

The Role of Religious Leaders in Healing Mental Disorders through Ritual Practices at PRS Maunatul Mubarak, Demak

Peran Tokoh Agama dalam Penyembuhan Gangguan Mental Melalui Praktik Ritual di PRS Maunatul Mubarak, Demak

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ABSTRAK

Penelitian ini mengkaji peran pemimpin agama dalam penyembuhan gangguan mental melalui perspektif antropologi agama. Di Indonesia, metode penyembuhan berbasis agama dan tradisi masih banyak dipraktikkan, khususnya di wilayah pedesaan dengan keterikatan kuat pada nilai-nilai religius. Studi ini berfokus pada bagaimana pemimpin agama, melalui ritual-ritual tertentu, berperan sebagai agen penyembuh yang dipercaya mampu memulihkan keseimbangan spiritual dan kesehatan mental pasien. Dengan menggunakan pendekatan antropologis, penelitian dilakukan di PRS Maunatul Mubarak, Demak, Jawa Tengah, sebuah pusat penyembuhan religius. Data diperoleh melalui wawancara mendalam dan pengamatan langsung terhadap praktik ritual penyembuhan. Hasil penelitian menunjukkan bahwa ritual penyembuhan berfungsi tidak hanya sebagai upaya terapeutik, tetapi juga sebagai mekanisme sosial yang memperkuat solidaritas komunitas dan menanamkan harapan bagi pasien. Lebih lanjut, temuan ini menyoroti pentingnya pemahaman lintas budaya dalam sistem kesehatan mental dan perlunya pengembangan pendekatan pengobatan yang mengintegrasikan aspek medis dan religius secara seimbang. Pemimpin agama dan praktik penyembuhan berbasis ritual memiliki peran signifikan dalam memberikan alternatif pengobatan gangguan mental, terutama di komunitas yang sangat dipengaruhi oleh tradisi dan agama.

Kata Kunci; Antropologi Agama; Gangguan Mental; Pemimpin Agama; Praktik Keagamaan; Ritual Penyembuhan

ABSTRACT

In Indonesia, religious- and tradition-based healing methods are still widely practiced, especially in rural areas with strong attachments to religious values. The study focused on how religious leaders, through certain rituals, act as healing agents believed to be able to restore spiritual balance and mental health to patients. Using an anthropological approach, research was conducted at PRS Maunatul Mubarak, Demak, Central Java, a religious healing center. Data was obtained through in-depth interviews and first-hand observation of healing ritual practices. The results of the study show that healing rituals function not only as therapeutic efforts, but also as social mechanisms that strengthen community solidarity and instill hope for patients. Furthermore, these findings highlight the importance of cross-cultural understanding in mental health systems and the need to develop treatment approaches that integrate medical and religious aspects in a balanced manner. Religious leaders and ritual-based healing practices have a significant role to play in providing alternative treatment for mental disorders, especially in communities heavily influenced by tradition and religion.

Keywords: Anthropology of Religion; Healing Ritual; Mental Disorders; Religious Leader; Religious Practices

INTRODUCTION

Mental disorders are a serious global health challenge. In Indonesia, responses to this issue are deeply influenced by cultural and religious values. Public perceptions that are more inclined towards traditional and spiritual healing methods, such as *ruqyah*, prayer, or a shaman's help, often shift the position of professional medical services, mainly due to limited access to psychiatrists, who only number about 800 people throughout Indonesia, and the high stigma against sufferers (Subu et al. 2022, 2024). According to official data, 9.8% of the population experiences emotional disorders, and more than 429,000 suffer from severe mental disorders (Kementerian Kesehatan RI 2019). Despite this, non-medical pathways are still commonly chosen for religious, economic, and social reasons. This situation creates a dilemma between scientific approaches and traditional beliefs and has, in some cases, led to inhumane practices such as confinement and neglect. Therefore, the healing of mental disorders in Indonesia requires a holistic approach that synergizes medical interventions, mental health education, and the active role of religious and cultural leaders, so that spiritual

healing can function as a bridge to effective and dignified recovery (Forsberg et al. 2024; Koenig 2009; Salan and Marezki 1983).

