

## Mind Healing Technique as Applied Tasawuf: Reframing Healing Through Islamic Transpersonal Consciousness

Ahmad Jais <sup>1\*</sup>, Muhammad Haikal As-Shidqi<sup>2</sup>.

<sup>1</sup> IAIN Pontianak, Indonesia; [ahjaza@gmail.com](mailto:ahjaza@gmail.com)

<sup>2</sup> UIN Sunan Gunung Djati Bandung, Indonesia; [haikalhaigano27@gmail.com](mailto:haikalhaigano27@gmail.com)

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**Abstract** : This study aims to formulate Mind Healing Technique (MHT) of Indonesia as a transpersonal-sufistic model of consciousness-based healing. The study is motivated by the growing need for a holistic healing framework that does not reduce psychological suffering to clinical symptoms alone, but also considers existential meaning, spiritual disconnection, and the purification of the self. This research employs a qualitative-conceptual design through library research and thematic-conceptual analysis. The data were drawn from transpersonal psychology, consciousness studies, spiritually integrated psychotherapy, Islamic psychotherapy, and classical Sufi literature on fitrah, nafs, qalb, maqāmāt, and tazkiyat al-nafs. The findings show that MHT reframes healing as a transformation of consciousness from Ego–Amarah–Keinginan (E-A-K), which represents egoic reactivity, anger, and desire, toward Suci–Murni–Bijak–Tenang (S-M-B-T), which represents purified, reflective, wise, and serene awareness. This movement is interpreted as a contemporary operationalization of tazkiyat al-nafs and a return to fitrah through maqāmāt such as taubah, zuhud, sabr, tawakkal, and riḍā. The study implies that MHT may contribute to Sufi psychotherapy, Islamic counseling, and holistic mental health as a complementary psychospiritual framework. The originality of this article lies in its conceptual integration of transpersonal psychology and applied tasawuf through the E-A-K and S-M-B-T structure as a psychospiritual map of healing.

**Keywords** : applied tasawuf; consciousness-based healing; fitrah; Mind Healing Technique; Sufi psychotherapy.

**Abstrak** : Penelitian ini bertujuan merumuskan Mind Healing Technique (MHT) of Indonesia sebagai model penyembuhan berbasis kesadaran yang bersifat transpersonal-sufistik. Kajian ini dilatarbelakangi oleh kebutuhan terhadap model penyembuhan holistik yang tidak mereduksi



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penderitaan psikologis hanya sebagai gejala klinis, tetapi juga mempertimbangkan makna eksistensial, keterputusan spiritual, dan proses penyucian diri. Penelitian ini menggunakan desain kualitatif-konseptual melalui studi kepustakaan dan analisis tematik-konseptual. Data diperoleh dari literatur psikologi transpersonal, studi kesadaran, psikoterapi spiritual terintegrasi, psikoterapi Islam, serta literatur tasawuf klasik tentang fitrah, nafs, qalb, maqāmāt, dan tazkiyat al-nafs. Temuan penelitian menunjukkan bahwa MHT memaknai penyembuhan sebagai transformasi kesadaran dari Ego–Amarah–Keinginan (E-A-K), yang merepresentasikan reaktivitas ego, kemarahan, dan dorongan keinginan, menuju Suci–Murni–Bijak–Tenang (S-M-B-T), yang merepresentasikan kesadaran yang jernih, reflektif, bijaksana, dan tenang. Pergerakan ini ditafsirkan sebagai operasionalisasi kontemporer tazkiyat al-nafs dan proses kembali kepada fitrah melalui maqāmāt seperti taubah, zuhud, sabr, tawakkal, dan riḍā. Implikasi penelitian ini menunjukkan bahwa MHT dapat berkontribusi bagi pengembangan psikoterapi sufistik, konseling Islam, dan kesehatan mental holistik sebagai kerangka psikospiritual komplementer. Orisinalitas artikel ini terletak pada integrasi konseptual antara psikologi transpersonal dan tasawuf terapan melalui struktur E-A-K dan S-M-B-T sebagai peta psikospiritual penyembuhan.

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**Kata kunci** : fitrah; Mind Healing Technique; penyembuhan berbasis kesadaran; psikoterapi sufistik; tasawuf terapan.

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**Corresponding Author:**

**Ahmad Jaiz**

IAIN Pontianak, Indonesia

[prof.muhammadsakdullah@walisongo.ac.id](mailto:prof.muhammadsakdullah@walisongo.ac.id)

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## 1. INTRODUCTION

Contemporary societies are increasingly confronted with mental health problems that cannot be understood only as clinical symptoms, but also as expressions of existential emptiness, fragmented identity, spiritual disconnection, and the loss of meaning in daily life. The World Health Organization emphasizes that mental health needs remain high worldwide, while available responses are still insufficient and inadequate (World Health Organization, 2022). In Indonesia, the urgency of mental health is also reflected in the 2023 Indonesian Health Survey, which reports that national depression prevalence reached 1.4%, with the highest prevalence found among young people aged 15–24 years at 2% (Kementerian Kesehatan, 2024). This situation shows that psychological distress is not merely an individual problem, but a social and spiritual challenge that affects human well-being, family resilience, productivity, and quality of life. At the same time, Muslim communities often seek forms of healing that are not only psychologically meaningful, but also religiously legitimate and spiritually grounded. Recent studies indicate that spirituality and religiosity may support coping, emotional regulation, and mental well-being, while Sufi-based spirituality has been associated with reduced anxiety and depression, although the quality of empirical evidence still requires further strengthening (Cetinkaya & Billings, 2023; Lucchetti, Koenig, & Lucchetti, 2021). Therefore, the contemporary crisis of mental health opens an important academic

space for developing an integrative healing model that connects psychological awareness, spiritual purification, and Islamic theological orientation..

