



The Ordinary Magic of Religiosity in the Resilience and Relevance for Psychoeducational Services in Schools

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ABSTRACT

COVID-19 survivors with chronic illnesses face layered physical, emotional, and spiritual pressures. In a religious society like Indonesia, religiosity plays a vital role in fostering long-term psychological resilience. This study aims to (1) explore resilience patterns based on Ann S. Masten's *Ordinary Magic* theory, (2) analyze the role of religiosity in activating adaptive strengths during grief from chronic illness, and (3) examine its relevance for developing school-based psychoeducational services. Using a qualitative phenomenological approach, data were collected purposively from six survivors with comorbidities and two supporting informants. In-depth interviews and observations were analyzed thematically using MAXQDA. Findings revealed four key resilience patterns: stress resistance, recovery, normalization, and posttraumatic growth, all significantly shaped by religiosity. Practices such as prayer, spiritual reflection, and finding transcendental meaning helped individuals manage emotions, sustain hope, and build inner strength. These insights highlight the potential for integrating spiritual values into psychoeducational programs to support student resilience. Further research is encouraged to develop religiosity-based preventive interventions tailored to educational settings.

Keywords: Resilience; Ordinary Magic; Religiosity; Chronic Illness; Psychoeducation

ABSTRAK

Penyintas COVID-19 dengan penyakit kronis menghadapi tekanan fisik, emosional, dan spiritual yang berlapis. Dalam masyarakat religius seperti Indonesia, religiusitas memainkan

peran penting dalam membangun ketahanan psikologis jangka panjang. Penelitian ini bertujuan untuk: (1) mengeksplorasi pola resiliensi berdasarkan teori *Ordinary Magic* dari Ann S. Masten, (2) menganalisis peran religiusitas dalam mengaktifkan kekuatan adaptif selama proses kedukaan akibat penyakit kronis, dan (3) mengkaji relevansinya terhadap pengembangan layanan psikoedukasi di sekolah. Pendekatan penelitian yang digunakan adalah kualitatif dengan desain fenomenologi. Data dikumpulkan dari enam penyintas dengan komorbiditas dan dua informan pendukung yang dipilih secara purposive. Wawancara mendalam dan observasi dianalisis secara tematik dengan bantuan perangkat lunak MAXQDA. Temuan menunjukkan empat pola utama resiliensi: *stress resistance*, *recovery*, *normalization*, dan *posttraumatic growth*, yang secara signifikan dipengaruhi oleh kekuatan religiusitas. Praktik seperti doa, refleksi spiritual, dan pencarian makna transendental membantu individu mengelola emosi, mempertahankan harapan, dan membangun kekuatan batin. Temuan ini menunjukkan potensi pengintegrasian nilai-nilai spiritual ke dalam program psikoedukasi untuk mendukung ketahanan siswa. Penelitian lanjutan disarankan untuk mengembangkan intervensi preventif berbasis religiusitas yang sesuai dengan konteks pendidikan.

Kata kunci: Resiliensi; *Ordinary Magic*; Religiusitas; Penyakit Kronis; Psikoedukasi

INTRODUCTION

The COVID-19 pandemic strained global healthcare systems and revealed the psychological, emotional, and spiritual vulnerabilities of individuals with chronic illnesses (Liu et al., 2020; Sanyaolu et al., 2020). For those with comorbidities such as hypertension, diabetes, heart disease, and pulmonary disorders, it posed a dual burden: a biological threat and profound emotional-spiritual distress ranging from death anxiety to alienation and uncertainty (Péterfi et al., 2022; Rokom, 2021; Zhao et al., 2024). The World Health Organization (WHO, 2020) reported significant disruption of noncommunicable disease services globally: 53% of countries experienced interruptions in hypertension care, 49% in diabetes, 42% in cancer treatment, and 31% in cardiovascular emergencies. These experiences require adaptive mechanisms beyond medical support, necessitating internal strengths to endure, recover, and grow from deep trauma (Amirkhani et al., 2021; Auttama et al., 2021; Wu et al., 2021).

Grief caused by chronic illness is not merely a matter of physical suffering but a multidimensional crisis that disrupts psychological, social, existential, and spiritual aspects simultaneously (Büssing, 2024; Klimasiński et al., 2022; Tirgari et al., 2022). In such crises, individuals need resilience resources that are profound, sustainable, and contextually relevant. One conceptual approach offering a comprehensive understanding of resilience is the concept of *ordinary magic* (Masten, 2001, 2014). Masten (2014) emphasizes that resilience does not result from extraordinary miracles but from normative adaptive processes rooted in individuals' internal protective systems, such as emotion regulation, relational support, meaning making, and spirituality. Resilience is viewed as the manifestation of everyday miracles that operate subtly yet effectively in fostering long-term psychosocial strength (Masten, 2021; Masten et al., 2021).

Based on *Religion in Indonesia* (BPS, 2024), the majority of Indonesia's population adheres to Islam, accounting for 87.2% or over 207 million people. In a religious society like Indonesia, the concept of *ordinary magic*—an adaptive strength that emerges from everyday life—cannot be separated from religiosity, which is deeply rooted in the country's cultural, social, and psychological fabric (Dolcos et al., 2021; Hefner, 2021). Religiosity is an expression of personal faith and a holistic value system that influences perception, emotional responses, and behaviors when facing suffering and uncertainty. Spiritual practices such as prayer, *dzikir*, ritual prayer (*shalat*), contemplation on divine destiny, and the attitude of *tawakkul* (surrender to God's will) are not simply ritual routines but complex psychospiritual instruments (Hassannia et al., 2022; Wahyuni et al., 2024). Within this framework, religiosity functions as psychological protection and as a catalyst that activates *ordinary magic* in a contextualized manner.

Although several studies have shown that religiosity plays an important role in enhancing resilience among patients with chronic illness, most of these studies rely on quantitative measurements and have yet to deeply explore the subjective experiences of individuals in building resilience through daily spiritual practices (Lau et al., 2021; Şenormancı et al., 2021; Tang et al., 2021). While some research has found that religiosity contributes to mental resilience, it rarely details where and how these roles emerge in the resilience process, nor the specific religious behaviors enacted during experiences of illness-related grief (Hassannia et al., 2022). The absence of explanation regarding how religiosity

tangibly operates in patients' lives, both as an internal strength and a socio-spiritual mechanism, indicates a gap in understanding religiosity as a source of *ordinary magic*.

