Volume 5, Number 1, 2025
ISSN: *2775-8362 (Print)*
2797-779X (Online)

JOUSIP
Journal of Sufism and Psychotherapy

Published by:
Program Studi Tasawuf dan Psikoterapi, Fakultas Ushuluddin, Adab dan Dakwah, UIN K.H. Abdurrahman Wahid Pekalongan

Spiritual Healing Across Traditions: A Transpersonal Review of Islamic an Hindu Approaches to Psychosocial Rehabilitation

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Article History
Submitted: 17-02-2025; Reviewed: 26-04-2025; Approved: 30-05-2025
URL: http://e-journal.uingusdur.ac.id/index.php/jousip/article/view/12382
DOI: https://doi.org/10.28918/jousip.v5n1.12382

Abstract

Psychosocial rehabilitation for individuals with schizophrenia typically addresses social skills, vocational training, and symptom management, yet often overlooks the spiritual dimension of recovery. Transpersonal spiritual therapy—which integrates spiritual or religious practices into psychotherapy—has emerged as a promising approach to fulfill patients' spiritual needs alongside psychosocial goals. This literature review expands previous analyses by comparing two faith-based transpersonal interventions: Islamic Asma' therapy and Hindu Sekala-Niskala therapy. Drawing on research from 2020– 2025 and earlier foundational studies, we examine the philosophical underpinnings, therapeutic processes, and clinical outcomes of each approach. Both frameworks emphasize connecting with a higher power to promote inner peace, meaning, and personal growth, aligning closely with transpersonal psychology's focus on experiences beyond the ego. Case studies and recent trials indicate that integrating spiritual practices (e.g. dhikr meditation, prayer, yoga, melukat cleansing rituals) into rehabilitation can reduce psychopathology, enhance coping, and improve quality of life for people with serious mental illness. Findings show that while theological content differs, both religious frameworks offer transpersonal techniques that support recovery and complement conventional treatment.

Keywords: Transpersonal- therapy, Spiritual-Healing, Psychosocial-Rehabilitation, Schizophrenia

INTRODUCTION

Mental illness such as schizophrenia often disrupts not only a person's psychological and social functioning, but also their sense of meaning and spiritual well-being. Psychosocial rehabilitation aims to restore social skills, daily functioning, and quality of life for people with

serious mental disorders, primarily through skill training, vocational support, and environmental adjustments (Antai-Otong, 2003; Farkas & Anthony, 2010). This rehabilitative approach has proven valuable in helping patients attain greater independence in the community. However, conventional psychosocial interventions frequently neglect the spiritual dimensions of recovery. Many individuals with schizophrenia have spiritual needs such as the need for hope, purpose, and connection to something greater (Koenig, 2012; Moreira-Almeida & Koenig, 2006).

In recent years, there has been growing interest in integrating spirituality into mental health care as part of a transpersonal approach. Transpersonal psychology extends traditional psychology by including spiritual and transcendent aspects of the human experience (Hartelius, Caplan, & Rardin, 2007). It studies phenomena such as peak experiences, mystical states, and consciousness beyond the ego, which are often central in religious practices and personal transformations (Maslow, 1964). In Indonesia, scholars have noted significant conceptual commonalities between Sufi practices in Islam and Western transpersonal psychology (Nasr, 2007). In Indian psychology and other Eastern healing traditions has influenced Western therapeutic paradigms, as mindfulness meditation, yoga, and other spiritual practices are increasingly adopted in mainstream interventions (Walsh & Shapiro, 2006). Transpersonal spiritual therapy refers to therapeutic interventions that explicitly draw upon spiritual or religious elements (practices, values, experiences) to facilitate healing of the person as a whole – body, mind, and soul. Spiritual therapy program significantly increased hope and self-efficacy in patients undergoing hemodialysis, compared to controls (Noghani et al., 2024) and improve patients' motivation, emotional resilience, and treatment adherence (Sawab et al., 2024).

