

Sufi Counseling Approach to Strengthening Life Quality for Clients with Mental Disorders

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ABSTRACT

Mental disorders are problems that not only affect psychological conditions, but also reduce the quality of life of individuals in social, emotional, and spiritual dimensions. Clinical medical approaches are often unable to touch the deepest inner side of people with mental disorders, so a holistic sufī counseling approach is needed. This study aims to describe the application of sufī counseling in improving the quality of life of clients with mental disorders at the Maunatal Mubarok Social Rehabilitation Center in Demak. The method used is qualitative with a case study approach, through data collection techniques in the form of interviews, observations, and documentation. The analysis was conducted using triangulation techniques to ensure data credibility. The results showed that sufī counseling practices, which emphasize the process of *tazkiyatun nafs* (purification of the soul), zikr, and spiritual guidance, were able to foster inner peace, self-acceptance, and hope in the clients. This process has positive implications for improving the quality of life of clients, particularly in terms of emotional well-being, social relationships, and spirituality. Thus, sufī counseling can be an effective and humanistic rehabilitation strategy in helping clients with mental disorders recover.

KEYWORDS

Mental Disorders, Quality of Life, Social Rehabilitation, Spiritual Guidance, Sufi Counseling

INTRODUCTION

Mental disorders represent a critical global challenge with profound impacts on individual well-being, societal productivity, and economic stability. The World Health Organization estimates that one in seven people worldwide experiences a mental disorder (WHO, 2025a), yet a significant treatment gap persists, with the majority lacking access to adequate and appropriate care (Osborn et al., 2022). This burden is disproportionately heavier in low- and middle-income regions like Southeast Asia,

where systemic barriers including severe resource constraints, fragmented healthcare infrastructure, and deep-rooted social stigma, hinder effective prevention and treatment efforts (World Health Organization, 2024). The situation in Indonesia reflects this troubling trend, with national data indicating a rising prevalence of mental health conditions over the past five years (RI, 2023). Central Java Province exemplifies the local scale of the crisis, reporting 87,728 cases of severe mental disorders in 2023 alone. Notably, a substantial portion of these cases requires long-term, rehabilitative care that is sensitive to cultural and spiritual contexts, moving beyond purely biomedical intervention (Dinkes Jateng, 2023). This reality highlights a critical disconnect between the dominant, often secular and medicalized, models of mental healthcare and the holistic, values-driven recovery needs of many communities.

The consequences of this gap extend beyond clinical outcomes, affecting fundamental aspects of human dignity, social cohesion, and long-term recovery. Individuals with mental disorders in such contexts frequently face a dual burden: the distress of the illness itself compounded by social exclusion, diminished self-esteem, and a profound loss of meaningful social roles and identity (Barbalat et al., 2022; Onishchenko, 2023). This can trap individuals and their families in cycles of disability and poverty, eroding community resilience. Furthermore, conventional rehabilitation services often focus primarily on symptom management and basic functional restoration, overlooking the deeper existential and spiritual dimensions of recovery, such as rebuilding a sense of purpose, hope, and connection. The limitations of a purely medical or pharmacological approach are increasingly recognized, as they are often insufficient for comprehensive and sustainable recovery (Blewett et al., 2024). Therefore, there is an urgent and growing imperative to develop and integrate comprehensive rehabilitation paradigms that are explicitly holistic. Such paradigms must bridge the clinical and the psychosocial while deliberately incorporating spiritual and cultural values to foster recovery that is not only clinically effective but also personally meaningful, socially integrative, and sustainable in the long term, aligning with the bio-psycho-socio-spiritual principles essential for mental health (Van Denend et al., 2022).

Literature Review

The Sufi counseling approach, rooted in Islamic spirituality, emphasizes soul purification (*tazkiyah al-nafs*), divine consciousness (*muraqabah*), and self-control through *dhikr*, reflection (*tafakur*), and moral cultivation (Syakur & Khoiroh, 2024). Its framework, notably articulated by Al-Ghazali (1993), consists of three spiritual stages, such as *takhalli* (emptying negative traits), *tahalli* (cultivating virtues), and *tajalli* (self-integration), which align closely with psychosocial rehabilitation models focused on change and recovery (Wayoi, 2024). From a Sufi perspective, mental disorders are viewed as spiritual crises arising from an imbalance in one's relationship with God, self, and the environment, necessitating a holistic healing process that integrates psychological and spiritual practices (Yasminiah &

Rihadatul'aisyi, 2024). This approach functions as a form of Islamic psychotherapy, aiming not only to alleviate symptoms but to restore holistic mental, spiritual, and moral balance (Mukhlis & Munir, 2023).