The findings of this study not only have implications for clinical and public health contexts but are also highly relevant to be contextualized within the field of education, particularly in strengthening the psychosocial and spiritual dimensions of students. Schools, as strategic institutions for character building, mental resilience, and emotional well-being, are currently facing serious post-pandemic challenges. Many students are experiencing increased anxiety, academic stress, social disorientation, and loss of learning motivation due to the prolonged impacts of educational disruption and family life dynamics (Jiang et al., 2022). Accordingly, the objectives of this study are: (1) to explore resilience patterns based on Masten's theory among individuals with chronic illness in the context of grief, (2) to analyze the role of religiosity in activating *ordinary magic* to strengthen healing resilience, and (3) to examine the relevance of these findings for the development of religiosity-based psychoeducational services in school settings.

METHODS

This study employs a qualitative approach with a phenomenological design to gain an in-depth understanding of the subjective experiences of individuals with chronic illnesses in navigating grief and the healing process (Creswell, 2019). The primary focus is on exploring resilience patterns, the role of religiosity in evoking *ordinary magic*, and formulating religiosity-based psychoeducational strategies. The stages of the research are visualized in Figure 1.

The research process began with a preliminary literature review and field context observations, followed by the selection of informants using purposive sampling. Key informants consisted of six COVID-19 survivors with comorbid chronic illnesses aged over 30 years. In addition, two supporting informants were professionals and close social companions who assisted the survivors: a medical doctor and a patient's close friend. The demographic data of the research subjects (key and supporting informants) are presented in Table 1.

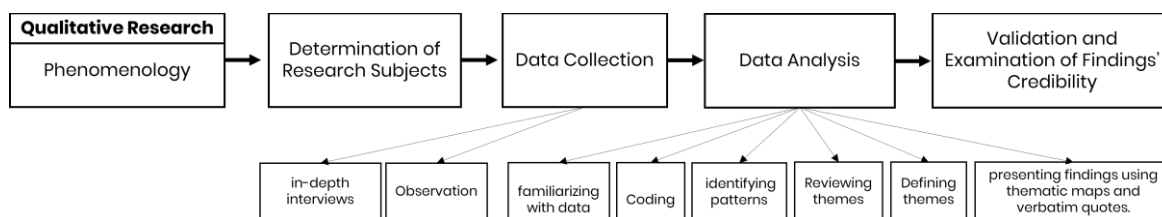


Figure 1. Research Stages

Tabel 1.

Profile of Key Informants dan Supporting Informants

Code	Alias Name	Age	Profession	Comorbidities
IK-01	MZ	32	Lecturer at a State University	Hypertension, Kidney History
IK-02	BS	57	Lecturer at a State University	Hypertension
IK-03	MT	55	Administrative Staff at a State University	Cholesterol, Fertiliver
IK-04	RS	30	Factory Employee	Hypertension, Cholesterol, Uric Acid
IK-05	NA	43	Elementary School Teacher	Hypertension, Heart Disease, Diabetes
IK-06	MK	41	Preacher	Heart Disease
IP-01	SP	37	Doctor & Lecturer	
IP-02	AM	52	Lecturer at a State University	

Data collection was conducted through semi-structured in-depth interviews and participatory observation to capture the psychological, spiritual, and social dynamics experienced by the informants. Data collection occurred from May to September 2021 using a hybrid format (in-person and online), adjusted to the pandemic context. The interview guide was developed to explore three main dimensions: (1) resilience patterns, (2) the meaning of religiosity in the healing process, and (3) survivors' efforts in finding life meaning. All interviews were audio-recorded with consent and lasted between 60 and 180 minutes. In addition, field notes were used to capture nonverbal expressions and contextual interactions.

Data analysis was carried out using thematic analysis, following six phases (Braun & Clarke, 2006): (1) familiarization with the data through transcription and repeated reading, (2) generating initial codes from each transcript, (3) searching for patterns to form themes, (4) reviewing and mapping themes, (5) defining and refining the themes, and (6) presenting

the analysis in the form of thematic maps and verbatim quotations. MAXQDA software was used to support the accuracy and traceability of qualitative data.

Data trustworthiness was ensured through source and method triangulation (Creswell & Creswell, 2017), member checking with informants, and peer debriefing among researchers. The validity of the findings was strengthened by linking informants' experiences to the theory of *ordinary magic* resilience. Therefore, this study presents a contextual and relevant understanding of Indonesia's psychospiritual realities among chronic illness survivors.

RESULTS AND DISCUSSION

Resilience Patterns Based on Masten's Theory in Chronic Illness Survivors Experiencing Grief

Resilience is the individual's capacity to bounce back, endure, and adapt positively when facing severe life stressors, including grief and chronic illness (Kärner et al., 2021; Masten et al., 2021; Wang, 2021). In the context of chronic illness survivors experiencing grief, resilience functions not only as a psychological defense mechanism but also as a complex process of psychosocial and spiritual growth. Masten's theory of resilience as *ordinary magic* conceptualizes resilience not as an extraordinary ability but as the result of normative adaptive processes inherent in human development (Masten, 2014). Resilience processes can be identified through four main adaptation patterns: stress resistance, recovery, normalization, and posttraumatic growth (Masten, 2001, 2014). The following section provides an in-depth explanation of the first pattern based on field findings.

Stress Resistance

The first resilience pattern emerging from this study is stress resistance, defined as the individual's ability to maintain psychological, spiritual, and social stability despite extreme pressure from COVID-19 infection and underlying chronic conditions. Among survivors, stress resistance was evident in their initial responses following COVID-19 diagnosis while managing comorbidities, as summarized in Table 2.

Based on the findings, stress resistance behaviors among chronic illness survivors represent not only a transient psychological response to a health crisis but also an integrative adaptation pattern encompassing cognitive, affective, spiritual, and social dimensions

simultaneously (H. Liu et al., 2020; Péterfi et al., 2022). A visual representation is provided in Figure 2.