Although conventional medicine services are widely available in Indonesia, many still believe more in traditional and religious-based healing methods. However, this practice often sparks controversy because its effectiveness in dealing with mental disorders is usually doubtful. Worse, individuals with mental health problems generally face inhumane treatment—such as shackling or forced admission to institutions that worsen their condition through torture and abuse (Nida 2022; Wahyuni et al. 2017). This phenomenon shows the need for a fundamental transformation in the treatment of mental disorders to replace practices that are not only obsolete but also degrade human dignity.

This study explores the role of religious healing in dealing with mental disorders by highlighting PRS Maunatul Mubarak in Demak Regency, Central Java, as the primary case study. PRS Maunatul Mubarak, a spiritual healing center, provides religious-based services to individuals with mental disorders. The main focus of the study was to explore the experiences of patients who had undergone religious healing in the place, as well as to evaluate the extent to which this approach was effective in addressing mental disorders. This research offers a new perspective on religious healing and critiques the dominance of conventional medical approaches in mental health, highlighting the importance of spiritual elements as viable alternatives.

Research on the role of religious practices in the healing of mental disorders shows a diverse cross-cultural approach. Some studies reveal that spiritual practices, such as prayer and meditation, provide emotional support for patients and improve their quality of life (Nakash et al., 2019). Meanwhile, Padmavati et al. (2005) highlighted the importance of religious sites in seeking help for psychotic patients in India, which is influenced by socio-cultural belief systems. They propose collaboration between the medical and spiritual systems to create more effective mental care. In South Africa, research by Mkabile and Swartz (2022) found that traditional shamans have a variety of explanations for intellectual disability, from both medical and supernatural perspectives, and show a readiness to cooperate with formal health services.

Mahwati's study (2017) found a significant relationship between spirituality and depression in older people in Indonesia, emphasizing the need for spirituality-based programs to improve the mental health of older people. Research by Hakim et al. (2019) Highlights the need to enhance social rehabilitation services for victims of drug abuse in PRS Maunatul Mubarak, focusing on the efficiency of initial admission, medical facilities, and approaches based on religious values and family roles. The study emphasizes the importance of integrating spiritual and medical approaches in mental health care, creating opportunities to develop more effective and culturally sensitive services. Meanwhile, a dissertation study by Khoirun Nida (2022) Revealed the integration of Sufi healing and logotherapy in the treatment of psychosis patients at PRS Maunatul Mubarak, Demak, and the Jalma Sehat Rehabilitation Home, Kudus. Nida found that therapists use spiritual and hypnotherapy methods to bring patients into the subconscious so that therapists can instill positive indoctrination, supporting behavioral change in post-psychosis patients.

This research has high urgency and novelty because it examines the crucial role of faith-based healing in dealing with mental disorders in Indonesia—a context in which traditional and religious methods are deeply embedded in people's lives. From the perspective of religious anthropology, religious healing is not simply an alternative medical practice but a manifestation of collective beliefs that strengthen social and spiritual harmony. The results of this study can enlighten mental health professionals and policymakers by emphasizing the need for a holistic approach that is not only scientific but also sensitive to society's cultural and religious values. Thus, this research can be the foundation for developing a more humanist and contextual cross-disciplinary treatment model to present practical solutions rooted in Indonesian social reality.

THEORETICAL FRAMEWORK

The theoretical framework in this study refers to the anthropological approach of religion that explains the role of religious leaders and healing rituals as social and cultural phenomena. From an anthropological perspective, religion is not only seen as a belief system but also as a symbolic device that gives meaning to human life, especially in dealing with mental health problems. In this study, religion is a system of symbols that shapes mood and motivation, relevant in ritual-based healing (Abdullah 2007; Geertz 1960, 1977). Religious leaders act as authoritative figures who are believed to be able to bring spiritual strength to the healing process (Freire et al. 2019; Ghadirian 2021; Ibrahim and Mojab 2023; Lekoa and Ntuli 2021; Thohir 2016; Zainurofieq 2021)

Victor Turner introduced the concept of ritual in anthropology (1977b) who viewed ritual as a liminal process, a transitional phase that brings change to individuals and communities. Healing rituals are cultural mechanisms that aim to heal physically and restore social and spiritual balance. Religious leaders play an essential role as facilitators of rituals, connecting the mundane and spiritual dimensions. This process makes rituals an effective mental healing because they provide the participants with a sense of security and hope.