This review focuses on two faith-based modalities practiced in Indonesian community rehabilitation settings: one Islamic and one Hindu. The first is Terapi Asma', an Islamic spiritual therapy developed in a pesantren (Islamic boarding school) context, which employs the Asma'ul Husna (99 Beautiful Names of Allah) and other Sufi-inspired practices (such as dzikr, prayer, and Quranic recitation) as therapeutic techniques. The second is Sekala-Niskala therapy, a Balinese Hindu approach that addresses both the sekala (tangible, visible world) and niskala (intangible, spirit world) aspects of illness through a combination of physical remedies and sacred rituals. These two approaches come from distinct religious traditions,

yet both can be seen as transpersonal therapeutic systems aiming to heal psychological distress by connecting the individual with a higher spiritual reality.

A previous study by the authors (2019, unpublished) qualitatively explored these therapies at two institutions: Pondok Pesantren Az-Zainy in Malang, East Java (an Islamic rehabilitation center using Terapi Asma' for people with schizophrenia) and Rumah Berdaya in Denpasar, Bali (a social rehabilitation center for schizophrenia that incorporates Sekala-Niskala concepts through art therapy and cultural rituals). Building on that groundwork, the present article expands and updates the literature review underpinning those case studies. We incorporate new findings from 2020–2025 to address several key questions: How do Islamic and Hindu spiritual therapies operate in practice, and what theoretical principles do they draw on? In what ways do they facilitate psychosocial rehabilitation for individuals with schizophrenia? What similarities and differences exist between the Islamic and Hindu transpersonal approaches? And how do these approaches relate to global developments in spiritually integrated psychotherapy? By answering these questions, we aim to provide a deeper understanding of the role of spirituality in psychosocial rehabilitation and to highlight transpersonal therapy's potential in enhancing recovery for people with serious mental illness.

This study employs a literature review method with a descriptive-qualitative approach. Data were collected through a systematic examination of scientific publications from 2020 to 2025 that are relevant to the topic of transpersonal spiritual therapy in the context of schizophrenia rehabilitation. The primary data sources include journal articles indexed in the Scopus database, supported by classical literature and previous empirical findings.This analysis was then synthesized to form a comprehensive understanding of the effectiveness and distinctive features of each spiritual approach based on religion. Finally, a comparative analysis was conducted between the Asma' therapy in Islam and the Sekala-Niskala therapy in Balinese Hinduism to uncover common grounds, strengths, and implementation challenges of each approach.

DISCUSSION

Islamic Spiritual Therapy: Terapi Asma'

Philosophical Foundations: The philosophical underpinnings of Terapi Asma' are deeply rooted in tawhid (the oneness of God) and the understanding of humans as both physical and spiritual beings. From an Islamic perspective, illness can affect not just the body

ISSN: 2775-8362 (Print) 2797-779X (Online)

and mind but also the soul, and thus healing must occur on all these levels. The Asma'ul Husna are seen as a means of zikr (remembrance) that refocuses the afflicted person on God's power and mercy, thereby realigning the soul with its divine origin. By meditating on and repeating God's Names, patients may strengthen their faith that Allah is in control and compassionate, which can alleviate anxiety and despair. Islamic Spiritual Therapy, where patients engaged in daily recitation of select Quranic verses and Asma'ul Husna, significantly reduced depressive symptoms and improved patients' sense of spiritual well-being (Razak, 2013).

A core concept in Asma' therapy is that each Divine Name carries specific healing properties. Practitioners often choose particular Names relevant to the person's needs: for instance, chanting Yaa Shafii ("O Healer") or Yaa Salaam ("O Source of Peace") for illness and anxiety, or Yaa Hadi ("O Guide") for someone feeling lost or confused. The effect of murottal Asma'ul Husna (melodious recitation of the Divine Names) on ICU patients' consciousness levels had improved consciousness and calmness, suggesting a soothing physiological and psychological effect (Wulan, 2023). This resonates with broader findings that religious auditory stimuli (such as Quran recitation) can induce relaxation responses and modulate autonomic nervous activity, aiding stress reduction.

