> © Author/s (2026)</p> <p><b>This article is under:</b> </p> <p><b>How to cite:</b> Cintami Farmawati, Zulfa, N., &amp; Marsidi, S. R. (2026). Online Religious Coping Intervention and Post-Traumatic Social Withdrawal for Landslide Survivors. <i>Bulletin of Counseling and Psychotherapy</i>, 8(1). <a href="https://doi.org/10.51214/002026081726000">https://doi.org/10.51214/002026081726000</a></p> <p><b>Published by:</b> Kuras Institute</p> <p><b>E-ISSN:</b> 2656-1050</p>	<p><b>ABSTRACT:</b> Post-traumatic social withdrawal is a common psychological impact experienced by natural disaster survivors and has the potential to hinder the recovery process. In the digital era, online religious-based support is an easily accessible alternative intervention and is considered capable of supporting the psychological adaptation process. This study aims to test the effectiveness of online religious coping intervention in reducing post-traumatic social withdrawal levels in landslide survivors in Batang Regency. The study used an experimental design with two groups: an experimental group that received the intervention and a control group without treatment. Measurements were conducted using the Post-Traumatic Social Withdrawal Scale at the pre-test and post-test stages. Data analysis used the Mann-Whitney U test to examine differences between groups. The results showed that the experimental group experienced a significantly greater reduction in post-traumatic social withdrawal (mean pretest = 49.00; post-test = 25.40) compared to the control group (mean pretest = 50.00; post-test = 45.20). Statistical tests showed a significant difference in post-test scores (<math>p &lt; 0.05</math>), but not in pre-test scores. These findings indicate that online religious coping interventions are effective in reducing post-traumatic social withdrawal symptoms. This research contribution underscores the importance of a technology-based spiritual approach as an adaptive psychological recovery strategy, particularly in disaster contexts and in communities with religious ties. It also broadens understanding of the integration of religious values into modern psychosocial interventions.</p>
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## INTRODUCTION

Natural disasters are humanitarian crises that require serious attention, not only in terms of physical mitigation, but also psychological recovery. Indonesia, with its disaster-prone geography, is often faced with repeated traumatic events, such as landslides. The landslide that occurred in Batang Regency in January 2025 had a multidimensional impact, especially on the psychological condition of the survivors. According to the Batang Regional Disaster Management Agency report ([BPBD Batang, 2025](#)), infrastructure damage included 271 houses and 28 public facilities (fasum) spread across 26 villages in three sub-districts. Residents were relocated to evacuation centers, while others took shelter with their closest relatives. Initial field assessment findings indicate that communities living along riverbanks affected by floods and landslides are vulnerable to anxiety and

worry, thus requiring ongoing support (Kholid, 2025). More than 62% of survivors still experience symptoms of post-traumatic stress, such as difficulty sleeping, anxiety, loss of motivation, and social withdrawal. Globally, traumatic events of this kind are known to trigger various maladaptive post-traumatic responses (Rizky et al., 2025).

One of the most damaging psychological manifestations is post-traumatic social withdrawal, in which survivors tend to isolate themselves, avoid interactions, and withdraw from others and community support, reducing participation in social activities (Norris et al., 2022). This condition is often a major obstacle to recovery and life reconstruction (Coplan et al., 2021; Shtob, 2024). The phenomenon of social withdrawal among landslide survivors in Batang Regency is a real problem. Although logistical assistance is available, many survivors experience loss. However, some survivors choose to withdraw due to fear of remembering the disaster, being embarrassed to accept assistance, or feeling unwilling to burden others. Apathy and self-isolation slow down collective recovery efforts. This condition is in line with the Trauma Social Withdrawal Model theory, which explains that post-traumatic individuals tend to limit social contact as a form of self-protection (Rahmawati & Triyono, 2025). If left untreated, this withdrawal behavior can exacerbate depressive symptoms, reduce well-being, and hinder the community's overall recovery process. Initial measurements indicate that 30% of survivors exhibited high social withdrawal scores six months after the disaster. Interviews with social service workers underscore the need for prompt and relevant interventions.