Tabel 2.

Research Findings on Stress Resistance Behaviors

No	Behavior Type	Direct Quotation
1	Calm upon receiving a positive COVID-19 diagnosis	"I never denied the result. It is what it is, I just went through it..." (IK-04); "I just told my wife, pray for me... I have to be strong." (IK-03); "I went straight to isolation, didn't panic, just thought: what do I need to do?" (IK-06); "I stayed calm, because I knew this had to be endured, not rejected." (IK-01 via IP-02)
2	Maintaining worship and spiritual routines during illness	"I just carried on, stayed disciplined, kept reading the Qur'an, I felt calm." (IK-06); "In fact, I became more diligent in reciting and night prayers." (IK-01 via IP-02); "I had more time to pray and reflect." (IK-05); "I believe that through worship, I became stronger than my fear." (IK-04)
3	Not panicking when entering the hospital/ICU	"I felt calm when I entered the ICU..." (IK-05); "I just prayed when they inserted the IV and gave oxygen, I believed God was with me." (IK-04); "I told the doctor, if God gives me more time, I'm ready. If not, I'm also ready." (IK-06); "I entered the hospital saying bismillah, I wasn't afraid." (IK-01 via IP-02)
4	Accepting illness as part of Divine will	"I consider this part of God's mercy to me." (IK-06); "I believe this is God's way of cleansing my sins." (IK-01 via IP-02); "I can only surrender... God knows best." (IK-05); "I wasn't angry about my condition, I was even grateful I could still be conscious and pray." (IK-03)
5	Maintaining positive daily routines	"I still bathed in the morning, had breakfast, and sat under the sun." (IK-03); "I still sunbathed, even when I felt weak." (IK-06); "I considered it natural therapy... I tried to wake up early every morning." (IK-01 via IP-02); "I disciplined myself to bathe in the morning to stay fresh and motivated." (IK-04)
6	Avoiding emotional burden on family	"I didn't tell my kids too much detail... I didn't want them to worry." (IK-04); "I told them, 'don't panic, I'm okay.'" (IK-01 via IP-02); "I tried to chat casually, so my wife and kids wouldn't feel tense." (IK-03); "I never complained in front of my family." (IK-06)
7	Relying on God in medical decision making	"I trust that God knows what's best... I just try my best." (IK-06); "I've surrendered everything to God." (IK-05); "I calmly underwent medical procedures because I believed there's wisdom in it." (IK-03); "I told the doctor: I surrender, but please do your best." (IK-01 via IP-02)
8	Not easily influenced by negative news or public fear	"I believed from the beginning that the virus was real... I just went through it." (IK-06); "I chose not to follow too much news to stay calm." (IK-03); "I focused on healing, not on frightening stories." (IK-04); "I didn't believe everything I heard... I checked with the doctor first." (IK-01 via IP-02)



Figure 2. Forms of Stress Resistance Behavior

Stress resistance behaviors in chronic illness survivors demonstrate that the capacity to endure a crisis from the onset is supported not only by internal strengths such as emotional regulation and religious faith but also by structured routines and a spiritual perspective on illness (McClements et al., 2021). These behaviors indicate that survivors can establish stable and adaptive initial responses to crisis through a combination of internal and external resources. The ability to remain calm, maintain worship practices, and uphold daily routines underscores the critical role of emotional regulation, active spirituality, and structured living in preventing psychological disorganization (Gautam et al., 2024; Schlechter et al., 2021). Moreover, perceiving illness as part of divine destiny contributes to sustaining mental stability from the outset (Subu et al., 2022; Taufik et al., 2022). Therefore, stress resistance serves as the foundational stage that enables progression to subsequent resilience phases, such as recovery and posttraumatic growth (Masten, 2014).

Recovery

The recovery pattern refers to the ability to gradually regain well-being after experiencing physical or psychological setbacks (Masten, 2014). Several informants indicated that although they underwent periods of significant mental or physical decline, they were able to gradually readjust and return to everyday life with the support of family,

religiosity, and social environments (Bjørlykhaug et al., 2022; Subu et al., 2022). Research findings are summarized in Table 3.

The findings provide a comprehensive understanding of behavioral dynamics in psychological and physical recovery among chronic illness patients. These adaptive behaviors reflect psychosocial meanings and the individual's resilience. Figure 3 illustrates recovery dimensions, depicting the progression from decline to acceptance, hope, and post-crisis growth.

Table 3.

Research Findings on Recovery Behaviors

No	Type of Behavior	Direct Quotation
1	Feeling down and disappointed, but still making an effort	"I felt down... but I tried to exercise, sunbathe, and keep trying." (IK-06); "Exhausted, weak, sad... but I couldn't just sit still, I had to move." (IK-04); "I cried constantly, but still did dzikir and took slow walks each morning." (IK-02); "Yes, I was disappointed, but I remained disciplined with my diet and herbal drinks." (IK-01)
2	Rising from a coma with love and social support	"I was in a coma for 4 days... I felt cared for by the nurses and doctors... they gave me strength to recover." (IK-05); "When I woke up, I saw my family there. That made me strong." (IK-02); "My child said, 'Mom, don't give up'... that gave me hope." (IK-03); "I felt continuously supported... it kept me going." (IK-01)
3	Experiencing depression and confusion, but eventually accepting	"I went through depression... but eventually I accepted it and started to improve." (IK-01 via IP-02); "At first I was confused, like I couldn't believe it... but then I surrendered to God." (IK-03); "I felt completely empty, but I realized this wasn't the end. I learned to let go." (IK-06); "There were times I was angry... but I kept saying istighfar, eventually I calmed down." (IK-04)
4	Continuing health checkups with renewed awareness	"I kept going to my cardiologist, pulmonologist, neurologist... I knew this was a process." (IP-02 on IK-01); "Now I'm more diligent about lab tests, more attentive to myself." (IK-06); "I used to take things lightly... now I take my meds and check my blood regularly." (IK-03); "I realize my body is fragile... so I have to get regular checkups." (IK-02)
5	Gradually resuming physical activity	"I started strolling, sitting under the sun, doing light exercises." (IK-03); "I didn't go straight into heavy work... just light cleaning at first." (IK-01); "Just walking from my room to the terrace made me tired, but I kept doing it." (IK-06); "I knew I had to take it slow, my body wasn't strong yet." (IK-05)
6	Strengthening motivation through prayer and hope	"I kept praying for strength, and I believed God would help me recover." (IK-05); "I surrendered, but not gave up... I believed God would show the way." (IK-04); "After every prayer I asked God—'Let me recover for my children.'" (IK-01); "I did a lot of dzikir, that's what made me strong." (IK-06)