The social function theory of Émile Durkheim (1995) is also used in this framework, highlighting religion's role as a social glue. Religious rituals strengthen community solidarity and collective identity in the context of healing. Religious leaders not only act as conveyors of spiritual teachings but also as social leaders who enhance community cohesion through joint rituals. This suggests that healing impacts the individual and the social order around him.

In addition, Victor Turner's (1977a) concept of *communitas* emphasizes that rituals create conditions of temporary equality in which all participants experience strong emotional solidarity. In the context of healing, religious leaders' rituals become collective moments connecting individuals to communities and believed spiritual forces. This provides emotional support for individuals with mental disorders. Regarding the healing process, beliefs and suggestions instilled by religious leaders through rituals also have an essential role (Papadopoulos et al. 2021) The theory of the placebo effect in psychology suggests that belief in treatment methods can affect a person's health. In a religious context, belief in spiritual power mediated by religious leaders can create psychological conditions conducive to healing.

As such, this theoretical framework combines the perspectives of religious anthropology, social theory, and psychology to understand the role of religious leaders and healing rituals. Rituals are seen as a practice that is not only symbolic but also an effective social and psychological mechanism for responding to mental disorders. Religious leaders liaise between individuals, communities, and spiritual forces, making rituals integral to religious-based healing efforts.

RESEARCH METHOD

The subject of this study is the Maunatul Mubarak Social Rehabilitation Center (PRS) located in Sayung District, Demak Regency, Central Java, and the focus of the service is on people with mental disorders. Until this study was conducted, there were 87 patients with categories: very severe, moderate, mild, and recovery phases to be returned to the patient's family (Interview with Gus Mufti, August 1, 2024).

The data collection procedure in this study is as follows. First, it begins with participant observation (Austin and Sutton 2014; Hume and Mulcock 2004; Lareau 2021) where the researcher settles and blends directly into the environment of PRS Maunatul Mubarak for a specific period to experience the community's life firsthand. Researchers gain a deep contextual understanding through active involvement in daily activities, such as religious rituals, healing sessions, and informal interactions between religious leaders, patients, volunteers, and assistants. This direct presence allows for observing the patterns of action, symbolic expressions, body language, and socio-religious dynamics accompanying religious healing practices. All observations were systematically recorded in field journals, which became the basis for qualitative analysis.

Second, conducting in-depth interviews with key informants directly involved in healing practices (Creswell and Cresswell 2018; Lareau 2021). The interviews were semi-structured to explore meaning, subjective experience, and religious understanding from various perspectives. This approach provides space for rich and contextual personal narratives, which are crucial in understanding the spiritual dimension of healing. All interviews were recorded with the informant’s consent and fully transcribed for thematic analysis.

Third, as a complement, documentation is also collected to enrich and strengthen key data. Internal documents such as ritual records, special prayers, and archives of activities were compiled to provide historical and structural context for the observed practices. Visual documentation in the form of photos and videos is used in a limited manner with strict ethical considerations, solely to support the results of observations without disturbing the informant's privacy.

Fourth, to ensure the validity of the findings, the researcher applied the triangulation technique. Data from observations, interviews, and documentation were compared and confirmed with each other, both inter-informant and inter-method. The data collection results are also strengthened by references from relevant secondary literature, so that the overall interpretation is comprehensive and can be scientifically accounted for within the framework of religious anthropology.

About key informants, the following informant classifications are made to ensure the depth and validity of the data obtained. As shown in the table below, informants are classified based on their role and involvement in religious healing practices at PRS Maunatul Mubarak.

Table 1. Classification of Key Informants

Category Information	Initials	Social Position/Role	Engagement Objectives
Religious Figures	KH	Kyai/PRS Leader	Understanding the theological dimension and legitimacy of religious healing
Ritual Practitioner	GM	Therapist/Prayer Reader	Explain the techniques, stages, and foundations of healing practices
Patient	RN	Former Patient	Uncovering subjective experiences and perceptions of success
Ritual Assistant	FA	Patient Companion	Provide operational information and field dynamics
Volunteers	HS	Social Volunteer	Explain aspects of service, community support, and logistics
Patient's Family	NL	Patient's Parents	Providing an outside perspective on patient transformation and religious values

Source: Author’s analysis.