In the face of suffering, Indonesians have traditionally relied on religious belief systems as a primary psychological defense (Pargament & Park, 2019). Religious coping strategies, including the search for spiritual meaning and acceptance of destiny, have been empirically proven to reduce trauma (Berzengi et al., 2017). However, access to conventional mental health services after a disaster is often hampered by damaged physical access and social stigma. This gap creates an urgent need for culturally sensitive and accessible intervention models. This study proposes an Online Religious Coping Intervention as a solution, leveraging technological penetration to deliver structured, spiritually-based support, beyond geographic and time constraints in the post-disaster setting (Anitasari, 2024; Hidayah & Jamil, 2024).

The use of online religious coping has increased in recent years, with individuals utilizing digital platforms as a means to find peace, meaning, and spiritual support in the face of traumatic events (Fatima et al., 2022; Verhoeff-Kopershoek et al., 2023). Online religious coping includes activities such as listening to murottal (religious recitation) and online religious studies, participating in online prayer groups, reading religious motivational texts, and accessing Islamic-based counseling services through digital media. Religious coping in traditional forms has been proven to reduce symptoms of stress, anxiety, and depression (Pargament, 2012). Religious Coping Theory model explains that the values of spirituality, trust in God, prayer, and the search for meaning can increase psychological resilience and reduce the negative impact of trauma.

To date, research on online religious coping has been predominantly conducted among urban populations, university students, or general religious communities (Vázquez-Miraz et al., 2022; Banda et al., 2025). Meanwhile, research specifically examining the relationship between online religious coping and post-traumatic social withdrawal in natural disaster survivors, particularly landslides, is virtually non-existent in Indonesia. In fact, survivors experiencing social withdrawal have the potential to access online spiritual resources as an alternative to in-person interactions. This gap indicates that the relationship between online religious coping and social withdrawal has not been empirically explained in the context of rural Muslim communities affected by disasters.

Theoretically, interventions that strengthen positive religious coping are believed to increase survivors' self-efficacy in facing adversity, thereby directly reducing Post-Traumatic Social Withdrawal (Connor et al., 2003). Social withdrawal is a strong predictor of chronic PTSD symptoms by reducing isolating behaviors. Post-traumatic social withdrawal is an individual's tendency to

withdraw from social interactions after experiencing a traumatic event. This symptom is related to avoidance symptoms in post-traumatic stress disorder ([American Psychiatric Association, 2013](#)), decreased interpersonal engagement ([Charuvastra & Cloitre, 2008](#); [Herman, 2015](#)), emotional numbing and withdrawal ([Korem et al., 2022](#); [Foa et al., 2010](#)), and distorted social perceptions ([Elwood et al., 2009](#)).

This research fundamentally aims to accelerate the process of healthy psychological adaptation. Its importance lies in its experimental and contextual nature, offering empirical validation of the use of technology and local values in the realm of disaster psychology, particularly in the increasingly dominant online environment ([World Health Organization, 2023](#)). The results are expected to serve as an efficient practical model for post-disaster psychosocial management in Batang Regency and other vulnerable areas.

Therefore, in the context of landslide-prone Batang Regency, where the need for accessible and culturally relevant psychosocial interventions is high to address post-traumatic social withdrawal, a systematic test of the effectiveness of the proposed intervention model is necessary. The research question is whether the provision of Online Religious Handling Intervention is significantly more effective in reducing the level of Post-Traumatic Social Withdrawal in landslide survivors in Batang Regency.

This research plays a crucial role in filling the literature gap at the intersection of disaster psychology, social psychology, and clinical psychology. Theoretically, the results of this study are expected to provide strong empirical evidence regarding positive religious coping interventions as a solution to reduce Post-Traumatic Social Withdrawal. This will enrich post-traumatic recovery models by causally testing the effectiveness of integrating cultural (religious) coping resources with modern online intervention modalities ([Pargament & Park, 2019](#)).