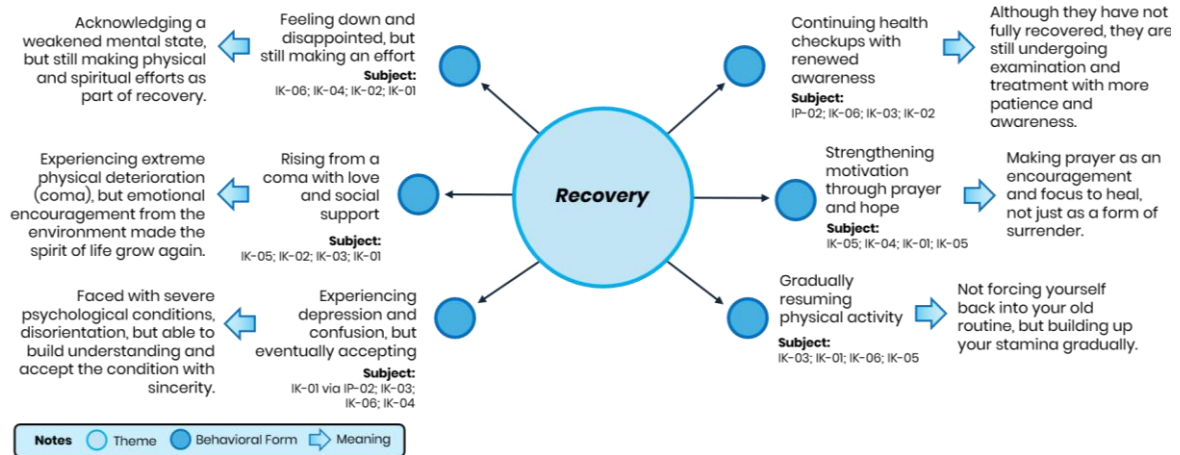


Figure 3. Forms of Recovery Behavior

The recovery process encompasses physical improvement as well as the alignment of crisis reality with one's emotional and spiritual responses. Among chronic illness survivors, recovery represents not only physical healing but also emotional and spiritual restoration (Rahayu et al., 2021). These individuals strive to recover through medical treatment while internally adjusting to the crisis. Behaviors such as exercising despite low energy, accepting the aftermath of a coma, and overcoming depression reflect a gradual and holistic recovery process (Barbosa et al., 2021). Factors such as active effort (*ikhtiar*), self-acceptance, loving social support, and deep spiritual conviction interact synergistically to strengthen the individual's adaptive capacity to rise from adversity (Zahirinia, 2023).

Normalization

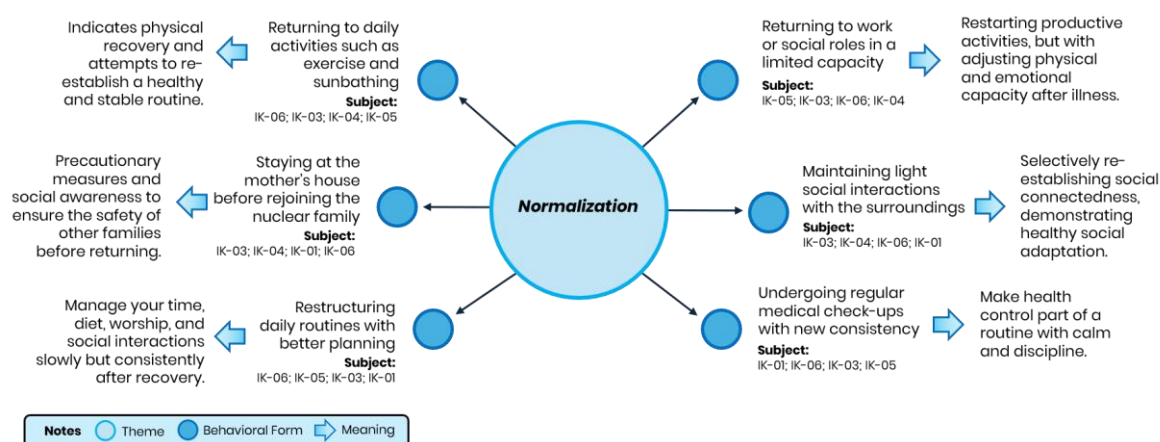
The third resilience pattern identified among chronic illness survivors is normalization, defined as the gradual return to previous conditions accompanied by improving physical health and sustained psychosocial support (Masten, 2014). This process is characterized by survivors' progressive resumption of daily routines, including physical, social, and religious activities. Research findings are summarized in Table 4.

The study identified various behavioral patterns representing normalization, a critical phase in post-crisis recovery from chronic illness. This process transcends mere restoration of previous routines; it involves reconstructing meaning in daily life, integrating traumatic experiences into one's life narrative, and ongoing adaptation to new self-capacities (Masten, 2018). These findings are conceptually illustrated in Figure 4.

Table 4.