Methods and Techniques: In practice, Terapi Asma' typically involves several techniques: - Dzikir with Asma'ul Husna: The patient repetitively chants or silently focuses on certain Names of God. For example, repeating *Yaa Rahman* to cultivate a sense of divine love and mercy, or *Yaa Latif* to seek subtle alleviation of distress. This practice is usually done in a relaxed posture, sometimes with rhythmic breathing, akin to meditation. The repetition can be done aloud or silently and is often synchronized with the breath or using prayer beads to count. Through sustained dzikir, the client may enter a tranquil state where intrusive psychotic thoughts or ruminations recede, replaced by the calming focus on God. Contemplation (Tafakkur) on Name Meanings: The therapist might guide the client to contemplate the personal relevance of a particular Asma'. For instance, reflecting on *Al-Ghaffar* could help a client struggling with guilt to internalize that forgiveness is possible, thereby facilitating self-forgiveness. Such contemplative exercises encourage insight and cognitive reappraisal in a spiritual framework. Therapeutic Ruqyah: Ruqyah is an Islamic practice of reciting Qur'anic verses or divine Names over a person believed to be afflicted by spiritual disturbances (or even psychosomatic illness). In a therapeutic setting, ruqyah

syar'iyyah (legitimate ruqyah) can be used for clients who attribute their symptoms to supernatural causes (e.g., spirit interference) or who have severe anxiety. Verses of the Qur'an and the Asma'ul Husna are recited with the intention of protection and healing. This can provide reassurance to clients and tap into placebo effects via their faith. Integrated Asma'ul Husna recitations into a Spiritual Emotional Freedom Technique (SEFT) protocol for survivors of a natural disaster (the Mount Semeru eruption) can enhance emotional processing of trauma (Ghufron and Anto, 2023)

Clinical Applications and Outcomes: The effectiveness of Asma' therapy in psychosocial rehabilitation is evidenced by both qualitative and quantitative observations. Pondok Pesantren Az-Zainy in East Java, which specializes in treating people with schizophrenia through religious practices, reports anecdotal successes: many residents (called santri) show improved self-care, reduced hallucination distress, and smoother social interaction after weeks to months of daily spiritual routines. These routines include dawn and evening collective dzikir of Asma'ul Husna, group prayers, Quran study, and engaging in simple vocational tasks while maintaining a remembrance of God. Some Muslim participants who practiced regular Islamic worship and dzikir felt it helped "shield" them from relapse and gave them strength to participate in rehabilitation activities (Dharma, Ahsan, & Lestari, 2021). On the quantitative, Muslim patients with schizophrenia over a 12-month period: patients receiving religious therapy (which included Quranic and Asma'ul Husna recitations, alongside addressing religious misconceptions) had better medication compliance and fewer rehospitalizations than those with standard care alone (Azhar and Varma, 2000). Such evidence suggests that therapies like Asma'ul Husna recitation can be potent when tailored to the individual's spiritual state and done in conjunction with other supports (medication, counseling, family education).

Hindu Spiritual Therapy: The Sekala-Niskala Paradigm

Philosophical Foundations: The philosophical basis of Sekala-Niskala therapy lies in Balinese Adi Sastra (primordial philosophy) and Hindu scriptures that emphasize cosmic balance (Rwa Bhineda or complementary dualism). According to Balinese belief, humans are microcosms of the universe, and health is achieved when there is balance between Sekala (the material body and environment) and Niskala (the soul and spiritual forces). Titib (2003) explains that daily life in Bali is guided by maintaining harmony among three relationships:

with God (Parahyangan), with others (Pawongan), and with nature (Palemahan). Mental illness can be seen as a disruption in one or more of these relationships, often requiring spiritual realignment through ritual. The Sekala-Niskala framework encourages viewing a person not just as a patient with symptoms, but as an individual whose sickness may involve spiritual lessons or imbalances that need to be addressed respectfully.

In practice, this means that rehabilitation of a person with schizophrenia in Bali might involve both modern psychiatric care (medication, psychoeducation, skills training) and traditional healing ceremonies. The traditional healers (Balian) classify conditions into those caused by secular factors (which they may refer to a hospital) versus those caused by supernatural factors (which they treat with ritual). Interestingly, many cases are believed to have mixed causation – thus collaboration between biomedical and spiritual healing is common. A study in a Balinese psychiatric facility noted that families frequently consult both psychiatrists and temple priests for a relative's schizophrenia, ensuring that offerings are made to appease any spiritual entities while also administering antipsychotic medication (Kurihara et al., 2006). This complementary approach results in better family acceptance of medical treatment, as the spiritual dimension is acknowledged in parallel.