This research contributes to a deeper understanding of the causal relationship between specific coping interventions and the reduction of maladaptive behaviors such as post-traumatic social withdrawal. Practically, the primary outcome of this study is the development of a validated Online Religious Handling Intervention protocol. This protocol can be readily adopted by the Regional Disaster Management Agency (BPBD) and mental health service providers as a rapid, culturally sensitive, and cost-effective standard operating procedure (SOP) for post-disaster psychosocial care in remote or difficult-to-access areas such as the landslide-affected areas in Batang Regency.

## **Study Aim and Hypothesis**

This study aims to determine the effectiveness of online religious interventions in reducing post-traumatic social withdrawal in landslide survivors in Batang Regency. The proposed hypothesis is that online religious interventions have an effect on reducing post-traumatic social withdrawal in the experimental and control groups of landslide survivors in Batang Regency.

## **METHODS**

### **Design**

This study uses a quantitative approach with a Quasi-Experimental Design with a pretest-posttest control group design, which is a research design consisting of an experimental group and a control group, using a pretest before being given treatment and a posttest after being given treatment ([Asmadi, 2023](#)). The use of this research design is because research subjects (survivors) often cannot be completely randomized (random assignment) into control and experimental groups at disaster locations, but this design makes it possible to compare changes in outcomes between the group receiving treatment and the comparison group.

As shown in Figure 1, an experimental design was implemented by administering treatment before and after online religious coping to the same group. The effectiveness of the intervention

was defined by the difference in post-traumatic social withdrawal scores before and after online religious coping.

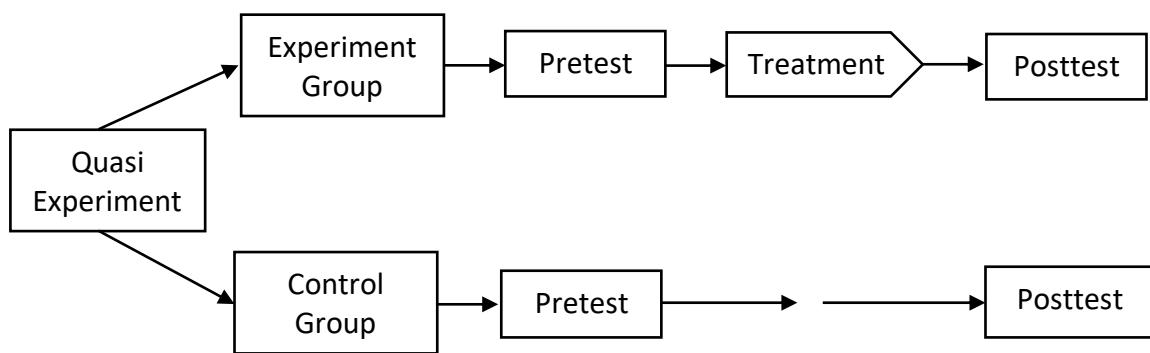


Figure 1. Quasi-Experimental Design with a pretest–posttest control group design

## Participants

The study population is all adult individuals, landslide survivors in the affected location in Batang Regency, Central Java, who are identified as experiencing symptoms of Post-Traumatic Social Withdrawal. A purposive sampling technique will be used to select subjects who meet specific inclusion criteria. These inclusion criteria include: having official status as a landslide survivor in Batang Regency, being age over 18 years, willing to participate and signing an informed consent, being able to use online devices (smartphone/computer) and having adequate internet access to participate in the intervention, and obtaining a score indicating a high or moderate level of Post-Traumatic Social Withdrawal based on the results of the pre-test screening. In this study, the number of samples was 10 subjects who met the inclusion criteria, which were divided into an experimental group (5 subjects) who received online religious coping intervention, and a control group (5 subjects) who received standard psychosocial services (general education) without online religious coping intervention.

## Procedure

The research will be conducted in four main stages. The research stages in this study can be seen in the following table 1.