Empirical studies increasingly validate the therapeutic potential of this framework. Research demonstrates that Sufi-based spiritual practices have significant positive effects on mental health outcomes. For instance, practices such as *dhikr* and Sufi meditation have been shown to reduce symptoms of anxiety and depression, induce a state of inner peace, and possess therapeutic effects comparable to secular mindfulness techniques (Cetinkaya & Billings, 2023; Bakri et al., 2025; Zahir & Qoronfleh, 2025). Furthermore, the internalization of spiritual values through methods like *ta'alluq*, *takhalluq*, and *tahaqquq* is effective in building critical character strengths such as sincerity (*ikhlas*), patience (*sabr*), trust in God (*tawakkal*), and gratitude (*shukr*) which form the foundation for adaptive personality traits and psychospiritual stability (Isa & Utomo, 2024). This structured approach helps individuals manage stress, reframe negative thinking patterns, and find meaning in suffering, thereby strengthening their overall mental resilience (Syam, 2023; Aini et al., 2024).

In a modern rehabilitation context, these principles are adaptively transformed into integrative models. "Hybrid Sufism," as observed in Indonesia, successfully merges spiritual tenets with contemporary psychosocial goals, focusing on improving quality of life through the integration of spiritual well-being, work ethic, ecological awareness, and local wisdom (Suwito et al., 2022). This synergy is crucial as it aligns with modern recovery paradigms where internal spiritual recovery and external psychosocial support are seen as complementary and inseparable dimensions (Gyamfi et al., 2022). Within this integrative framework, spiritual well-being is not merely an outcome but acts as a key *mediator*. It channels the benefits of social support into an enhanced quality of life by fostering psychological stability, improving coping skills, and strengthening an individual's sense of meaning and purpose (Taufik et al., 2025). This is reinforced by counseling that anchors itself in the Quran and Hadith, which has been shown to deepen spiritual well-being, reduce stress, and promote inner peace, thereby supporting a holistic and sustainable recovery process (Sadiyah & Fitriyani, 2025). The culmination of this process is a holistic healing orientation that combines psychological, spiritual, and social aspects to reconstruct a meaningful quality of life and achieve lasting spiritual equilibrium for individuals with mental disorders (Afiani & Haririe, 2024; Walida, 2025).

Research Gap

Although existing research affirms the efficacy of Sufi and spiritual approaches in enhancing psychological well-being such as reducing anxiety and depression (Cetinkaya & Billings, 2023; Bakri et al., 2025), managing stress (Syam, 2023), increasing mental resilience (Aini et al., 2024), and showing therapeutic effects similar to mindfulness (Zahir & Qoronfleh, 2025), there is a notable scarcity of

empirical studies. Specifically, few studies have systematically examined the *application* of Sufi counseling within formal *social rehabilitation institutions* in Indonesia, particularly those focused on its structured role in strengthening the *quality of life* of clients with mental disorders. Furthermore, while the potential is recognized, there remains a need for the development of a measurable and contextual Sufi counseling model tailored to rehabilitation settings, considering that purely medical or pharmacological approaches are often insufficient for comprehensive recovery (Blewett et al., 2024).

Aims and Contribution

This study aims to address the identified research gap by investigating how Sufi counseling is applied to enhance the quality of life for clients with mental disorders at the Maunatul Mubarok Social Rehabilitation Center (PRS) in Demak, Central Java. The research seeks to provide both theoretical and practical contributions. Theoretically, it will enrich the literature on spiritually integrated rehabilitation models by offering empirical insights from a specific Indonesian context. Practically, it aims to inform the development of more structured, contextual, and effective spirituality-based rehabilitation programs that align with bio-psycho-socio-spiritual principles (Van Denend et al., 2022) and can serve as a model for similar institutions.