Research Findings on Forms of Normalization Behavior

No	Form of Behavior	Direct Quotation
1	Returning to daily activities such as exercise and sunbathing	"My morning routine now includes exercising and sunbathing around midday..." (IK-06); "I've started doing light morning exercises to avoid feeling weak." (IK-03); "Every day I try to walk in front of the house to reduce stress." (IK-04); "Morning sunbathing has become part of my daily routine." (IK-05)
2	Staying at the mother's house before rejoining the nuclear family	"I stayed at my mother's house first, I wasn't ready to meet my child." (IK-03); "I isolated myself at a family home first, afraid of transmitting it." (IK-04); "Only after two negative tests did I dare return home." (IK-01); "I asked to stay with my sibling first because I was still traumatized." (IK-06)
3	Restructuring daily routines with better planning	"Now I'm more disciplined, sleep well, eat regularly." (IK-06); "I have my own schedule now: meals, medicine, exercise." (IK-05); "I manage time better now, unlike before when it was all random." (IK-03); "My routine is more stable now, and I feel calmer." (IK-01)
4	Returning to work or social roles in a limited capacity	"I've started working from home little by little." (IK-05); "Not like before, but I've started reopening my store slowly." (IK-03); "I only join online meetings for now, not yet ready for heavy tasks." (IK-06); "I still help around, but I know my limits." (IK-04)
5	Maintaining light social interactions with the surroundings	"I joined group exercise sessions, keeping distance though." (IK-03); "Sometimes I chat with neighbors from across the fence." (IK-04); "I've started meeting with friends again, but carefully." (IK-06); "Being social again lifts my spirits." (IK-01)
6	Undergoing regular medical check-ups with new consistency	"I regularly visit the pulmonologist now, it's become a habit." (IK-01); "I write down all check-up schedules so I don't forget." (IK-06); "I never miss a check-up, even if I have to wait in line." (IK-03); "Check-ups are important, they make me feel safer." (IK-05)

Note. Processed by researcher (2025)**Figure 4.** Forms of Normalization Behavior

Normalization marks the transition from recovery to a new functional stability. Individuals do not simply resume prior lifestyles but develop new, more conscious, deliberate, and responsible ways of living for themselves and others. This phase signifies an important resilience milestone where survivors begin to reorganize daily life in a structured and meaningful manner. The transition involves not merely repeating pre-illness behaviors but establishing adaptive lifestyles characterized by heightened awareness and accountability. Activities such as regular exercise, maintaining social interactions, and progressively assuming family and community roles exemplify holistic recovery encompassing physical, emotional, spiritual, and social domains (Barbosa et al., 2021; Bjørlykhaug et al., 2022; McClements et al., 2021). Normalization thus evidences that individuals are not only recovering but actively functioning within a healthier and more reflective life context (Masten et al., 2021).

Posttraumatic Growth

The fourth resilience pattern identified among chronic illness survivors is *posttraumatic growth*, a condition in which individuals experience significant personal growth following a crisis (Masten, 2014). In this context, survivors demonstrate heightened religious awareness, profound gratitude, and the emergence of a new life perspective that is healthier, more reflective, and meaningful. Research findings are presented in Table 5.

Based on the results, meaningful behaviors reflecting the process of *posttraumatic growth* were identified and are visualized in Figure 5. This pattern represents positive and enduring transformations in how survivors view life, themselves, and their relationships with others and with God after enduring physically, emotionally, and spiritually challenging experiences.

Posttraumatic growth among chronic illness survivors illustrates that crises can serve as turning points for life transformation. Individuals often experience deepened faith, enhanced life meaning, and increased social awareness. This pattern underscores that crises do not inevitably result in suffering alone but can catalyze positive change. The intense experience of illness becomes an opportunity to deepen one's relationship with God, re-evaluate life's meaning, and strengthen empathy toward others. Behaviors such as regular worship, sharing recovery experiences, and readiness to assist others indicate that true healing transcends medical recovery, encompassing spiritual growth and meaningful social

engagement (Bukhori et al., 2022). This demonstrates that individuals do not merely survive crises but grow into more complete and impactful human beings (Hayden et al., 2022).

Analysis of interviews with six COVID-19 survivors with comorbidities revealed diverse resilience patterns in coping with grief, showing complex adaptive dynamics. These patterns overlap and vary based on time, physical health, emotional stress, and spiritual meaning. According to Masten (2014), resilience involves stress resistance, recovery, normalization, and posttraumatic growth as an ongoing transformative process.

Table 5.

Research Findings on Forms of Posttraumatic Growth Behavior

No	Forms of Behavior	Direct Quotes
1	Becoming more diligent in worship and maintaining health as a form of gratitude	"Sekarang saya sangat menjaga hidup sehat, dan siap donor plasma kalau dibutuhkan." (IK-01 via IP-02); "Saya tidak mau sia-siakan tubuh ini, saya jaga makanan dan tidur." (IK-06); "Setiap pagi saya mulai dengan shalat dhuha dan minum herbal." (IK-03)
2	Referring to illness as a spiritual turning point	"Saya jadi lebih dekat dengan Allah..." (IK-01 via IP-02); "Saya yakin ini teguran lembut dari Tuhan." (IK-03); "Selama sakit saya lebih banyak istighfar dan merasa kecil." (IK-06)
3	Wanting to share the recovery experience with others	"Saya ingin berbagi cerita ini ke banyak orang." (IK-05); "Kalau ada yang sakit, saya suka cerita pengalaman saya supaya semangat." (IK-01 via IP-02); "Saya sempat diajak testimoni di puskesmas." (IK-03)
4	Becoming more aware of life's importance and more cautious	"Saya sekarang lebih sadar bahwa hidup bisa berubah dalam sekejap." (IK-03); "Saya tidak anggap remeh waktu dan kesehatan sekarang." (IK-06); "Setelah sakit, saya merasa semua harus dipersiapkan lebih baik." (IK-05)
5	Ready to help others through concrete actions (donation, volunteering)	"Saya siap donor darah kalau dibutuhkan." (IK-01 via IP-02); "Saya daftar jadi relawan, walaupun hanya bantu logistik." (IK-03); "Saya ajak teman-teman saya yang sembuh juga ikut bantu." (IK-05)
6	Building warmer and more grateful social relationships	"Sekarang saya kenal 24 perawat, 3 dokter, saya anggap semua saudara..." (IK-05); "Saya sering kirim kabar ke teman-teman perawat yang jaga saya dulu." (IK-03); "Saya doakan tiap hari orang yang bantu saya waktu itu." (IK-06)
7	Developing new responsibilities in life	"Kalau Allah beri hidup lagi, artinya saya harus lebih bertanggung jawab." (IK-03); "Saya merasa diberi waktu tambahan, jadi harus bermanfaat." (IK-05); "Saya mulai bikin jurnal hidup saya setiap hari sekarang." (IK-01 via IP-02)
8	Increasing empathy and concern for others	"Saya jadi lebih menghargai hidup dan ingin bantu kalau ada teman yang positif." (IK-06, tersirat); "Saya ajak tetangga untuk tidak men-stigma pasien." (IK-03); "Saya minta keluarga jaga omongan ke orang yang sakit." (IK-01 via IP-02)