Table 1. Stages in the Research

Stage	Main Activities	Duration
1. Preparation and Screening	Licensing, coordination with the Batang Regency Regional Disaster Management Agency (BPBD). Socialization and demographic data collection. Implementation of a pre-test to measure post-traumatic social withdrawal and allocation of subjects to experimental and control groups	1–2 Weeks
2. Treatment	The experimental group received an online religious intervention (via a video conference platform or a dedicated application). The control group received a general mental health education program of the same duration and frequency	6 Weeks
3. Final Measurement	The post-test was administered to both groups using the same instrument (Post-Traumatic Social Withdrawal) immediately after the treatment was completed	1 Weeks

## Instruments

Data collection techniques are carried out using some instrument. Before use, a reliability test was carried out on all scales to be used. The reliability test carried out uses the standards determined by [Azwar \(2022\)](#), which states that if the Cronbach's alpha correlation results are closer to 1 then this can be interpreted as reliable.

Post-Traumatic Social Withdrawal Scale/PTWS from DSM 5 of the [American Psychiatric Association \(2013\)](#), decreased interpersonal engagement ([Charuvastra & Cloitre, 2008](#); [Herman, 2015](#)), emotional numbing and withdrawal ([Korem et al., 2022](#); [Foa et al., 2010](#)), and distorted social perception ([Elwood. et al., 2009](#)). This scale consists of three major dimensions: behavioral withdrawal., cognitive-emotional withdrawal., and safety-driven avoidance. The tryout was conducted from August 2–5, 2025. Validitas diuji menggunakan validitas isi oleh expert judgement. Keseluruhan item merupakan pernyataan favourable. Validity was tested using content validity by expert judgment. All items were favorable statements. The scale consists of 15 items with a total item correlation coefficient ranging from 0.488 to 0.786, with a Cronbach's Alpha reliability coefficient of 0.884. The higher the score, the higher the level of post-traumatic social withdrawal. Examples of items on the scale: (1) I have reduced my interactions with other people since experiencing the event; (2) I prefer to be alone rather than doing activities with other people; (3) I feel that no one really understands my condition; and (4) I feel unsafe when I have to interact with new people.

Online Religious Coping Intervention Module was developed based on research by [Fatima et al., \(2022\)](#) and ([Verhoeff-Korpershoek, 2023](#)). The intervention utilized spiritual and religious resources to enhance the meaning of the disaster and reduce Post-Traumatic Social Withdrawal in a small group (five survivors). This activity was implemented over six weeks, with one session per week via video conference platforms (WhatsApp video calls and Google Meet) with each session lasting 60 minutes, and active coordination via WhatsApp Group.

Table 2. Online Religious Coping Intervention

Session	Main Theme	Session Objectives	Key Content and Activities	Religious Coping Focus
1	Orientation and Finding Safe Spaces Online	Building rapport, establishing group rules, and introducing the concepts of trauma and coping	<ul style="list-style-type: none"> <li>a. Orientasi platform daring</li> <li>b. Light discussion about common experiences after a disaster</li> <li>c. Recognizing that difficult feelings are normal (psychoeducation)</li> </ul>	Hope/Optimism: Instilling hope that recovery is a possible process with spiritual support
2	Understanding Disasters in a Spiritual Framework	Transferring negative coping (feeling abandoned by God) into positive interpretations (testing patience)	<ul style="list-style-type: none"> <li>a. Discussion of religious views on suffering and destiny</li> <li>b. Identification and challenge of religious cognitive distortions (e.g., "This is a punishment from God")</li> </ul>	Religious Reappraisal: Changing the perspective of the disaster from negative (punishment) to positive (test/learning)
3	Prayer, Meditation, and Intensive Spiritual Support	Teaches practical techniques for making worship rituals an active emotional	<ul style="list-style-type: none"> <li>a. Practicing structured prayer or dhikr as a means of releasing negative emotions</li> <li>b. Introducing spiritually centered mindfulness (spiritual centering)</li> </ul>	Seeking Spiritual Support: Utilizing worship/prayer as a source of strength