Previous studies on spirituality and healing can be grouped into three main streams. First, transpersonal psychology and consciousness studies emphasize healing as a transformation of consciousness through presence, self-transcendence, and the ability to observe thoughts and emotions without over-identification (Friedman & Hartelius, 2013; Guo, 2024; Siegel, 2018; Wilber, 2016). Second, studies on religion, spirituality, and mental health show that spiritual resources can support coping, meaning-making, resilience, and psychological well-being, although they often treat spirituality in broad and non-specific terms (Koenig, King, & Carson, 2023; Lucchetti et al., 2021; Pargament, 2017). Third, studies on Islamic psychotherapy and Sufi spirituality indicate that concepts such as *fitrah*, *tazkiyat al-nafs*, *taubah*, *zuhud*, *sabr*, *tawakkal*, and *riḍā* have therapeutic relevance for emotional regulation, anxiety reduction, and spiritual well-being (Al-Ghazali, 2015; Al-Qusyairi, n.d.; Cetinkaya & Billings, 2023; Haramain & Afiah, 2024; Nurjanah & Chodijah, 2025). However, existing studies have not sufficiently formulated a structured model that integrates transpersonal psychology, Sufistic anthropology, and an applied healing technique within a single framework. In particular, Mind Healing Technique (MHT) has not yet been systematically examined as an applied tasawuf model that connects consciousness transformation, E-A-K and S-M-B-T psychospiritual mapping, *fitrah*, *maqāmāt*, and *tazkiyat al-nafs*. This gap becomes the academic basis for the present study.

Based on the social urgency and literature gap described above, this study aims to formulate Mind Healing Technique (MHT) as a transpersonal-sufistic model of consciousness-based healing. More specifically, this study seeks to explain how MHT can be positioned at the intersection of transpersonal psychology and applied tasawuf, how the E-A-K and S-M-B-T structure functions as a psychospiritual map of healing, and how the concepts of *fitrah*, *maqāmāt*, and *tazkiyat al-nafs* provide the Sufistic foundation for inner transformation. By doing so, this study attempts to offer a conceptual framework that connects consciousness transformation, spiritual purification, and Islamic theological orientation within the discourse of Sufi psychotherapy, Islamic counseling, and holistic mental health.

This study argues that MHT offers a distinctive contribution to contemporary Sufi psychotherapy by formulating healing as a process of consciousness transformation grounded in applied tasawuf. Unlike transpersonal psychology, which often discusses self-transcendence in universal or non-theological terms, MHT reorients consciousness transformation through Islamic concepts of *fitrah*, *tazkiyat al-nafs*, *maqāmāt*, prayer, and surrender to God. Unlike general studies on Islamic psychotherapy that frequently emphasize religious coping, spiritual values, or therapeutic integration, this study proposes a more specific psychospiritual structure through the movement from Ego–Amarah–Keinginan (E-A-K) to Suci–Murni–Bijak–Tenang (S-M-B-T). The novelty of this article therefore lies in its conceptual formulation of MHT as a transpersonal-sufistic healing model that connects modern theories of consciousness with classical Sufi anthropology. Through this framework, healing is not merely understood as symptom relief or emotional regulation, but as a return to *fitrah* through the purification of the soul and the formation of serene, wise, and God-oriented consciousness.

## 2. RESEARCH METHOD

This study uses a qualitative-conceptual design to examine Mind Healing Technique (MHT) of Indonesia as the main unit of analysis, particularly its internal structure of Ego–Amarah–Keinginan (E-A-K), Suci–Murni–Bijak–Tenang (S-M-B-T), de-layering, fitrah, maqāmāt, and tazkiyat al-nafs. This design was chosen because the article does not aim to measure clinical effectiveness, but to formulate a coherent theoretical model by integrating concepts from transpersonal psychology, Islamic spiritual anthropology, and applied tasawuf (Cropanzano, 2009; Jaakkola, 2020).

The data were obtained through library research and conceptual documentation by collecting relevant books, journal articles, systematic reviews, and theoretical works on transpersonal psychology, consciousness studies, spiritually integrated psychotherapy, Islamic psychotherapy, and Sufi spirituality. Literature review can function as a research methodology when it is conducted systematically to identify, classify, synthesize, and evaluate existing knowledge, while conceptual articles require clear theoretical selection and justification in order to build an accountable model (Jaakkola, 2020; Snyder, 2019).