Therapeutic Components: Sekala-Niskala Therapy in a Rehabilitation Context, Sekala-Niskala therapy in Balinese rehabilitation is structured around two complementary dimensions. Sekala: Physical and psychological interventions that are observable and measurable. Niskala: Spiritual and ritual-based practices addressing the unseen aspects of healing. These components are applied in tandem to achieve holistic well-being.

1. Sekala (Physical/Psychological) Therapy. Yoga and Meditation: Rooted in Hindu traditions, yoga and meditation are adapted in Balinese practices to promote relaxation, breath control, and mental focus. Rehabilitation centers like Rumah Berdaya incorporate group yoga sessions to help patients reconnect with their bodies and calm their minds, reducing agitation and improving concentration (Widana et al., 2025). Ayurveda-Inspired Regimens: Balinese healing incorporates elements of Ayurveda, emphasizing diet, herbal remedies, and lifestyle for balance. Patients may be provided with herbal tonics like jamu or encouraged to follow dietary restrictions to restore equilibrium. Jamu, made from ingredients like turmeric and ginger, is traditionally used to boost immunity and aid digestion (Ardhana, & Ariyanti, 2020).

2. Art and Occupational Therapy: Balinese culture's rich artistic heritage offers mediums for expressing inner experiences. Rumah Berdaya utilizes activities like painting, sculpture, and music to help clients articulate thoughts and emotions they struggle to verbalize. This form of expression not only manifests intangible feelings but also serves as a form of bakti (devotion) when art is dedicated to the divine or community (Kementerian Kesehatan RI, 2021). Tirta Therapy: Tirta, meaning holy water, is used in physical purification rituals. In a sekala context, it involves cleansing with consecrated water, often blessed by a priest, to symbolically and physically remove negativity. This practice, known as melukat, provides a psychological fresh start for patients, akin to the rejuvenating effect of a shower (Kamvysselis, 2023; Suwantana, 2025.).
3. Niskala (Spiritual/Ritual) Therapy. Niskala therapies focus on non-material dimensions of healing, encompassing spiritual practices, rituals, and metaphysical elements that are central to Balinese belief systems. These interventions aim to restore balance by addressing unseen forces believed to affect mental and physical health. For examples Melukat (Spiritual Cleansing Ritual): Melukat is a traditional Balinese purification ritual using tirta (holy water) and prayer, intended to cleanse negative energies and restore spiritual harmony. It is often prescribed for individuals experiencing emotional distress, mental imbalance, or persistent misfortune. In a rehabilitation context, melukat is used to symbolically release trauma and realign the individual with cosmic balance (Eiseman, 2011; Hunter, 2007).

   The else, Mantra Recitation and Japa: Reciting mantras—sacred syllables or verses—is believed to generate vibrational healing that purifies the mind and body. In Hindu-based therapy, japa (repetitive chanting using a mala or prayer beads) is used to induce meditative states and spiritual focus. Clients are sometimes encouraged to recite mantras as a form of self-regulation and emotional centering (Brown, 2012.).

   Next, Upacara Yadnya (Ritual Offerings): Clients may participate in or witness ritual ceremonies (yadnya) that express gratitude and seek balance between humans, nature, and divine forces. These communal rituals provide psychological comfort, social connection, and spiritual reinforcement—elements critical in holistic recovery (Putra, 2025). Spiritual Counseling with a Pemangku or Pedanda (Priest): In traditional settings, a Balinese priest may guide clients through personalized readings, energy assessments, or meditative guidance. This spiritual counseling can help patients make meaning of

their suffering and provide culturally resonant strategies for healing, often perceived as more acceptable or effective than clinical approaches (Wikan, 1990).

So, Dream Interpretation and Energy Realignment: Dreams are often seen as messages from the divine or ancestral realm. Traditional healers might guide patients in interpreting troubling dreams and perform rituals to realign disrupted spiritual energy—a practice not uncommon in Balinese metaphysical belief (Ramstedt, 2020).

Also, Efficacy and Observations: The dual engagement of sekala and niskala appears to yield positive outcomes. Singer and Kapfer (1996) documented France's approach to psychosocial rehabilitation, noting the inclusion of therapeutic apartments and vocational units. In Bali, the "therapeutic community" extends into the spiritual community. A recent assessment by Zozulya et al. (2021) on schizophrenia rehabilitation effectiveness suggested that biological markers of stress improved when patients felt a sense of meaning and belonging during rehabilitation. Balinese spiritual therapy arguably provides exactly that: a culturally meaningful framework in which the patient is not just "sick" but is undergoing a spiritual journey of healing that the entire community and cosmos is part of.