Note. Researcher's data analysis (2025)

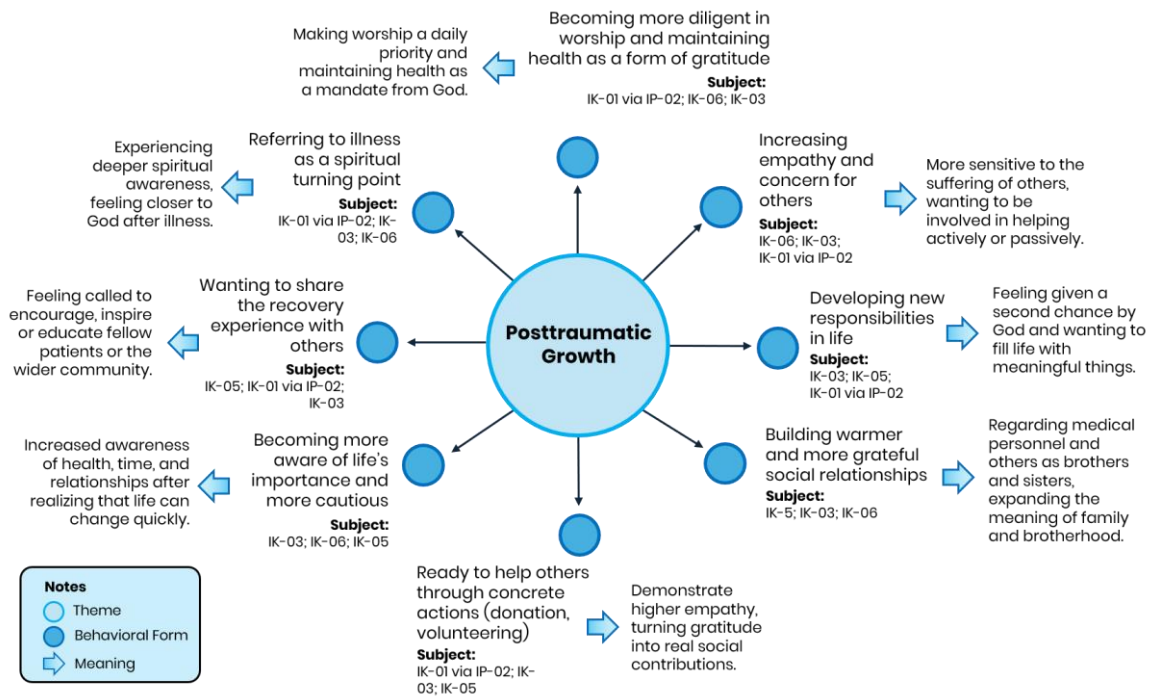


Figure 5. Forms of Posttraumatic Growth Behavior

The *stress resistance* pattern manifests as individuals maintain psychological and spiritual stability immediately after a COVID-19 diagnosis. Despite the heavy burden of chronic illness, individuals exhibit calmness, maintain religious observance, and exercise self-control. The *recovery* pattern emerges as individuals initially experience distress—such as disappointment, confusion, fatigue, or depression—but gradually begin to recuperate, supported by social environments, religious coping, and active efforts to sustain physical health. The *normalization* pattern is characterized by a gradual resumption of daily routines, undertaken with full awareness of one's condition and environment. Finally, the *posttraumatic growth* pattern involves personal development following recovery, marked by increased religiosity, deepened gratitude, and transformed perspectives on health and life (Alamgir et al., 2024; Masten et al., 2023).

Faith, religious belief, and spiritual routines function as protective factors that support emotional stability from diagnosis onset and help mitigate prolonged distress (Abdul et al., 2021). Consistent social support and a caring environment play critical roles in fostering positive adaptation post-crisis (Hanafi et al., 2024). The resilience patterns integrate cognitive functioning, social awareness, and spiritual values, forming a stable foundation

for sustainable recovery. Enduring a severe crisis becomes a catalyst for existential reflection and transformation of life values, with survivors exhibiting increased religious behavior, gratitude, and concern for health and social well-being (Hacker et al., 2021).

These four resilience patterns are interconnected in a continuous, contextual process (Masten, 2014, 2018, 2021). Individuals may transition between patterns or experience multiple patterns simultaneously at different stages. This illustrates that resilience encompasses both the capacity to endure adversity and the ability to transform in healthy, spiritual, and social ways (Alamgir et al., 2024; Bukhori et al., 2022). The process confirms that resilience arises from an innate adaptive system within humans and can be enhanced through appropriate religious, emotional, and relational support (Gautam et al., 2024; Hayden et al., 2022).

The Role of Religiosity in Chronic Illness Survivors in Awakening *Ordinary Magic* to Enhance Recovery Resilience

The results of in-depth interviews indicate that religiosity plays a crucial role in awakening *ordinary magic*—the normative internal and external adaptive capacities that underpin resilience. Several survivors reported that religious routines such as prayer (*shalat*), *dzikr* (remembrance of God), reciting the *Qur'an*, and belief in divine destiny and God's compassion served as foundational tools for managing fear, anger, and disappointment during isolation and recovery. The various forms of religious activities practiced by individuals with chronic illness are illustrated in Figure 6.