METHODOLOGY

Research Approach

This study employs a qualitative method with a case study approach. This design was selected as it enables an in-depth exploration of complex processes and subjective experiences, which is essential for understanding the implementation of Sufi counseling and its impact on clients within their specific rehabilitation context (Creswell, 2024).

Research Location and Participants

The study was conducted at the Maunatul Mubarok Social Rehabilitation Center (PRS), located in Sayung Village, Demak Regency, Central Java, Indonesia. This institution was chosen as the research site due to its formal integration of a Sufi-based spiritual approach into its rehabilitation program for individuals with mental disorders.

Participants were selected via purposive sampling and consisted of two groups. The first group included key informants directly responsible for the program: shelter managers and religious counselors. The second group comprised six clients who had undergone the Sufi counseling process and were deemed by counselors to have shown significant progress. The client participants were as follows: RH (male, 38 years old), F (male, 24 years old), AS (male, 32 years old), IB (male, 43 years old), H (male, 51

years old), and S (female, 40 years old). Selection criteria were based on their active involvement in the program, observable positive behavioral changes, and provision of informed consent.

Data Sources and Analysis Technique

Data sources consisted of primary and secondary data. Primary data were obtained through observation and interviews, while secondary data were gathered through documentation from articles, news reports, and other studies related to the Maunatul Mubarok PRS.

Data collection was conducted in November 2025 using semi-structured in-depth interviews, observation, and documentation. Researchers ensured data validity through triangulation techniques, as explained by Sugiyono (2023), who states that data triangulation aims to verify data validity by comparing information from multiple sources. Data analysis via interviews involved shelter managers and counselors, as well as the six client participants. Assessment focused on behavioral changes, client emotional stability, and involvement in spiritual and daily activities. Observation involved monitoring the spiritual guidance provided to clients by religious counselors. Documentation included analyzing internal shelter documents, such as the management structure and client rehabilitation records.

These techniques aimed to collect comprehensive data, thereby enhancing research accuracy, and allowed for cross-checking among informants to test data consistency and credibility. The entire research process was conducted with the rehabilitation center's permission, ensuring the confidentiality of informant identities and the psychological safety of participants, given that the research subjects are individuals with mental disorders considered vulnerable.

FINDINGS AND DISCUSSION

The Application of Sufi Counseling in the Client Rehabilitation Process

The Maunatul Mubarok Social Rehabilitation Center is an institution that treats clients with mental disorders caused by social and family pressures, traumatic experiences, and drug abuse, which have an impact on the cognitive and emotional functions of clients. Based on interviews with spiritual counselors, it was explained that currently, PRS Maunatul Mubarok accommodates approximately 100 clients with mild, moderate, and severe mental disorders. The rehabilitation process at this center emphasizes a sufi counseling approach called *tazkiyatun nafs* or purification of the soul through mujahadah (*dzikrul manaqib*) activities, congregational prayers, recitation of religious texts and the Qur'an, as well as recitation of tahlil and Surah Yasin.

In addition, *ruqyah* therapy is applied to clients with severe disorders, while additional therapies such as consuming blessed young coconut water and bathing

with a mixture of flowers and moringa leaves are used as a means of detoxification and purification. The entire program has been proven to reduce psychological symptoms such as delusions, hallucinations, and anxiety, while fostering spiritual awareness and inner peace. These results show that the spiritual dimension plays a role as a medium for personality reconstruction and strengthening the quality of life for clients.

The *tazkiyatun nafs* process is systematically organized into three progressive spiritual stages derived from the Sufi tradition: *takhalli*, *tahalli*, and *tajalli*. Each stage incorporates specific therapeutic and spiritual activities designed to facilitate holistic recovery, as summarized in Table 1 below.