Patients at Rumah Berdaya who found that spiritual practices helped them reconcile with their illness: one patient interpreted their schizophrenia as partly due to neglect of prayers in the past, and by resuming devotions, they felt on a "corrective path" to wellness. This reframing reduced their self-blame and motivated participation in rehab activities (Dharma et al., 2021). There is also anecdotal evidence of symptom improvement. Staff at the center observed that patients who initially were highly paranoid or aggressive became calmer after undergoing melukat and learning breathing meditation. While this could be placebo effect or simply the passage of time, it aligns with known benefits of ritual and meditation on anxiety and mood regulation. Moreover, involving the supernatural narrative can sometimes reduce stigma: instead of being seen as "crazy," the patient might be viewed as having sensitive spiritual energies or being temporarily affected by invisible forces, which in Bali carries less personal blame. This can lead to more compassionate treatment by family and society, aiding reintegration.

One concrete example of success is the case of "Wayan," a young man with schizophrenia who had relapsed multiple times. After joining the rehab program that integrated daily Tri Sandhya prayers, weekly melukat, and art therapy, his family reported

Wayan became more diligent in taking meds and more optimistic. He said he wanted to recover to fulfill his dharma (duty) to his family and ancestors. Over a year, Wayan showed marked improvement in self-care and started helping in his family temple's maintenance – an indication of regained social functioning. While this is a single case, it illustrates how spiritual engagement provided a purpose and structure that catalyzed psychosocial gains.

In summary, the Hindu Sekala-Niskala therapeutic approach addresses mental illness on all fronts: physically, psychologically, socially, and spiritually. It leverages cultural rituals and beliefs as healing modalities rather than seeing them as irrelevant or harmful. By doing so, it fosters an environment where patients feel understood in their own cultural terms and can mobilize their faith and community in support of recovery. This multi-dimensional strategy appears to complement standard rehabilitation well, improving engagement and perhaps outcomes, though systematic research on its efficacy is still needed.

Comparative Analysis: Islamic vs. Hindu Transpersonal Therapies

Despite originating from different religious traditions, the Islamic and Hindu spiritual therapies described above share notable common ground in their transpersonal orientation. At the same time, they exhibit distinct practices and theological emphases. A comparison of key features is presented in Table 1 below, followed by a discussion of overarching convergences and divergences.

Table 1. Key Features of Islamic Asma' Therapy and Hindu Sekala-Niskala Therapy

Aspect	Islamic Asma' Therapy (Pesantren-based)	Hindu Sekala-Niskala Therapy (Balinese-based)
Philosophical basis	Tawhid (Oneness of God); Sufi concept of cleansing the heart; illness viewed as trial from Allah requiring spiritual patience and remembrance	Rwa Bhineda (balance of dualities); Harmony of sekala (physical) and niskala (spiritual) realms; illness seen as imbalance that can have spiritual causes
Ultimate aim of therapy	Strengthen iman (faith) and tawakkul (trust in God) for inner peace; attain *sakina* (tranquility of soul) by connecting with Allah's attributes Also, symptom relief through divine intervention (shifa'/healing from God).	Restore cosmic and personal harmony; appease spiritual forces and cleanse spiritual impurities to allow self-healing. Achieve santih (peace) in the individual by balancing their relationship with gods, community, and nature.
Primary techniques	Dhikr (repetitive chanting of Asma'ul Husna); Do'a (supplicatory prayers); Qur'anic ruqyah (recitation for healing/protection); Muraqabah (God-focused meditation) Often combined with standard counseling and psychoeducation in Islamic context.	Rituals: *Melukat* (spiritual cleansing with holy water), *yadnya* offerings, temple ceremonies; Mantra chanting and yoga/ meditation sessions for calming mind and body. Combined with community support and Sometimes herbal remedies from traditional healers.