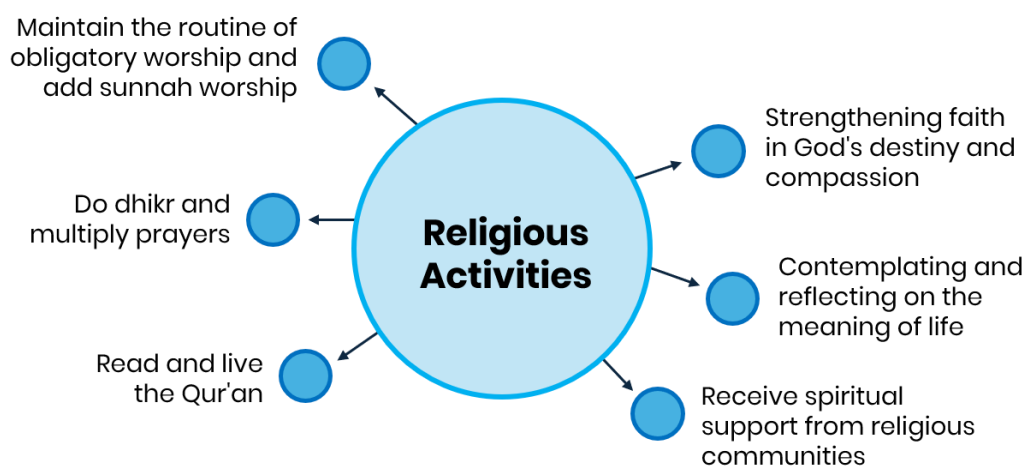


Figure 6. Forms of Religious Activities in Strengthening Resilience

Informant IK-06, a preacher with a heart condition, shared that his closeness to God deepened during his illness:

"When I tested positive, I maintained my worship. I even added night prayers and dzikir. I felt that all of this was already decreed, and I believed that God would not let this illness be in vain." (IK-06)

Meanwhile, informant IK-05, a teacher living with hypertension, heart disease, and diabetes, emphasized that his awareness of God's assistance provided him with strength, even during a critical phase in the intensive care unit (ICU):

"I was in a coma for 4 days. But I believed that God still wanted me to live... and that kept me from giving up. It made me want to share my experience." (IK-05)

Religiosity also played a role in fostering awareness of life's meaning and acceptance of one's condition. Informant IK-03, for instance, described spending time reflecting during isolation and recognizing the importance of fulfilling life's responsibilities:

"The wisdom I gained is that I became more aware. If God gave me another chance at life, it means I have to be more responsible—not just for myself, but also for others." (IK-03)

For another survivor, IK-0, as narrated by his friend IP-02, the experience of recovering from COVID-19 became a spiritual turning point. He chose to deepen his religious practices, maintain his health more rigorously, and expressed readiness to donate plasma as a form of social contribution:

"After recovering, Mas MZ became closer to God, regularly observed voluntary fasting, and often said he was ready to help if someone needed a blood donor." (IP-02)

Informant IK-02 stated that spiritual support from his religious study group significantly strengthened his mental resilience:

"Friends from the pengajian group often sent prayers and Qur'an recitations. That is what kept me motivated—it made me feel I wasn't alone." (IK-02)

These findings suggest that religiosity is a primary catalyst for the emergence of *ordinary magic* within individuals, as illustrated in Figure 7. As Masten (2014) explains, resilience arises not from extraordinary abilities but from normative adaptive systems embedded in humans and their environments. In this context, spiritual experiences such as worship, belief in divine decree, and closeness to God activate protective forces that assist

individuals in navigating critical stages of their healing journey (Jaysawal & Saha, 2023; Subhrasmita & Gaur, 2024). This process occurs not only on an emotional level but also encompasses existential, social, and moral dimensions (Masten et al., 2023).

Religiosity plays a vital role in strengthening emotional regulation, particularly when individuals face uncertainty, fear of death, and loneliness during periods of isolation or treatment (Dolcos et al., 2021; Karam et al., 2023). Practices such as night prayers (*tahajjud*), *dzikr* (remembrance of God), and reading the *Qur'an* function as effective coping strategies to calm the mind, reduce anxiety, and enhance a sense of surrender and trust in God (*tawakkul*). In this context, religiosity is not merely a spiritual escape but an internal source of strength that helps regulate psychological balance (Festerling et al., 2023; Parviniannasab et al., 2022). The role of religiosity in emotional regulation is active rather than passive or symbolic, reinforcing resilience by fostering positive emotions such as tranquility, gratitude, hope, and submission (Ashraf et al., 2023; Chang et al., 2021). Consequently, religiosity constitutes a foundational element in long-term psychological adaptation, especially for individuals with strong cultural and spiritual backgrounds (Mulawarman et al., 2024).

Moreover, religiosity contributes to building hope for recovery. Survivors who believe that healing is part of divine destiny and God's compassion are more likely to develop optimism and motivation to recover (Krok et al., 2021; Onyishi et al., 2022). Statements such as "I believe God still wants me to live" or "There must be wisdom behind this illness" represent not only spiritual affirmations but existential hope that enables individuals to find meaning in suffering. Religiosity-based hope gives rise to meaning-based striving, which motivates healing due to the belief that life after illness retains purpose and responsibility (Krok et al., 2021; Pastwa-Wojciechowska et al., 2021). Faith in divine assistance and the wisdom behind suffering drives individuals not merely to endure passively but to actively struggle and rise from adversity. Religiosity-based hope thus becomes a primary engine fueling the courage to endure and recover from hardship (Bukhori et al., 2022; Marshall et al., 2021).

Religiosity also facilitates the formation of new life meaning. Religious experiences during crisis provoke deep reflection, prompting existential questions such as "Why am I alive?", "What does this suffering mean?", and "How can I be more useful to others?" This

process transcends spiritual contemplation, marking the onset of morally mature shifts in life orientation (Maier et al., 2022). Religiosity provides a safe internal space for survivors to evaluate pre-illness lives and to redirect intentions, priorities, and responsibilities after recovery. This transformation is reflected in increased social responsibility, a desire to share recovery experiences, and a commitment to healthier living and deeper spiritual connection (Bovero et al., 2021; Yıldırım et al., 2021). Individuals thereby construct a new, stronger, and more integrated sense of meaning, forming the foundation for a purposeful post-crisis life. This culminates in a pattern of *posttraumatic growth*, wherein individuals not only recover but also experience elevated personal and spiritual development.