The data were analyzed using thematic-conceptual analysis by identifying key concepts, comparing conceptual similarities and differences, and synthesizing them into an integrative framework of MHT as a transpersonal-sufistic model of consciousness-based healing. Since this study is non-empirical, the findings should be understood as a theoretical contribution that requires further validation through qualitative fieldwork, counseling case studies, mixed-method research, or intervention-based studies (Braun & Clarke, 2021; Cropanzano, 2009).

## 3. RESULT

### *MHT as a Transpersonal-Sufistic Model of Consciousness-Based Healing*

The conceptual data examined in this study indicate that Mind Healing Technique (MHT) can be positioned as a transpersonal-sufistic model of consciousness-based healing because it integrates psychological awareness, spiritual intentionality, and inner purification within a single transformative framework. This positioning is derived from three interrelated bodies of evidence. First, the internal structure of MHT presents healing not merely as symptom reduction, but as a process of returning the self from reactive consciousness to a more reflective, serene, and spiritually grounded state through relaxation, intention, prayer, visualization, and self-awareness. Second, contemporary transpersonal psychology understands healing as a transformation of consciousness, in which the individual gradually moves beyond egoic identification toward presence, self-transcendence, and integrated awareness (Friedman & Hartelius, 2013; Siegel, 2018; Wilber, 2016). Third, the sufistic tradition interprets inner healing as tazkiyat al-nafs, namely the purification of the soul from egoic impulses, anger, attachment, and desire, so that the human being may return to fitrah as an original state of moral clarity, spiritual balance, and nearness to God (Al-Ghazali, 2005; Seyyed Hossein Nasr, 2019b). This integrative reading becomes increasingly relevant in contemporary mental health discourse, since global and national evidence shows that psychological distress cannot be addressed adequately through biomedical intervention alone, but requires attention to meaning, religiosity, spirituality, and existential orientation (Kementerian Kesehatan, 2024; Lucchetti et al., 2021; World Health Organization, 2022). Recent studies on Islamic-Sufi spirituality also indicate that Sufi-based practices are associated with reductions in anxiety and depression and with the strengthening of self-regulation and spiritual well-being, although further empirical validation remains necessary

(Cetinkaya & Billings, 2023). Therefore, the data suggest that MHT constitutes a relevant conceptual bridge between transpersonal psychology and applied tasawuf, because it frames healing as a movement from fragmented egoic reactivity toward purified consciousness, spiritual integration, and God-oriented self-transformation.

To clarify this conceptual positioning, Table 1 maps the convergence between the empirical urgency of mental health, transpersonal psychology, Sufistic psychology, and the internal structure of MHT. This mapping demonstrates that MHT is not presented as an isolated healing technique, but as a conceptual model situated at the intersection of consciousness transformation, inner purification, and Islamic spirituality.

**Table 1.** Conceptual Evidence for Positioning MHT as a Transpersonal-Sufistic Model of Consciousness-Based Healing.

Evidence Domain	Main Conceptual Evidence	Relevance to MHT
Contemporary mental health context	Global and national mental health reports show that psychological distress is increasingly related not only to clinical symptoms, but also to meaning, social vulnerability, spiritual disconnection, and inadequate access to integrative care (World Health Organization, 2022; Kementerian Kesehatan Republik Indonesia, 2024).	MHT becomes relevant as a conceptual response to the need for a healing model that addresses psychological, existential, and spiritual dimensions simultaneously.
Transpersonal psychology	Transpersonal psychology understands healing as a transformation of consciousness from egoic identification toward presence, self-transcendence, and integrated awareness (Friedman & Hartelius, 2013; Siegel, 2018; Wilber, 2016).	MHT corresponds to this framework because it places awareness, intention, and reflective presence at the center of the healing process.
Sufistic psychology	Tasawuf interprets inner transformation as tazkiyat al-nafs, namely the purification of the soul from egoic impulses, anger, desire, and attachment in order to return to fitrah and nearness to God (Al-Ghazali, 2015; Nasr, 2019).	MHT reflects a Sufistic orientation because healing is framed as purification of the inner self rather than merely the removal of symptoms.
Islamic-Sufi spirituality and mental well-being	Recent reviews indicate that Sufi-based spirituality and practices are associated with improved mental well-being, reduced anxiety and depression, and stronger self-regulation, although further empirical validation remains necessary (Cetinkaya & Billings, 2023).	MHT can be located within the wider field of Sufi-based psychospiritual healing, while still requiring further empirical testing.
Internal structure of MHT	MHT integrates relaxation, intention, prayer, visualization, self-awareness, and de-layering as a process of moving from reactive consciousness toward a more purified and spiritually grounded state.	These elements position MHT as a consciousness-based healing model that bridges transpersonal psychology and applied tasawuf.

Based on the conceptual mapping above, MHT can be restated as a healing model that operates through the transformation of consciousness rather than through symptom management alone. Its transpersonal dimension lies in the effort to shift the individual from egoic reactivity toward reflective presence, self-transcendence, and integrated awareness. Its Sufistic dimension lies in the orientation toward tazkiyat al-nafs, namely the purification of

the inner self from ego, anger, desire, and attachment, so that the person may return to fitrah as a state of moral clarity and spiritual equilibrium. In simpler terms, MHT frames healing as a gradual movement from a fragmented and reactive self toward a purified, peaceful, and God-oriented consciousness. This means that MHT does not merely ask how suffering can be reduced, but how suffering can become an entry point for inner purification, spiritual awareness, and existential transformation (Al-Ghazali, 2015; Friedman & Hartelius, 2013; Seyyed Hossein Nasr, 2019a; Wilber, 2016).