RESULT AND DISCUSSION

Kyai Abdul Chalim: Religious Leader in Healing Rituals

From the perspective of religious anthropology, religious leaders with a set of religious ritual practices that they bring will be a healing medium (O’Connor 1995) It has a vital role in providing spiritual guidance and support to patients with mental disorders. Ritual practices such as prayer, meditation, or religious ceremonies can give patients structure, reassurance, and recovery (Burke et al. 2017; Kasanova, Andayani, and Wardani 2024; Simon et al. 2017). This approach allows us to understand how the role of religious leaders and ritual practices can be applied effectively in the context of healing. In this regard, the figure of Kyai Abdul Chalim—hereinafter used by Kyai Chalim—is an authoritative religious leader in PRS Maunatul Mubarak. He is a central figure and the primary caregiver at PRS Maunatul Mubarak. As the prominent leader, he bears full responsibility for the healing process of patients and students at the institution.

Kyai Chalim is a graduate of Islamic boarding schools and has mastered religious texts taught in traditional Islamic boarding schools on the island of Java; he has also been initiated in the Qadiriyyah wa Naqsyabandiyah Tarekat (Interview with Gus Mufti, August 1, 2024). In Indonesia, Islamic boarding schools are the oldest Islamic educational institutions that have existed since before Indonesia's independence until now. Pesantren is considered a typical Indonesian educational institution not found anywhere else. One of the advantages of pesantren is the attraction possessed by kyai, a highly respected figure who has always been an example for students. The excellence of kyai lies in its involvement in various tarekat that have grown and developed in Indonesia (A'dam 2016; Isbah 2020; Sadiyah 2022; Turmudi 1996; Zarkasyi 2020). Kyai is a term for someone very proficient in Islamic disciplines (Buresh 2002; Dhofier 2011; Oepen and Karcher 1988; Rahardjo 1985; Srimulyani 2009; Sukanto 1999; Taufiq, Sahdan, and Setianingsih 2024; Wahid 2001). With this position and role, the existence of Kyai Chalim shows his ability and role as a spiritual and intellectual leader and healer in his community.

Although the religious approach is the primary method prioritized by Kyai Chalim, he still integrates bio-psycho-social methods in his practice. This approach is claimed to be comprehensive, aiming to treat patients holistically and meet all aspects of their needs. This step shows that combining religious and scientific methods can create more effective treatment. In addition, a holistic approach to wisdom is critical because mental and spiritual health cannot be separated from a person's physical and social condition. The addition of "*bil-hikmah*" refers to applying the principle of wisdom in every intervention, which is the basis of every patient treatment. This method aims to provide a thorough and considerate treatment of the patient's condition, with an approach that remains grounded in spiritual values (Nida 2022).

The approach to handling patients includes various aspects, namely biological, sociological, psychological, and spiritual. Biologically, they need a comfortable place, a healthy body, and a health-supporting environment. From a sociological perspective, as social beings, patients need to interact with others to support and depend on each other. The psychological approach emphasizes the importance of building emotional closeness, tolerance, and empathy to create positive things in their lives. Meanwhile, the spiritual approach reminds us that servants of God must never forget God in all conditions, maintaining a deep spiritual connection. All these approaches work synergistically to meet the overall needs of patients (Interview with Kyai Abdul Chalim, August 1, 2024).

The pattern of a holistic approach that includes biological, psychological, social, and spiritual aspects is in line with Dadang Hawari's (2005) explanation of the effectiveness of a holistic approach in the care of post-psychosis patients. Hawari proposes four approaches aimed at preventing recurrence more comprehensively. Based on the results of the General Assembly held by the WHO (World Health Organization) in 1984, which stated that the spiritual/religious dimension has an equivalent role to the physical, psychological, and social dimensions, the efforts to handle post-psychosis patients proposed by Hawari refer to holistic therapy. The therapy includes four dimensions: physical/biological treatment with drugs (psychopharmacology), psychological therapy (counseling/psychotherapy), psychosocial therapy (re-adaptation), and psychospiritual/psycho-religious therapy related to faith.