Furthermore, religiosity impacts not only the intrapersonal dimension but also fosters social connectedness. Individuals who perceive themselves as loved by God tend to extend that love to others. Survivors experiencing spiritual closeness to God often demonstrate increased prosocial behaviors. The belief in being loved, protected, and granted life by God motivates them to care for and assist others (Dunbar, 2021; Lueke et al., 2023). This is evident in behaviors such as sharing recovery stories, donating blood, encouraging other patients, and participating in religious social activities. From a social psychology perspective, this aligns with the concept of spiritual altruism, whereby religious experiences enhance empathy and motivate constructive social engagement. Such social connection constitutes an external protective system complementing individuals' internal adaptive systems (Al-Shaer et al., 2024; Bjørlykhaug et al., 2022). Thus, resilience derives not only from internal strengths but also from positive, meaningful social relationships (Çiçek, 2021; Masten, 2014; Slavich et al., 2022).

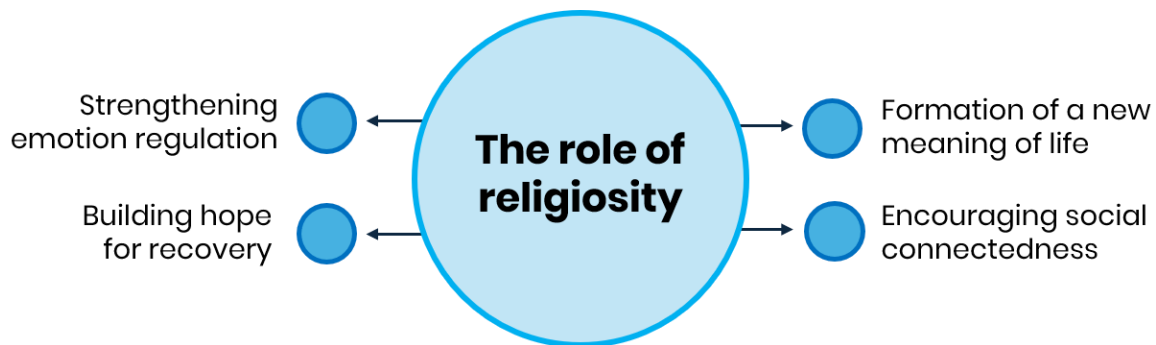


Figure 7. The Role of Religiosity in Chronic Illness Survivors

The Relevance of Religiosity-Based Psychoeducation as a Source of Ordinary Magic to Strengthen Resilience in Schools

Based on the findings of this study, it is recommended to develop a religiosity-based psychoeducational strategy as a preventive and promotive approach to evoke ordinary magic—the normative adaptive strength within individuals—to reinforce student resilience in school environments, particularly when facing academic stress, social pressures, or psychological impacts from crises such as pandemics or challenging family conditions. Internalized religiosity can serve as a source of meaning and calm for students, especially in uncertain situations (Ashraf et al., 2023). Psychoeducational strategies that activate students' spiritual dimensions function as psychological protection in addressing various life challenges (Güldal & Satan, 2022; Sari & Sutarto, 2023).

Psychoeducation aims to help students manage emotions, foster hope, and construct life meaning through religious values rooted in their own faith traditions. The materials may include spiritual reinforcement (e.g., the meaning of worship in daily life, the power of prayer, and understanding life's trials), emotional regulation skills based on *dzikir*, and inspirational narratives from role models or survivors who overcame crises through faith. Values such as patience (*sabar*), gratitude (*syukur*), and trust in God (*tawakkul*), as taught in religion, are shown in this study to support resilience development (Banin et al., 2023). The primary targets of this psychoeducation are students experiencing psychosocial pressures (e.g., learning difficulties, family conflict, parental loss, or post-pandemic stress) who require support to build internal resilience. The involvement of school counselors and religious figures trained in empathetic communication enables interventions to be more personalized and meaningful (Lestari & Antika, 2023).

Interactive digital media, such as short videos (5–7 minutes), can also be employed to deliver messages of faith reinforcement, brief prayers, spiritual affirmations, or inspirational stories from students who have overcome adversity (Yosep et al., 2023). These videos can be played in counseling rooms, used during spiritual development sessions, or shared via parent-student WhatsApp groups for independent access at home. Delivering spiritual content through short videos facilitates emotional internalization of the message. Visual and inspiring narratives serve as “coping models” for other students in distress, while also

strengthening the social connectedness essential for resilience building (Aslamzai et al., 2024).

In a religious culture such as Indonesia, spirituality is not merely a complement to character education but serves as a foundation for developing students' life resilience. When students feel spiritually and emotionally supported, they become more capable of overcoming adversity, developing empathy, and contributing positively to their social environment (Awadai et al., 2022). The experience of confronting difficulties can even catalyze stronger personal and social growth, shaping students who not only recover but also grow into resilient and meaningful individuals (Nadiyah et al., 2023). Resilience rooted in religiosity not only helps individuals endure hardship but also leads to positive transformation or posttraumatic growth.

This study's qualitative design with a small purposive sample limits generalizability. Future research should employ larger, diverse samples and quantitative methods to validate findings. Additionally, developing and empirically testing religiosity-based psychoeducational interventions in varied educational contexts will strengthen evidence for their effectiveness in enhancing student resilience amid psychosocial challenges.

CONCLUSION

The exploratory findings indicate that the resilience patterns experienced by survivors align with Masten's *ordinary magic* framework, which comprises four forms of psychological adaptation: stress resistance, recovery, normalization, and *posttraumatic growth*. These patterns emerged in overlapping and dynamic manners, reflecting the complex adaptation processes involved in confronting grief and health crises, while also revealing personal strengths cultivated through daily spiritual and social experiences. Through religious practices, spiritual reflection, and belief in divine destiny, religiosity assists individuals in regulating emotions, fostering transcendental hope, and reconstructing life's meaning. The spiritual values proven effective in fostering resilience among adult survivors can be adapted as a preventive approach to strengthen student resilience in coping with academic stress, family conflicts, or post-pandemic psychological challenges. Further research is recommended to build upon these findings to develop religiosity-based psychoeducation with a preventive orientation for students.

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