The data reveal three important tendencies. First, contemporary mental health discourse increasingly recognizes that psychological distress is not only a clinical problem, but also an existential and spiritual problem. The global mental health agenda emphasizes the need to transform mental health care into a more person-centered and context-sensitive system, while national health data in Indonesia show that mental health remains a relevant public health concern requiring multidimensional responses (Kementerian Kesehatan, 2024; World Health Organization, 2022). Second, transpersonal psychology provides a theoretical language for understanding healing as a shift in consciousness, particularly through presence, decentering, and self-transcendence (Friedman & Hartelius, 2013; Siegel, 2018; Wilber, 2016). Third, the Sufistic tradition provides a theological and moral foundation for this transformation by interpreting healing as *tazkiyat al-nafs*, a process of purifying the soul and restoring the human being to fitrah (Al-Ghazali, 2015; Seyyed Hossein Nasr, 2019b). Fourth, recent studies on spirituality, religiosity, and Sufi-based practices suggest a positive association between spiritual resources and mental well-being, although the evidence base still requires stronger methodological development (Cetinkaya & Billings, 2023; Lucchetti et al., 2021). These tendencies lead to a provisional conclusion that MHT is conceptually relevant as an applied tasawuf model because it integrates psychological awareness, spiritual purification, and God-centered meaning within a single framework of holistic healing.

The significance of this finding lies in the way MHT expands the discourse of healing from a purely psychological or biomedical paradigm toward a transpersonal-sufistic paradigm. By placing consciousness at the center of healing, MHT contributes to the study of Sufi psychotherapy by offering a conceptual bridge between modern theories of consciousness and classical Islamic concepts of the soul. This bridge is important because many contemporary healing models acknowledge spirituality in general terms, but do not always provide a theological structure that is rooted in Islamic concepts such as fitrah, *nafs*, *qalb*, *ruh*, and *tazkiyat al-nafs*. MHT fills this conceptual space by translating Sufi principles into a contemporary healing language that remains connected to prayer, intention, purification, and divine orientation. However, this interpretation must be understood as a conceptual contribution rather than clinical proof. Since the present article does not test MHT empirically, the finding should be read as a theoretical foundation for future empirical studies on MHT in counseling, Sufi psychotherapy, and holistic mental health practice. In this sense, the first finding supports the article's main objective by demonstrating that MHT can be positioned as a transpersonal-sufistic model of consciousness-based healing.

### ***E-A-K and S-M-B-T as a Psychospiritual Map of Healing***

The second conceptual finding shows that the E-A-K and S-M-B-T structure in Mind Healing Technique (MHT) functions as a psychospiritual map for understanding the movement of consciousness from reactivity to inner integration. The data were derived from the internal formulation of MHT, which identifies Ego–Amarah–Keinginan/Ego–Anger–Desire (E-A-K) as a lower reactive layer of consciousness and Suci–Murni–Bijak–Tenang/Pure–Clear–

Wise–Serene (S-M-B-T) as a higher fitri layer of consciousness. In this structure, E-A-K represents a state in which the self is dominated by egoic identification, emotional impulsivity, attachment, and unregulated desire, while S-M-B-T represents a purified state marked by moral clarity, reflective awareness, wisdom, serenity, and spiritual orientation. This finding is consistent with the article’s earlier formulation that MHT understands healing as a gradual de-layering process, namely the release of inner layers shaped by ego, anger, and desire in order to restore the self to a more peaceful and integrated condition.

The conceptual relevance of this mapping is strengthened by contemporary studies on decentering and mindfulness-based psychological processes. Decentering refers to the capacity to observe thoughts, emotions, and bodily sensations as temporary experiences rather than as fixed definitions of the self. A recent meta-analytic study involving 57 studies and 18,515 participants found that mindfulness had a positive association with decentering and that decentering was negatively associated with psychological problems, suggesting that the movement from automatic reactivity to reflective awareness is an important psychological mechanism in mental health (Guo, 2024). In this sense, the movement from E-A-K to S-M-B-T parallels the psychological shift from identification with reactive mental contents toward meta-awareness, self-regulation, and reflective presence.

From the perspective of Islamic psychology and tasawuf, the E-A-K and S-M-B-T structure also corresponds to the classical understanding of the human soul as a dynamic reality that moves between lower impulses and higher spiritual consciousness. The Islamic tradition conceptualizes nafs, qalb, ruh, and fitrah as interrelated dimensions that shape human behavior, moral agency, and spiritual growth (Husain, Wantini, & Syaifussalam, 2024; Yani, Adila, Sadriana, & Taufan, 2023). In this framework, E-A-K can be read as the operational expression of nafsic reactivity, while S-M-B-T represents the awakening of qalb and the restoration of fitrah through tazkiyat al-nafs. Recent studies in Islamic counseling also affirm that tazkiyat al-nafs is increasingly used as a spiritual framework for addressing mild to moderate mental health problems by strengthening self-control, spiritual awareness, and moral purification (Afiani & Haririe, 2024; Agustono, Ihsan, & Musthofa, 2024; Rizal, 2022). Therefore, the data indicate that E-A-K and S-M-B-T are not merely internal terminologies of MHT, but a conceptual structure that links psychological self-regulation with the Sufistic path of inner purification. To make this psychospiritual structure clearer, Table 2 presents the conceptual movement from E-A-K to S-M-B-T. The table shows how MHT interprets healing as a gradual transformation from egoic reactivity to purified awareness, and how this movement corresponds to both contemporary psychological concepts and Sufistic understandings of the soul.