Table 1: Stages of *Tazkiyatun Nafs* in Sufi Counseling at Maunatul Mubarok Rehabilitation Center

| Sufi Stage (<i>Tazkiyatun Nafs</i>) | Activities at PRS Maunatul Mubarok | Rehabilitation Objectives |
|--|---|--|
| Takhalli (Cleansing the self from negative traits) | <ul style="list-style-type: none"> • Ritual night bath with flowers & moringa leaves • Consumption of prayer-recited young coconut water • <i>Ruqyah</i> therapy for severe cases | Physical detoxification, & spiritual repentance |
| Tahalli (Adorning oneself with noble character) | <ul style="list-style-type: none"> • Congregational prayers • Recitation of Surah Yasin & Tahsil • Study of classical Islamic texts (<i>kitab kuning</i>) • Regular Quranic reading | Building religious habits, discipline, and inner peace |
| Tajalli (Complete surrender to God) | <ul style="list-style-type: none"> • <i>Dzikrul Manaqib</i> (spiritual struggle through remembrance) • Routine <i>dhikr</i> (remembrance of God) • Cultivation of <i>tawakkal</i> (trust in God) | Achieving inner calm, self-acceptance, and spiritual tranquility |

At PRS Maunatul Mubarok, during the *takhalli* stage, or purification of oneself from despicable traits (repentance), clients are invited to perform a nighttime bathing ritual using a mixture of flowers and moringa leaves as a symbol of self-purification (repentance bath), as well as consuming young coconut water that has been recited with prayers for the detoxification of harmful addictive substances in the client's body. In the *tahalli* stage, or adorning oneself with *akhlakul karimah*, clients are guided to perform routine religious activities such as congregational prayers, reciting Surat Yasin and tahlil every Friday night, reciting the yellow book after Isha prayer, reciting the Qur'an regularly after Asr prayer, and *ruqyah* in urgent situations as a means of inner healing (*syifa*), a reminder of death and the value of good deeds.

Finally, in the *tajalli* stage, or surrendering one's soul completely to Allah SWT (*tawakal*), this is done by reciting zikr (*dzikrul manaqib*) to cultivate inner peace in clients. Based on the application of *tazkiyatun nafs*, it is hoped that clients will have emotional and behavioral stability so that they can improve their quality of life.

This study is in line with research conducted by Bakri et al. (2025), which shows that sufi-based dzikir therapy has a positive impact on reducing anxiety and increasing mental calmness in patients with mild to moderate affective disorders. Similarly, research by Husna & Saputri (2024) confirms that the integration of sufi practices of prayer, dzikir, and Quranic healing therapy helps reduce the frequency of relapse, increases treatment compliance, and provides a calming effect that contributes to patient behavioral stability. The results of the study at PRS Maunatul Mubarok expand on these findings by adding integrative elements such as *ruqyah* therapy, night bathing rituals, and detoxification of toxins through burnt coconut, which have not been widely explored in previous studies.

Thus, the sufi counseling approach applied at PRS Maunatul Mubarok not only emphasizes formal spirituality aspects such as worship and remembrance, but also combines them with holistic therapeutic practices. This reinforces Al-Ghazali's view in *Ihya' Ulum Ad-Din* that peace of mind can only be achieved through cleansing the heart of inner diseases such as envy, anger, and disappointment through the practice of dhikr, *muraqabah*, and self-reflection (Al-Ghazali, 1993). In other words, the results of this study confirm the relevance of sufi values in the context of social rehabilitation, which integrates spiritual and psychological aspects into an important foundation for building clients' quality of life and mental stability.

The Impact of Sufi Counseling on Clients' Quality of Life and Recovery

According to the World Health Organization (WHO), quality of life is an individual's perception of their position in life, which is influenced by culture, value systems, goals and expectations, and includes physical, psychological, social, and spiritual dimensions (WHO, 2025b). A similar explanation is found in a study Barbalat et al. (2022), which states that quality of life is the result of the integration of physical, emotional, social, and spiritual aspects that shape an individual's subjective experience, with self-esteem as the main factor in determining the meaning and satisfaction of life.

The interview results show that the implementation of sufi counseling at PRS Maunatul Mubarok has a significant impact on the quality of life of clients across multiple dimensions. The observed changes are categorized and exemplified in Table 2 below.