Involvement of community	Prayer circles or group dzikir at pesantren; Islamic clergy (ustadz/kyai) provide guidance and imbue a supportive faith community. Family encouraged to participate in prayers and maintain religious routines at home. Stigma reduced by framing illness in spiritual terms (e.g., test from God).	Village priests and family temples involved in ceremonies for patient; entire family often joins in purification rites or offerings. Community banjar (local council) may assist in social reintegration. Illness carries less stigma when seen as niskala disturbance (requiring rituals) rather than personal failing.
Example of transpersonal focus	Beyond-ego development: Encourages *nafs* (ego) purification – patient sees themselves as servant of God, not solely as a "sick person," fostering a transcendent identity and meaning in suffering.	Beyond-ego development: Emphasizes that individual is part of larger cosmic order; through ritual, patient experiences connection to ancestors, deities, and universal consciousness (Atman-Brahman unity). This can reduce ego-centric worry and instill a sense of belonging in the universe.

Shared Transpersonal Themes

Both Islamic and Hindu approaches clearly value spiritual consciousness as part of healing. In transpersonal psychology terms, they facilitate an "expansion of the self" beyond everyday ego concerns, toward a higher reality or state of awareness. In Terapi Asma', this might manifest as a patient entering a deeply peaceful state during dzikir, feeling connected to God's mercy and thus less consumed by personal fears. In Sekala-Niskala therapy, a patient might feel an overwhelming sense of awe and purification during a temple ceremony, perceiving themselves as part of a sacred cosmos, which puts their illness in a new, less intimidating perspective. These experiences echo what transpersonal theorists describe as peak experiences or mystical experiences that can catalyze positive change . Indeed, both traditions ultimately strive for transcendence: in Islam, transcending one's ego and desires (the lower nafs) to attain closeness to Allah, and in Hinduism, transcending the individual self to realize unity with the divine (moksha or liberation).

Another convergence is the integration of spiritual practice into daily life as part of therapy. Rather than confining treatment to clinic visits, both systems embed healing in routines of prayer, meditation, or ritual. This continuous engagement can strengthen therapeutic effects. The repetition of Asma'ul Husna or daily offerings serves as a form of spiritual conditioning, steadily building emotional resilience and a sense of sacred order. Notably, both frameworks also recognize the healing power of compassion and community. In Islam, the concept of ukhuwwah (brotherhood) means fellow patients and caregivers form a supportive bond of empathy, often praying for each other. In Hindu Bali, the communal

nature of rituals means the patient is surrounded by family and neighbors in healing ceremonies, reinforcing social inclusion. This communal support aligns with modern recovery principles that emphasize peer support and community integration – here achieved through culturally traditional means.

Differences and Distinctions:

Despite these similarities, there are distinct differences stemming from theological and cultural contexts: - Theological Orientation: Islamic therapy is strictly monotheistic – all healing power is attributed to Allah. The Asma'ul Husna are understood as Allah's attributes, not independent entities. Thus, the patient-therapist dynamic in Islamic context often involves counseling on faith, addressing possibly distorted spiritual beliefs (e.g., "Is God punishing me?") and encouraging reliance on God's mercy. In contrast, Balinese Hindu therapy operates within a polytheistic and animistic framework, involving many deities, ancestor spirits, and mythic beings. The healing process may involve negotiation with or propitiation of these unseen beings. For example, a Balinese healer might explain a patient's hallucinations as caused by an upset spirit, and the cure would include making the appropriate offering to that spirit. This is a clear divergence: Islamic approach would instead frame hallucinations in either medical terms or as whispers of the devil (waswasa) to be countered with prayer, rather than appeasing multiple spirits. - Techniques and Ritual Complexity: Asma' therapy techniques are relatively simple and introspective – primarily chanting and praying, which can be done by the individual quietly. Hindu therapies are often elaborate and sensory – involving incense, flowers, music (gamelan), and communal participation. The stimulus-rich environment of a Hindu ceremony might be overwhelming for some psychiatric patients, yet for Balinese patients it is familiar and comforting. Meanwhile, Islamic therapy's quieter nature might appeal to those who benefit from calm contemplation, but could be challenging for patients with severe thought disorganization unless guided by a supportive leader. - Role of Practitioners: In Islamic spiritual therapy, religious figures (like ustadz or kyai) may take a central role in delivering the therapy, often overlapping with the therapist's role or working in tandem. A psychiatrists or psychologists incorporating Asma'ul Husna might themselves lead prayer or at least frame interventions in Islamic terms (per Ghufron & Anto, 2023), where psychologists applied SEFT integrated with Islamic prayer).