**Table 2.** E-A-K and S-M-B-T as a Psychospiritual Map of Healing in MHT

MHT Structure	Dominant Inner Condition	Psychological Meaning	Sufistic Meaning	Direction of Healing
<b>Ego</b>	The self is attached to self-image, pride, control, and defensive identity.	Egoic identification; the individual over-identifies with thoughts, emotions, and personal narratives (Wilber, 2016; Siegel, 2018).	The dominance of <b>nafs qalb</b> and weakens moral awareness (Al-Ghazali, 2015; Nasr, 2019).	Moving from self-centered control toward humility, awareness, and openness to divine guidance.
<b>Amarah / Anger</b>	The self reacts impulsively through	Emotional reactivity and poor self-	The expression of <b>nafs ammārah</b> , namely the	Moving from impulsive reaction

MHT Structure	Dominant Inner Condition	Psychological Meaning	Sufistic Meaning	Direction of Healing
	resentment, emotional tension, blame, or inner resistance.	regulation; the person responds automatically rather than reflectively (Siegel, 2018; Guo et al., 2024).	soul dominated by lower impulses and unrefined emotional force (Al-Ghazali, 2015).	toward patience, self-observation, and emotional purification.
<b>Keinginan / Desire</b>	The self is driven by attachment, craving, expectation, and dependency on external fulfilment.	Attachment-based consciousness; well-being becomes dependent on external objects, outcomes, or validation (Wilber, 2016; Friedman & Hartelius, 2013).	The veil of worldly attachment that prevents the self from returning to <b>fitrah</b> and spiritual balance (Nasr, 2019).	Moving from attachment toward surrender, contentment, and inner freedom.
<b>Suci / Pure</b>	The self begins to release egoic burdens and returns to sincerity of intention.	Initial purification of awareness; the person becomes less reactive and more capable of observing inner experience.	The beginning of <b>tazkiyat al-nafs</b> , in which the heart is cleansed from moral and spiritual impurities (Al-Ghazali, 2015).	Returning to sincerity, repentance, and moral clarity.
<b>Murni / Clear</b>	The self becomes less contaminated by emotional residue, resentment, and excessive desire.	Clearer awareness; the person develops reflective distance from thoughts and emotions.	The refinement of <b>qalb</b> , where the heart becomes more receptive to truth and divine remembrance (Al-Ghazali, 2015; Nasr, 2019).	Moving toward inner clarity, detachment, and spiritual receptivity.
<b>Bijak / Wise</b>	The self responds with discernment, ethical awareness, and reflective judgment.	Integrated awareness; the person is able to transform experience into meaning and mature response (Friedman & Hartelius, 2013; Siegel, 2018).	The emergence of <b>hikmah</b> , where knowledge, ethical sensitivity, and spiritual insight become united.	Moving from automatic response toward wisdom, compassion, and moral responsibility.
<b>Tenang / Serene</b>	The self reaches a state of calm, trust, acceptance, and spiritual connectedness.	Self-transcendence and integrated consciousness; the individual experiences peace beyond egoic tension (Wilber, 2016).	The state of <b>nafs muṭma'innah</b> , namely the tranquil soul that rests in surrender and nearness to God (Al-Ghazali, 2015; Nasr, 2019).	Moving toward serenity, tawakkal, riḍā, and God-oriented self-transformation.

The mapping above shows that E-A-K and S-M-B-T function as two interconnected poles within the healing process of MHT. E-A-K represents the condition in which consciousness is still dominated by egoic attachment, emotional reactivity, and desire-based dependency. In this state, the individual tends to respond to suffering through resistance, anger, fear, control, or attachment to external fulfilment. By contrast, S-M-B-T represents a more purified and integrated state of consciousness, in which the self becomes clearer, wiser, calmer, and more spiritually oriented. In simpler terms, MHT understands healing as a movement from a

reactive self to a reflective self, from inner fragmentation to integration, and from ego-centered awareness to God-centered consciousness. This movement is not merely psychological, but also spiritual, because it involves the purification of the soul, the refinement of the heart, and the restoration of fitrah through tazkiyat al-nafs (Al-Ghazali, 2015; Seyyed Hossein Nasr, 2019b; Siegel, 2018; Wilber, 2016).