The four approaches mentioned by Kyai Chalim above are implemented into a therapeutic model that applies in PRS Maunatul Mubarak. *First*, the biological approach. Biological methods encourage patients to be physically active, such as exercising, gardening, or hoeing. This activity aims to keep the body moving so that blood circulation is maintained and toxins can be excreted through sweat. This approach is based on the assumption that the needs of the body's organs must be met, as mental disorders often stem from an unhealthy physical condition. In essence, this approach emphasizes the importance of physical activity as a means of detoxification for patients. A volunteer, HS (25 years old) provided himself to teach morning exercises to patients even though it was very difficult for them to follow the movements. But the most important thing is that they can laugh freely.

“I realize they can't keep up with my movements, but the most important thing for them is to do physical activities in the morning because it really helps the fitness process and at the same time teaches them to interact with their patients.” (Interview with HS, July 30, 2024).

Second, a psychological approach. In psychological therapy, the therapist emphasizes the importance of the patient's mental readiness before returning to society. Patients are taught not to care too much about the negative attitudes of others but to focus on showing better behavior. They are directed to be disciplined in daily activities, such as praying on time, participating in community service, sleeping regularly, and being patient, accepting, and yielding. The principle of mutual giving and receiving is also emphasized as a guideline for life in society. This is done to equip patients with a strong mentality, considering that they often face stigma and negative views from the social environment. An informant, RN (35 years old), said he felt like a normal human being while undergoing the healing process at PRS Maunatul Mubarak.

“During the healing process at PRS Maunatul Mubarak, I felt very appreciated. I was never seen as a sick person or shunned. The caregivers treated me with love and respect like a normal human being. They listen to my stories without judgment and are always encouraging. Such treatment makes me feel valuable and speeds up my recovery process.” (Interview with RN, July 31, 2024).

Third, the social approach to rehabilitation emphasizes the importance of building strong character and mutual respect in patients, focusing on being patient, forgiving, and understanding individuals rather than simply asking to be understood. Therapists consistently teach that living in society requires awareness to face the dynamics of life with sincerity to God. Patients are encouraged to become “subjects,” someone who actively accepts and understands to face various life challenges. They are reminded that life is full of challenges that should be accepted with an open heart, as part of the journey God has ordained. To maintain emotional and spiritual balance, patients are invited to perform dhikr regularly, such as saying “*Allāh, Allāh, Lā ilāha illallāh*,” to create inner peace and strengthen their mentality. This dhikr effectively calms the mind in stressful situations and strengthens their spiritual relationship with God. This approach is designed to prepare patients to face social life with patience and self-control and have a strong spiritual foundation. With this integration of emotional, spiritual, and social balance, patients are expected to live a stable and mindful life. They can face challenges with a positive attitude and firm conviction.

Fourth, the spiritual approach to rehabilitation is rooted in the teachings of Sufism as the primary reference, using the pesantren model as a framework for daily activities. One of the concrete forms is dhikr together every day after the maghrib prayer, followed by the reading of *manakib* until the time of the Isha prayer. This activity reflects a collective approach that strengthens the individual's relationship with Allah through togetherness in worship. The philosophy underlying this approach is that true happiness can only be achieved by balancing material and spiritual needs, prioritizing spiritual needs to fill inner voids. Dhikr is an essential means of contemplating the greatness of Allah, understanding that everything happens by His will, and creating peace of mind. This ritual is a regular form of worship that calms the soul, alleviates anxiety, and builds discipline, solidarity, and connection with others. Therapy accustoms patients to internalize religious values in daily life to face the challenges of life with a solid divinity mentality. This approach improves spiritual health and positively impacts mental and social health, creating a supportive environment for inner transformation. With a strong spiritual foundation, patients are expected to be able to accept the situation with open minds, find a balanced meaning of life between the mundane and *ukhrawi* (otherworldly), and face life after rehabilitation with confidence, new hope, and full awareness (Interview with Kyai Abdul Chalim, August 1, 2024).

Ritual Meaning in the Healing Process: Night Prayer and Night Bath

Rituals are essential in healing because they create a symbolic space for emotional reflection and recovery. In cultural contexts, rituals often reinforce a sense of community and provide necessary social support for individuals facing crisis. Psychologically, rituals help to cope with feelings of loss or trauma by giving structure and meaning to challenging experiences. Therefore, rituals are symbolic acts and practical therapeutic tools for strengthening mental and physical well-being (Kleinman 2020). In this regard, the healing ritual at PRS Maunatul Mubarak contains spiritual, social, and psychological meanings. Spiritually, the ritual of dhikr and joint worship at PRS Maunatul Mubarak strengthens the individual's relationship with God, provides a sense of calm, and instills faith in the divine will as the foundation of recovery. Socially, this ritual creates a sense of community and support between fellow patients, essential in building solidarity and reducing feelings of isolation. Psychologically, the structure and regularity of rituals help patients cope with trauma by giving meaning to challenging experiences, thus supporting the process of inner transformation toward more holistic well-being.