		regulation mechanism		and closeness to the Creator
4	Strengthening Community (From Online to Offline)	Overcoming the fear and social inertia that trigger Social Withdrawal	<ol style="list-style-type: none"> <li>Identify specific barriers that cause survivors to withdraw (shame, fear of being pitied)</li> <li>Focus on the role of religion in the command to socialize/support</li> <li>Plan small steps for social interaction (calling a relative)</li> </ol>	Religious Social Support: Encouraging social participation through religious motivations (the command to help others, the importance of congregational prayer)
5	Gratitude and Religious Post-Traumatic Growth (PTG)	Shifting focus from loss to residual strengths and growth potential	<ol style="list-style-type: none"> <li>Gratitude Journaling (recording 3-5 things you're grateful for each day, including spiritual values)</li> <li>Discussing how trauma has produced new spiritual qualities (patience, sincerity)</li> </ol>	Forgiveness / Atonement: Accepting oneself and destiny, seeing adversity as a catalyst for spiritual growth
6	Long-Term Coping Action Plan and Closure	Summarize the strategies learned and develop a personal religious coping plan post-intervention	<ol style="list-style-type: none"> <li>Review of all techniques. Creation of a personal "Religious Coping Map" for future crises</li> <li>Commitment to continuing positive coping practices and maintaining social contact</li> <li>Brief evaluation of the intervention</li> </ol>	Religious Commitment/Coping Self-Efficacy: Increased self-confidence to face challenges with spiritual capital

## Data Analysis

Data analysis for hypothesis testing was conducted using nonparametric statistical analysis, namely the Mann-Whitney U Test. The test was conducted to examine differences within and between groups. The scales used were tested for validity and reliability before being used in the study. Data processed with IBM SPSS Statistics 29 for Windows software.

## RESULTS AND DISCUSSION

### Results

#### *Research Data Description*

The research subjects consisted of ten people, both male and female. The following describes the frequency of pretest and posttest data on the degree of post-traumatic social withdrawal in the experimental and control groups.

Table 3. Description of Post-Traumatic Social Withdrawal Level of Experimental Group Subjects

Subject	Gender	Age	Pretest Score	Post-test Score	Gained Score
WG	Female	55	53 (High)	30 (Middle)	23
MC	Female	38	49 (Middle)	25 (Low)	24
IL	Male	42	46 (Middle)	23 (Low)	23
DV	Female	48	51 (High)	28 (Middle)	23
GX	Male	53	46 (Middle)	21 (Low)	25

**Table 4. Description of Post-Traumatic Social Withdrawal Level of Control Group Subjects**

Subject	Gender	Age	Pretest Score	Post-test Score	Gained Score
GB	Male	40	47 (Middle)	45 (Middle)	2
CK	Female	30	55 (High)	51 (High)	4
LO	Female	50	52 (High)	47 (Middle)	5
VT	Male	50	51 (High)	43 (Middle)	8
XG	Male	57	45 (Middle)	40 (Middle)	5

**Table 5. Description of Comparative Statistics of Pretest and Posttest of Experimental and Control Groups**

Classification	Experimental Group				Control Group			
	Min	Max	Mean	SD	Min	Max	Mean	SD
Pretest	46	53	49.00	3.082	45	55	50.00	4.000
Post-test	21	30	25.40	3.647	40	51	45.20	4.147

Data on the level of post-traumatic social withdrawal in the experimental group showed a pretest mean of 49.00 and a posttest mean of 25.40. This indicates a significant decrease in the level of post-traumatic social withdrawal from the pretest (before treatment) to the posttest (after treatment) in the experimental group. The decrease in the mean pretest and posttest scores for the experimental group was 23.60. Meanwhile, data from the control group showed a change in the level of post-traumatic social withdrawal., but the value was not as large as compared to the experimental group. Data on the level of post-traumatic social withdrawal in the control group showed a mean pretest = 50.00 and post-test = 45.20. The decrease in the mean pretest and post-test scores of the control group was 4.80. This indicates that there was no significant decrease in the level of post-traumatic social withdrawal from pretest to post-test in the control group.

### Hypothetical testing

Hypothesis testing results using pretest and posttest data from the Post-Traumatic Social Withdrawal Scale in the experimental and control groups using the Mann-Whitney U Test. The following are the statistical test results:

**Table 6. Hasil Test Statistic<sup>a</sup>**

	Pretest	Post-test
Mann-Whitney U	10.500	.000
Wilcoxon W	25.500	15.000
Z	-.420	-2.611
Asym. Sig. (2-tailed)	.674	.009
Exact Sig. [2*(1-tailed Sig.)]	.690 <sup>b</sup>	.008 <sup>b</sup>

a. Grouping Variable: Group

b. Not corrected for ties.