The data reveal three main patterns. First, E-A-K represents reactive consciousness, in which ego, anger, and desire generate defensive identity, emotional impulsivity, and attachment to external fulfilment. Second, S-M-B-T represents purified consciousness, marked by sincerity, inner clarity, wisdom, serenity, and surrender. Third, the movement from E-A-K to S-M-B-T parallels both decentering in contemporary psychology, where individuals learn to observe thoughts and emotions without over-identification, and tazkiyat al-nafs in tasawuf, where the self moves from nafsic reactivity toward the refinement of qalb and the tranquillity of nafs muṭma'innah. These patterns indicate that MHT offers a layered model of healing in which psychological regulation and spiritual purification operate as interconnected processes.

The significance of this finding lies in the contribution of E-A-K and S-M-B-T as a conceptual bridge between psychological self-regulation and Sufistic purification. In many modern therapeutic frameworks, healing is often explained through emotional regulation, cognitive restructuring, or behavioural adjustment. MHT adds a Sufistic layer to this explanation by interpreting emotional disturbance not only as a psychological reaction, but also as a sign of inner veiling that prevents the self from living in accordance with fitrah. Therefore, the movement from E-A-K to S-M-B-T expands the meaning of healing from symptom relief to transformation of consciousness. This finding supports the central objective of the article because it shows that MHT does not merely adopt transpersonal terminology, but develops a psychospiritual map rooted in Islamic concepts of nafs, qalb, fitrah, and tazkiyat al-nafs. The model also offers a theoretical basis for future studies in Sufi psychotherapy and Islamic counseling, particularly in examining how egoic reactivity, emotional purification, and spiritual serenity may be operationalized in therapeutic or counseling settings. However, because the present study is conceptual, the E-A-K and S-M-B-T structure should be understood as an interpretive framework that still requires empirical testing through qualitative fieldwork, counseling case studies, or intervention-based research.

### ***Fitrah, Maqāmāt, and Tazkiyat al-Nafs as the Sufistic Foundation of MHT***

The third conceptual finding indicates that the movement from E-A-K to S-M-B-T in Mind Healing Technique (MHT) is grounded in three central Sufistic concepts: fitrah, maqāmāt, and tazkiyat al-nafs. The data show that MHT does not merely describe psychological regulation, but frames healing as a return to the primordial purity of the human self. In this framework, E-A-K represents the veiling of fitrah through egoic attachment, anger, and desire, whereas S-M-B-T represents the gradual reappearance of fitri consciousness through purity, clarity, wisdom, and serenity. This logic corresponds to the Sufistic view that the human soul is not essentially damaged, but becomes obscured by the dominance of nafs, worldly attachment, and inner heedlessness; therefore, healing requires purification, ethical discipline, and spiritual reorientation toward God (Al-Ghazali, 2015; Al-Qusyairi, n.d.; Seyyed Hossein Nasr, 2019b). The maqāmāt tradition provides the spiritual pathway for this transformation. Taubah marks the return from egoic error to sincerity, zuhud releases excessive attachment, sabr cultivates resilience and emotional discipline, tawakkal deepens trust in divine wisdom,

and *riḍā* represents the mature acceptance of God's decree. Recent studies on Sufism and Islamic psychotherapy support this reading by showing that *maqāmāt* can be interpreted as a structured framework of spiritual therapy, with psychological indicators related to anxiety reduction, emotional resilience, self-regulation, and acceptance (Afiani & Haririe, 2024; Nurjanah & Chodijah, 2025). A systematic review of Islamic psychotherapy also reports that contemporary studies increasingly integrate Islamic principles with modern therapeutic models, although stronger empirical designs remain necessary (Haramain & Afiah, 2024). Similarly, a systematic review of Islamic-Sufi spirituality found a positive connection between Sufi spirituality and mental well-being, especially in relation to anxiety and depression, while also emphasizing the need for higher-quality research (Cetinkaya & Billings, 2023). Therefore, the data suggest that MHT's S-M-B-T structure can be read as a contemporary operationalization of *tazkiyat al-nafs*: a movement from the reactive *nafs* toward the purified *qalb*, the restoration of *fitrah*, and the formation of serene God-oriented consciousness.

To clarify how the Sufistic foundation operates within the MHT model, Table 3 maps the relationship between *fitrah*, *maqāmāt*, *tazkiyat al-nafs*, and the movement from E-A-K to S-M-B-T. This visualization shows that the psychospiritual transformation described in MHT is not detached from Islamic spirituality, but is rooted in the classical Sufi understanding of inner purification and the gradual return of the self to God-oriented consciousness.