A prominent religious practice in PRS Maunatul Mubarak to heal its patients is to wake up at night with night bathing and prayer (*tahajud* prayer). Regarding waking up at night, Kyai Chalim explained as follows:

“Monggo-monggo podo ilingo. Tangi bengi podo solato. Esok lan sore podo zikiro. Rumongso doso podo tobato (O everyone, remember. Wake up in the middle of the night, pray. In the morning and afternoon, dhikr. Feeling guilty, repent)” (Interview with Kyai Abdul Chalim, August 5, 2024).

Kyai Chalim's statement emphasizes the importance of three main aspects of spiritual life: night prayers, morning and evening dhikr, and repentance. Night prayers, such as *tahajud*, show the seriousness of worship and get closer to Allah in a time full of blessings, and through *tahajud* prayer can cure various diseases (Sholeh 2012). Morning and evening dhikr helps maintain awareness of Allah's presence and provides peace of mind and balance between this world and the hereafter. Awareness of sin and repentance is essential in improving oneself, finding peace, and strengthening one's relationship with God. This message reminds us to create a mutually supportive environment in each individual's spiritual journey (Al-Buthi 2020).

Night bath therapy at PRS Maunatul Mubarak starts at 03:00 AM Western Indonesia Time (WIB), starting with ablution and bathing intentions, followed by thorough body washing. The main therapist is Kyai Chalim. During the process, Kyai Chalim recited a special prayer while the patient was encouraged to pray to increase solemnity. This therapy is designed to refresh the body, calm the mind, and create spiritual peace through physical activity, night silence, and prayer. The water used is believed to have a physical and spiritual cleansing effect, helping to dispel negative energy. The benefits include muscle relaxation, improved sleep quality, and strengthening spiritual connections. In addition to the short-term effects of feeling refreshed and calm, this therapy encourages a positive spiritual routine. Its main philosophy is purifying birth and mind to restore mental and spiritual balance. This therapy effectively addresses stress, provides inner happiness, and supports patients' holistic health (Interview with Kyai Abdul Chalim and Gus Mufti, August 1, 2024).

The night bathing and prayer ritual at PRS Maunatul Mubarak is similar to the rehabilitation method at the Suryalaya Islamic Boarding School, Tasikmalaya, West Java. According to Puji Lestari (2015), The process of fostering victims of drug abuse (Narcotics, Psychotropics, and other Addictive Substances) at the Suryalaya Islamic Boarding School uses the Zikrullah method, which aims to calm the heart, cure mental diseases, cleanse the soul, and increase faith in Allah. This process involves taking a night bath or a bath of repentance, mandatory prayers and sunnah, dhikr, reading the Qur'an, *riyadhah* (spiritual training), routine study, prayer, and learning religious knowledge such as Fiqh, Tawheed, Morals, and Sufism. Repentance bath therapy and dhikr have been proven to provide benefits in the form of peace of mind, peace, and physical health (Masanah 2020). This approach

suggests that the spiritual aspect can be essential in rehabilitation, helping create routines that strengthen self-control and overcome dependence.

Social and Cultural Dimensions of Healing

There are two essential activities with social and cultural dimensions, namely sports and group games. Sports activities at PRS Maunatul Mubarak are integral to the rehabilitation program to support patients' physical and mental recovery. Regular activities such as morning gymnastics, futsal, volleyball, and other recreational games improve body fitness, channel positive energy, reduce stress, and improve mood. In addition to physical benefits, exercise strengthens social relationships, builds a spirit of togetherness, and creates an environment conducive to rehabilitation. This activity also helps to increase confidence, improve behavior patterns, and foster a sense of responsibility for patients. In addition to this, group activity therapy is also conducted. This therapy aims to improve togetherness, communication, and cooperation between students through various interactive games. Activities such as team games, simulations, or group dynamics help build confidence, train social skills, and develop problem-solving strategies. This approach creates a fun and educational atmosphere so participants can learn while having fun.