Based on the analysis above, during the pretest, there was no difference in the level of post-traumatic social withdrawal between the two groups. This is indicated by a p-value of 0.674;  $p > 0.05$  (not significant). Meanwhile, during the post-test, there was a significant difference in the level of post-traumatic social withdrawal between the two groups. This is indicated by a p-value of 0.009;  $p < 0.05$  (significant). From the results of this hypothesis test analysis, it can be concluded that there is a difference in the level of post-traumatic social withdrawal between the experimental and control groups.

Overall, the results of this study indicate that online religious coping intervention can reduce the level of post-traumatic social withdrawal experienced by landslide survivors in Batang Regency. This can be seen from the difference in post-traumatic social withdrawal scores before and after the online religious coping intervention. Factors contributing to the intervention's success include the subjects' enthusiasm for participating and their cooperative attitude, which fostered a comfortable and open atmosphere.

## Discussion

The results of this study indicate that online religious coping intervention significantly reduced the level of post-traumatic social withdrawal in landslide survivors in Batang Regency. This finding is evidenced by a significantly greater decrease in post-traumatic social withdrawal scores in the experimental group ( $\Delta = 23.60$ ) compared to the control group ( $\Delta = 4.80$ ), as well as a significant difference in the Mann-Whitney U test results at post-test ( $p = 0.009$ ;  $p < 0.05$ ). These findings directly answer the research objective, which is to prove the effectiveness of online religious intervention in reducing post-traumatic social withdrawal.

Research findings are consistent with the theory that religious coping mechanisms can increase spiritual safety, provide meaning to traumatic experiences, and reduce psychological distress. Recent research shows that religious coping based on worship practices (dhikr, prayer, spiritually-centered mindfulness, gratitude journaling) can reduce symptoms of depression, anxiety, and trauma in disaster survivors (Elvina et al., 2025).

Online religious coping used in this intervention aligns with the concept of positive religious coping, which creates a sense of calm, connectedness with God, and psychological healing (Park, 2017; Sadeghi et al., 2025). This mechanism may explain why participants experienced reduced social withdrawal: when negative emotions diminish, individuals are better able to reconnect with their social environment. According to (Herman, 2015), trauma recovery involves three aspects: safety, narrative processing, and reconnection. Online religious interventions contribute to the first and third aspects: spiritual safety reduces perceived social threat, and spiritual reconnection facilitates social reconnection. Recent research shows that psychospiritual interventions are effective in increasing social connectedness and reducing avoidance behavior after trauma (Idris & Mahanani, 2025; Astuti et al., 2022; ime, 2024). These research findings reinforce the concept that spiritual recovery can help individuals who have experienced trauma overcome withdrawal tendencies.

Social withdrawal is part of the avoidance symptoms and negative alterations in cognition and mood in Post-Traumatic Stress Disorder (American Psychiatric Association, 2013). Recent research shows that disaster trauma increases the risk of social isolation, interpersonal mistrust, and emotional numbing (Sönmez & Hocaoğlu, 2023; Hareven et al., 2024). Therefore, the reduction in social withdrawal in the experimental group indicates that the intervention improved emotion regulation, reduced social anxiety, decreased maladaptive safety-seeking behavior, and strengthened a sense of control and calm through religious practices. These findings align with research demonstrating the effectiveness of religious and spiritual practices in reducing trauma-related avoidance (Sinnott et al., 2024; Bortolan, 2023; Zulfa et al., 2024).

These findings support a number of recent studies, including those by Elvina et al., (2025), who found that Islamic spiritual-based religious interventions reduced trauma symptoms in natural disaster victims. Dolcos et al., (2021) reported that religious coping improved emotional regulation and social adjustment. Bortolan (2023) demonstrated that digital spiritual interventions can reduce social anxiety and increase feelings of calm. ime (2024) found that psychospiritual programs effectively facilitated social reconnection in earthquake survivors. These findings align with those studies, where religious-based interventions have been shown to significantly impact the social recovery of trauma victims. Meanwhile, research by Wood et al. (2021) found that religious coping

is not always effective if carried out without assistance, is used as passive coping, or manifests as negative religious coping, such as feeling punished by God. However, this study used a structured, gradual., and religious-based coping format, resulting in positive effects.