**Table 3.** *Fitrah, Maqāmāt, and Tazkiyat al-Nafs as the Sufistic Foundation of MHT*

Sufistic Foundation	Position in the Healing Process	Relation to E-A-K	Relation to S-M-B-T	Psychospiritual Meaning
<b>Fitrah</b>	The primordial ground and final orientation of healing	E-A-K veils <i>fitrah</i> through egoic attachment, anger, and desire	S-M-B-T represents the reappearance of <i>fitri</i> consciousness through purity, clarity, wisdom, and serenity	Healing is understood as returning to the original state of moral clarity, spiritual balance, and nearness to God
<b>Tazkiyat al-Nafs</b>	The main process of inner purification	Purifies ego, anger, desire, attachment, and heedlessness	Enables the gradual emergence of purified awareness and God-centered selfhood	Healing becomes a process of cleansing the soul, refining the heart, and restoring spiritual orientation
<b>Taubah</b>	The first movement of return and self-correction	Breaks egoic denial, pride, and moral blindness	Opens the dimension of <b>Suci</b> through sincerity and awareness of error	The self begins healing by acknowledging inner disorder and returning to divine guidance
<b>Zuhud</b>	Detachment from excessive worldly dependence	Weakens desire-based attachment and external validation	Strengthens <b>Murni</b> through inner freedom and reduced dependence on external fulfillment	The self becomes less controlled by craving, comparison, and possessiveness
<b>Sabr</b>	Emotional discipline and resilience	Regulates anger, impulsivity, and reactive resistance	Supports <b>Bijak</b> through reflective response and endurance	The self learns to transform pain, conflict, and frustration into patience and moral maturity
<b>Tawakkal</b>	Trust in divine wisdom after human effort	Reduces anxiety, excessive control,	Deepens <b>Tenang</b> through surrender and spiritual trust	The self becomes calmer because it no longer

Sufistic Foundation	Position in the Healing Process	Relation to E-A-K	Relation to S-M-B-T	Psychospiritual Meaning
<b>Riḍā</b>	Mature acceptance of divine decree	and fear of uncertainty Releases inner resistance, resentment, and dissatisfaction	Completes <b>Tenang</b> through acceptance, serenity, and spiritual contentment	depends solely on personal control The self reaches a more stable state of peace because suffering is interpreted within divine meaning

The mapping above clarifies that the healing structure of MHT is rooted in the Sufistic logic of return and purification. Fitrah functions as the original condition of the human self, maqāmāt function as the spiritual stages of transformation, and tazkiyat al-nafs functions as the process through which the self is purified from egoic and desire-based veils. In simpler terms, MHT understands healing as a return to the original purity of the self through gradual spiritual discipline. The movement from E-A-K to S-M-B-T therefore does not only describe psychological change, but also represents the Sufistic journey from nafsic reactivity to the refinement of qalb and the emergence of serene, God-oriented consciousness (Al-Ghazali, 2015; Al-Qusyairi, n.d.; Seyyed Hossein Nasr, 2019a).

The data reveal three main patterns. First, fitrah provides the ontological basis of healing because MHT assumes that the human self has an original capacity for purity, balance, and divine orientation. Second, tazkiyat al-nafs provides the transformative mechanism of healing by explaining how ego, anger, desire, attachment, and heedlessness are gradually purified. Third, maqāmāt provide the practical-spiritual pathway of healing through stages such as taubah, zuhud, sabr, tawakkal, and riḍā. These patterns are supported by recent studies showing that Sufi maqāmāt can function as a coherent framework for Islamic psychotherapy, while systematic reviews on Islamic psychotherapy and Sufi spirituality indicate a growing scholarly movement toward integrating Islamic spiritual principles with contemporary mental health discourse (As-Shidqi & Abbas, 2022; Cetinkaya & Billings, 2023; Nurjanah & Chodijah, 2025).

This finding is significant because it shows that MHT's psychospiritual map is not an arbitrary construction, but a contemporary formulation of applied tasawuf. By grounding healing in fitrah, maqāmāt, and tazkiyat al-nafs, MHT expands the meaning of healing from emotional regulation to spiritual restoration. The model suggests that psychological suffering is not only a disturbance of emotion or cognition, but may also be interpreted as a sign of inner distance from fitrah and imbalance in the movement of nafs, qalb, and ruh. In this sense, MHT contributes to Sufi psychotherapy by offering a structured conceptual model in which classical Sufi concepts are translated into a contemporary healing language. At the same time, the finding should be understood as theoretical rather than clinical, because the present study does not empirically test the effectiveness of MHT. Therefore, the Sufistic foundation identified here provides a strong conceptual basis for future empirical studies in Islamic counseling, Sufi psychotherapy, and holistic mental health practice.

## 4. DISCUSSION

### *Reframing Healing: From Symptom Reduction to Consciousness Transformation*

The findings of this study indicate that Mind Healing Technique (MHT) reframes healing as a transformation of consciousness rather than as the mere reduction of psychological or physical symptoms. The results show that MHT integrates three interrelated dimensions: transpersonal awareness, psychospiritual self-regulation, and Sufistic purification. First, MHT is positioned as a transpersonal-sufistic model because it understands healing as a movement from egoic reactivity toward reflective, integrated, and God-oriented consciousness. Second, the E-A-K and S-M-B-T structure functions as a psychospiritual map that explains how the self moves from ego, anger, and desire toward purity, clarity, wisdom, and serenity. Third, this movement is grounded in the Sufistic concepts of fitrah, maqāmāt, and tazkiyat al-nafs, which frame healing as a return to the primordial purity of the self through gradual inner purification. These findings suggest that MHT does not merely offer a technique of relaxation or emotional control, but a broader model of consciousness-based healing rooted in applied tasawuf and relevant to contemporary discussions on holistic mental health.