In an interview with Kyai Chalim, the above two therapeutic activities are examples of how he treats his patients as normal human beings and simultaneously as a family because most of them have been abandoned by their families.

“For me, people with mental disorders should be treated with empathy and compassion, like treating their own family. I see them as struggling individuals, not just patients, so listening to them sincerely and giving them humane attention is important. This treatment creates a sense of security, comfort, and acceptance, an important foundation in their recovery process. By treating them as family, I try to provide support without stigma, help them rediscover their confidence, and show that they are not alone in this journey. I believe everyone has a chance to heal if given a supportive and understanding environment.” (Interview with Kyai Abdul Chalim, August 1, 2024).

Kyai Chalim's treatment is a real example of the strong social dimension as well as an effort to fight the negative stigma against mentally ill patients who are often culturally dismissed because they are considered embarrassing to the family. This attitude shows that a humanitarian and spiritual approach can create a more inclusive environment and support recovery. By accepting them without discrimination, Kyai Chalim proves that every individual deserves treatment with dignity and the opportunity to improve himself, regardless of their mental state. It is also evidence that involving the public in changing negative views can accelerate the elimination of stigma against cognitive disorders.

Saraswati's (2019) research revealed the importance of continuous family support in the recovery of people with schizophrenia. Through emotional attention, understanding, and practical help such as medication reminders or therapy assistance, this support can create a safe and supportive environment for patients. Family involvement helps reduce stigma and shame, thereby increasing patient confidence. Good communication within the family contributes significantly to patients' mental health, boosting their motivation to recover. In addition, other studies have shown that social interactions, both within the family and community, also have a positive impact on the recovery of patients with mental disorders. Nisa Diyanah (2019) stated that social interaction strengthens the mental health of people with bipolar disorder. Family awareness and education about mental disorders are essential to building a supportive environment, providing better hope for the patient's future, and being a strong foundation in their recovery journey.

Reflection

Understanding cultural diversity and local contexts in spiritual practice is essential in religious anthropology (Edgar and Henig 2010; Reinhardt 2020; Roussou 2021). Each culture has a unique system of beliefs, values, and rites, which integrates religious practices with the local community's culture, social norms, and values. This approach is relevant in

humanizing patients with mental disorders by emphasizing the importance of valuing diversity and understanding how cultural contexts affect their care and recovery.

The cultural dimension in healing is reflected in how religious practices are adjusted to local beliefs and prevailing cultural values. Religious rituals often contain cultural symbols that have deep meaning for the community, thus strengthening the individual's connection to their environment. This process involves spiritual aspects and affirms the cultural identity of the community and individuals undergoing healing. In addition, religious rituals serve as a means of social reintegration, returning individuals who are "separate" due to mental disorders into the social structure. Healing focuses not only on physical or psychological recovery but also on recovering their social roles. Thus, the social and cultural dimensions of religious healing are key to creating a balance between the individual's psychological, social, and spiritual aspects.

CONCLUSION

Based on the description that has been presented, it can be concluded that *first*, this study shows that religious leaders, such as Kyai Abdul Chalim at PRS Maunatul Mubarak, play a significant role in the healing process of mental disorders. Through religious rituals, they provide spiritual support, create a conducive social environment, strengthen community solidarity, and instill hope in patients. *Second*, the research underscores the importance of integrating medical and religious approaches in the treatment of mental disorders. Methods that combine biological, psychological, social, and spiritual aspects can provide more effective and comprehensive treatment, helping patients in the overall rehabilitation process.

This study is limited in several aspects. First, it focuses on a single religious healing center—PRS Maunatul Mubarak in Demak—therefore the findings may not be generalizable to other spiritual or cultural contexts in Indonesia, which vary significantly across regions. Second, the data are primarily qualitative and based on a relatively small number of key informants, which may limit the representativeness of perspectives on religious healing practices. Third, although rich in ethnographic detail, the study does not include a direct clinical or psychological assessment to measure the effectiveness of the healing practices from a biomedical standpoint. Future research could adopt a multi-site comparative approach or integrate medical evaluation tools to validate the outcomes more systematically.

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