Table 2: Impact of Sufi Counseling on the Quality of Life Dimensions of Clients

| Dimension of Quality of Life | Observed Changes | Supporting Client Testimony |
|------------------------------|--|--|
| Biological/Physical | Increased physical activity and independence in self-care (e.g., regular bathing, participating in shelter cleanliness). | <i>"I feel confused when I have nothing to do, so I like to help clean the shelter."</i> (RH) <i>"I also often help sweep the yard, and then I take a shower so I smell good again."</i> (S) |
| Psychological | Improved emotional management, reduced frequency of hallucinations, development of self-regulation, and attainment of inner peace. | <i>"I used to have insomnia every night, but at the shelter, I was taught to ask for forgiveness when I couldn't sleep. From there, I can now sleep at night because I feel calm."</i> (H) |
| Social | Increased ability to adapt, interact, and participate in social and group activities. Reduced social withdrawal. | <i>"When I first came to the shelter, I was afraid... so I liked to keep to myself. Then I thought, but not all clients in the shelter are scary, so I started to dare to mingle with them."</i> (H) |
| Spiritual | Enhanced regularity in worship, feeling of closeness to God, and active participation in religious rituals. | <i>"I participate in all religious activities at the shelter... I participated in congregational prayers, and after that I cried because I felt close to Allah again."</i> (IB) |

Biologically, the majority of clients show an increase in physical activity and independence in taking care of their needs, such as bathing regularly and participating in cleaning the shelter. Psychological changes were evident in the clients' ability to manage their emotions, reduce the frequency of hallucinations, and develop self-regulation. For example, client F, who used to be easily angered due to substance abuse, and client S, who often rebelled, are now able to control their emotional reactions. This mental stability supports inner peace, self-confidence, and positive interactions with the environment.

Social and spiritual development also showed significant progress. All clients enthusiastically participated in religious activities; RH and IB participated in all religious activities. This also made IB diligent in calling the azan every time it was time to pray. Clients F and H routinely perform mujahadah. AS diligently attends religious lectures, and S consistently performs the five daily prayers. These spiritual activities not only enhance religious closeness but also strengthen social support, responsibility, and discipline, which collectively support the rehabilitation process and improve the clients' quality of life.

The results of the study indicate that sufi counseling has a positive impact on the quality of life of clients with mental disorders. This is in line with research by

Afiani & Haririe (2024) which shows that the principles of patience, sincerity, trust in God, and self-reflection can accelerate the process of self-acceptance and increase clients' motivation to recover. Meanwhile, research by Melisa Diah Maharani (2025) states that sufi approaches such as zikr, zuhud, and muhasabah are an important part of complementing medical and psychological care for people with Narcissistic Personality Disorder (NPD). Thus, sufi counseling has proven to be a holistic rehabilitation strategy that integrates spiritual, psychological, biological, and social dimensions in efforts to improve the quality of life for clients with mental disorders.

The Implications of Spiritual Dimensions in Social Rehabilitation

The integration of the spiritual dimension in the social rehabilitation process plays a significant role in establishing balance between an individual's biological, psychological, social, and transcendental aspects. Theoretically, spirituality is not only a form of formal religious activity, but also an effort to find meaning, connection, and transcendence, which strengthens the relationship between humans and God (Kurniawan & Hurriyati, 2018). In the context of social rehabilitation, values such as patience, sincerity, and trust in God serve as a moral foundation that guides individuals to accept their condition as a whole, while building motivation to improve their lives. The spiritual dimension also strengthens coping mechanisms, reduces anxiety, and increases inner peace, thereby accelerating the process of social reintegration for people with mental disorders.

In practical terms, the application of spiritual dimensions at PRS Maunatul Mubarok is realized through structured religious activities such as mujahadah, collective zikr, congregational prayers, and regular religious lectures. These activities are not only a means of ritual, but also a form of inner therapy that builds positive routines and instills self-awareness. Through spiritual activities, clients learn to internalize values of faith that lead to changes in behavior and more adaptive mindsets. For example, clients who were previously prone to anger or apathy show more patience and cooperation after consistently participating in spiritual guidance. This is in line with the sufi approach, which emphasizes purification of the heart (*tazkiyatun nafs*) as a path to psychological and social stability.