The results of the study showed a significant decrease in post-traumatic social withdrawal in the experimental group before and after the online religious coping intervention. This was due to the subjects' sincerity, enthusiasm, and cooperation when participating in the online religious coping intervention. The decrease in post-traumatic social withdrawal was also influenced by the content of the material provided based on interrelated stages. Therefore, during the intervention process, the subjects directly experienced the benefits of each stage of the intervention program. The positive aspects of religious coping were felt by the subjects very impressively at each stage of the intervention implementation, which made the subjects understand the direct benefits of the online religious coping intervention program.

### **Implications**

The findings of this study provide significant theoretical and practical contributions in broadening the understanding of the role of Online Religious Coping (ORC) in enhancing Post-Traumatic Growth (PTG) and psychological well-being. Theoretically, the results of this study confirm that religious coping through digital media is an adaptive form of meaning-making process in the context of modern, digitalized society, while also strengthening [Pargament \(2012\)](#) argument that religious coping is dynamic and contextual. The significant relationship between ORC and PTG also supports the positive psychology perspective that states that traumatic experiences can foster psychological growth when individuals receive appropriate support, including online spiritual support [\(Seligman & Csikszentmihalyi, 2014\)](#). Practically, these findings provide an empirical basis for the development of digital-based psychosocial interventions that integrate religious values to enhance resilience and post-traumatic growth, in line with the integrative approach of psychology and spirituality in mental health services [\(Koenig, 2018\)](#). In addition, at the social level, the use of religious digital platforms has the potential to strengthen social support, a sense of togetherness, and collective identity, especially in crisis situations such as disasters or pandemics, thus functioning as a social buffer that facilitates psychological recovery and growth [\(Thoits, 2011\)](#).

### **Limitations and Further Research**

Despite providing meaningful empirical contributions, this study has several limitations that require consideration when interpreting its results. These include the relatively small sample size and the limited scope of the study to landslide survivors in one region. Therefore, generalizability of the findings to other disaster survivor populations requires further testing. Furthermore, the online intervention design has technical limitations such as internet network stability and potential self-report bias. Furthermore, this study only measured short-term changes without longitudinal follow-up, even though post-traumatic withdrawal behavior is dynamic and influenced by environmental conditions following the acute phase of a disaster [\(Hareven et al., 2024\)](#). Therefore, future research is recommended involving larger, cross-regional samples, using mixed methods designs to explore survivors' subjective experiences in more depth, and examining the role of mediators such as emotion regulation, spiritual safety, and meaning in life in the trauma recovery process [\(Park, 2017; Graça & Brandão, 2024\)](#). Medium to long-term longitudinal research is also needed to assess the sustainability of intervention effects and compare the effectiveness of online religious interventions with other psychological approaches such as Cognitive Behavior Therapy (CBT) and Acceptance and Commitment Therapy (ACT), including their adaptation for vulnerable groups such as adolescents, the elderly, and survivors of family loss [\(ime, 2024\)](#).

## CONCLUSION

This study shows that online religious coping interventions play a significant role in reducing post-traumatic social withdrawal among landslide survivors in Batang Regency. The use of religious coping strategies through digital media has been shown to help survivors manage psychological distress, build meaning in life, and strengthen their sense of social connectedness, supporting post-disaster recovery and self-development. These findings also confirm that technology-based spiritual experiences can be an effective alternative pathway to supporting mental health amidst increasingly digitalized social change. Overall, this study confirms that the integration of spiritual values and technology has strong potential as a source of psychological recovery and improved quality of life in the context of modern society.

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## AUTHOR CONTRIBUTIONS STATEMENT

All authors contributed to this research. CF designed, collected data, analysis research data, and reviewed regarding the manuscript and research results, especially on methodology and research novelty. NZ and SRM provided input regarding the manuscript and research results.

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