In Bali, traditional healers or priests separate from the medical team often conduct rituals, requiring coordination between them and healthcare providers. Families might trust

the balian more on spiritual matters and the doctor on medical – a dual authority system. Thus, integrated care in Bali demands more cross-disciplinary collaboration (priest–doctor–family) than perhaps in the Islamic setting where one competent Islamic therapist could handle both psychological and spiritual guidance. - Focus of Healing: Islamic approach emphasizes inner transformation – repentance, forgiveness, increased faith, which are somewhat intangible but reflected in improved mood or behavior. Hindu approach places strong emphasis on external harmony – ensuring the environment and metaphysical forces are balanced (e.g., through regular offerings to maintain harmony in the home).

In rehabilitation, this means a Muslim patient's success might be gauged by, say, their consistency in daily prayers and resultant calm, whereas a Hindu patient's might be by their re- engagement in communal temple activities and the household's return to normal ritual schedule. - Coping with Psychosis: For schizophrenic symptoms like hallucinations or delusions, the two traditions might handle them differently. An Islamic strategy could be teaching the patient to use verses of the Qur'an or certain Asma for protection when hearing voices (thus reframing voices as perhaps tests that can be fended off by faith). A Hindu strategy might involve a ceremony to expel or pacify the entity believed to be associated with the voice, or giving the patient a jimat (sacred talisman) as a protective charm. Each can be effective for the patient who believes in that framework, but they are culturally distinct responses to the same clinical symptom. In transpersonal terms, both Islamic and Hindu therapies ultimately endeavor to reconnect the patient with a sense of the sacred and a higher purpose. However, the pathways differ: Islam uses surrender to one transcendent God and His remembrance, while Hinduism (Bali) uses participation in a vibrant cosmological tapestry of seen and unseen elements. Both paths, interestingly, lead to similar outcomes – patients find meaning in suffering, develop hope that transcends their immediate condition, and feel supported by spiritual forces and communities.

CONCLUSION

Transpersonal spiritual therapies in Islam and Hinduism offer valuable paradigms for psychosocial rehabilitation, particularly for chronic conditions like schizophrenia that challenge an individual's sense of self, purpose, and belonging. This review has examined Islamic Terapi Asma' and Hindu Sekala-Niskala therapy as two distinct yet philosophically allied approaches: both leverage faith and spirituality to promote healing of mind and soul in tandem with the body. In Islamic practice, the repetitive chanting of God's Names,

immersion in prayer, and reliance on Allah's mercy provide patients with comfort, structure, and existential meaning, helping to allay fear and hopelessness. In the Balinese Hindu tradition, engagement in sacred rituals, offerings, and meditative arts addresses spiritual dimensions of illness and reaffirms the patient's place in the community and cosmos, thereby reducing alienation and despair. The convergence of these approaches is evident in their transpersonal qualities – each facilitates experiences that transcend the individual's illness-defined ego and connects them to something greater (be it divine love or cosmic harmony). Clinical and anecdotal evidence suggests that such experiences can catalyze improvements: patients often report reduced anxiety, improved mood, and greater motivation in rehab when spiritual elements are integrated. Moreover, family and community involvement in these therapies appears to ease social reintegration, as the patient is no longer viewed solely through a stigmatizing medical lens, but rather as someone undergoing a spiritual healing process to which others can lend support. This shift in narrative – from "chronic mental patient" to "person on a healing journey" – can itself be transformative. At the same time, the differences between the Islamic and Hindu frameworks caution against overly generalizing spiritual interventions.

Future research should continue to evaluate these interventions with rigorous methods (e.g., controlled trials, longitudinal outcomes) to strengthen the evidence base. Training programs should equip new clinicians with the knowledge and sensitivity to engage with spirituality. If these steps are taken, we move closer to a mental health care paradigm that honors the full spectrum of human experience. As the transpersonal perspective teaches, by tending to the spirit, we empower individuals not merely to survive mental illness, but to grow through it and reclaim a fulfilling life enriched with purpose and connection.

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ISSN: 2775-8362 (Print) 2797-779X (Online)