The spiritual dimension also has implications for the creation of a therapeutic atmosphere in the shelter environment. Each client is treated as an individual undergoing a holistic healing process, not merely as a patient with mental disorders (Musyrifin et al., 2023). Based on interviews with shelter managers, in addition to spiritual guidance activities, clients are empowered by encouraging interaction and communication, participating in routine activities such as morning exercises and cleaning the shelter environment together as a means of group counseling aimed at preventing clients from becoming socially isolated.

For this approach to be effective, a systematic rehabilitation program design is required. As implemented by the Maunatul Mubarok Social Rehabilitation Center,

there are three core aspects that need to be considered in the implementation of a spirituality-integrated rehabilitation program, as outlined in Table 3.

Table 3: Essential Components for a Systematic Spiritual Rehabilitation Program

| Component | Description | Purpose |
|-----------------------------|---|--|
| Professional Guidance | Involvement of trained counselors and spiritual guides to provide individualized counseling and structured support. | To ensure clients receive personalized spiritual-psychological care and mentorship. |
| Structured Activity Modules | Development of standardized yet flexible modules for spiritual practices (e.g., dzikir schedules, <i>ruqyah</i> protocols, religious studies). | To provide shelter managers with a focused, replicable, and systematic framework for program delivery. |
| Periodic Evaluation | Ongoing assessment of both behavioral changes and spiritual development (e.g., levels of inner peace, religious engagement, social adaptability). | To monitor progress, tailor interventions, and measure outcomes related to spiritual well-being and quality of life. |

Although sufi counseling has been successfully implemented, professional counselors who provide guidance and individual counseling to clients are also equally important in social rehabilitation programs. Activity modules assist shelter managers in providing more focused and systematic rehabilitation programs. Periodic evaluations that not only monitor behavioral changes but also the spiritual development of clients are crucial. A systematic approach, as conceptualized above, can significantly enhance the spiritual well-being and overall quality of life of clients (Zahir & Qoronfleh, 2025).

Thus, the integration of the spiritual dimension in social rehabilitation at PRS Maunatul Mubarok not only serves as a complement to religious activities, but also becomes a core element in shaping holistic recovery. The theoretical implication shows that spirituality is an important factor in building an individual's psychosocial balance, while the practical implication is evident in the improvement of quality of life, character building, and the client's readiness to return to functioning socially in the community.

CONCLUSION

This study confirms that sufi counseling plays an important role in improving the quality of life of clients with mental disorders at the Maunatul Mubarok Demak Social Rehabilitation Center through spiritual practices such as zikr, prayers, recitation, *ruqyah*, night bathing rituals, and consumption of herbal drinks, as well as the development of patience, sincerity, and trust in God. The results of the study show significant changes in psychological, social, and spiritual aspects, including

emotional management, increased independence, quality of social interaction, and closeness to Allah SWT. The novelty of this study lies in the holistic application of sufi counseling in social rehabilitation, which has rarely been studied empirically. Practically, these findings recommend the integration of the sufi approach into therapy programs to support mental resilience, self-confidence, and improved quality of life for clients.

This study has limitations because it uses a single case study with a small purposive sample, so the findings are contextual and cannot be generalized. In addition, qualitative analysis is highly dependent on the researcher's interpretation, so the potential for subjectivity bias remains. These limitations are important considerations for future research to explore Sufi counseling in a broader context and sample. Recommendations for further research include developing studies on the spiritual dimension in social rehabilitation using mixed methods to obtain a more comprehensive understanding, both quantitatively and qualitatively. Researchers are also advised to expand the population and context of the research, for example by comparing the effectiveness of spiritual therapy in various rehabilitation institutions with different religious or cultural backgrounds. In addition, future research can explore in greater depth the role of mediators such as social support, religious motivation, or transcendental experiences in shaping the resilience and quality of life of individuals after rehabilitation.

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AI Usage Declaration

The author states that artificial intelligence (AI) tools were only used to assist with language editing, summarizing, and paraphrasing to improve the clarity of the manuscript. The entire research process, including conceptualization, data collection, analysis, interpretation of results, and drawing conclusions, was carried out entirely by the author.

Author Contribution Statement

Author 1 is responsible for the conceptualization of the research, data collection, data analysis, and writing of the manuscript draft. Author 2 contributed critical input regarding language checking, formatting, and manuscript layout. Both authors have read and approved the final version of the manuscript.

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