This finding emerges because MHT places consciousness as the central mechanism through which healing occurs. In biomedical and symptom-oriented approaches, suffering is often treated as a disorder to be reduced, controlled, or eliminated. In contrast, MHT interprets suffering as a signal of inner imbalance that arises when the self is dominated by egoic attachment, emotional reactivity, and desire-based dependency. The relationship between E-A-K and S-M-B-T explains why healing is understood as transformation: when ego, anger, and desire dominate consciousness, the self becomes fragmented and reactive; when these layers are purified through awareness, intention, prayer, and inner discipline, the self gradually moves toward purity, clarity, wisdom, and serenity. This process occurs because MHT combines psychological self-regulation with Sufistic purification. Awareness allows the individual to observe inner reactions, while tazkiyat al-nafs gives this psychological process a spiritual direction by orienting the self toward fitrah and divine nearness. Therefore, healing in MHT is not caused by relaxation alone, but by the integration of reflective awareness, moral purification, and God-centered.

This finding is consistent with transpersonal psychology, which understands healing as a shift from egoic identification toward expanded awareness, presence, and self-transcendence (Friedman & Hartelius, 2013; Wilber, 2016). It also resonates with mindfulness-based and decentering studies, which show that psychological well-being is strengthened when individuals are able to observe thoughts and emotions without being fully identified with them (Guo, 2024; Siegel, 2018). However, MHT differs from many transpersonal and mindfulness-based models because it does not frame consciousness transformation in a neutral or secular way. Instead, it places transformation within the theological structure of Islam, where healing is understood as a return to fitrah through tazkiyat al-nafs, maqāmāt, prayer, and surrender to God. This finding also extends previous studies on Islamic psychotherapy and Sufi spirituality, which have shown that Islamic spiritual practices can support emotional regulation, resilience, and mental well. The novelty of this study lies in its formulation of MHT as a transpersonal-sufistic model: it does not merely combine psychology and spirituality, but offers a structured framework in which consciousness transformation, Sufistic purification, and holistic healing are conceptually integrated.

The meaning of this finding lies in its attempt to broaden the understanding of healing within contemporary psychospiritual discourse. Socially, MHT responds to the growing need for a healing model that does not separate psychological distress from existential emptiness,

moral struggle, and spiritual disconnection. Historically, this finding reconnects modern healing discourse with the long tradition of tasawuf, in which health is not only understood as bodily or emotional balance, but also as the purification of the soul and the restoration of the heart's orientation toward God. Ideologically, MHT challenges reductionist views of healing that treat the human being merely as a biological or psychological object. Instead, it presents the human person as a spiritual subject whose suffering may become a pathway toward self-knowledge, purification, and divine nearness. In this sense, MHT contributes to a wider understanding of healing by integrating transpersonal psychology with Islamic spiritual anthropology, particularly through the concepts of nafs, qalb, fitrah, and tazkiyat al-nafs (Al-Ghazali, 2015; S H Nasr, 2007; Wilber, 2016).

The main function of this finding is to provide a more holistic framework for understanding suffering and recovery. Positively, MHT can help expand Sufi psychotherapy and Islamic counseling by offering a language that connects emotional regulation, consciousness transformation, and spiritual purification. It also allows Muslim communities to engage with contemporary mental health discourse without abandoning their theological and spiritual foundations. However, the finding also contains possible limitations and risks. If the concept of healing is presented without sufficient ethical boundaries, MHT may be misunderstood as a substitute for medical treatment, clinical psychotherapy, or psychiatric care. In addition, the use of terms such as energy, visualization, and inner cleansing requires careful academic explanation so that it does not appear speculative or detached from scientific accountability. Therefore, MHT's strength lies in its conceptual and spiritual contribution, while its practical application must remain open to empirical testing, professional supervision, and interdisciplinary dialogue.

Based on this finding, several actions are necessary for the development of MHT as a credible model of consciousness-based healing. First, future studies should operationalize the main concepts of MHT, especially E-A-K, S-M-B-T, de-layering, fitrah, and tazkiyat al-nafs, into clearer analytical indicators that can be examined through qualitative or mixed-method research. Second, empirical studies should be conducted to explore how MHT is experienced by practitioners or participants in counseling, spiritual mentoring, or community-based healing contexts. Third, MHT should be positioned as a complementary psychospiritual approach, not as a replacement for professional medical, psychological, or psychiatric intervention. Fourth, scholars and practitioners need to develop ethical guidelines for the use of MHT in Islamic counseling and Sufi psychotherapy, including informed consent, referral mechanisms, spiritual competence, and respect for clinical boundaries. Through these steps, MHT can move from a conceptual model toward a more accountable framework for applied tasawuf and holistic mental health practice.

### ***MHT and Transpersonal Psychology: Convergence, Difference, and Islamic Reorientation***

The findings show that MHT shares several conceptual affinities with transpersonal psychology, particularly in its emphasis on consciousness, self-transcendence, presence, and inner transformation. Both frameworks view healing as more than behavioural adjustment or symptom reduction; healing is understood as a shift in the structure of awareness. In MHT, this shift is expressed through the movement from E-A-K to S-M-B-T, whereas in transpersonal psychology it is commonly described as the movement from egoic identification toward expanded awareness and integrated consciousness. However, MHT differs from transpersonal psychology because it does not treat transcendence as a neutral or universal spiritual experience. Instead, transcendence is reoriented through Islamic concepts such as

fitrah, tazkiyat al-nafs, maqāmāt, prayer, and surrender to God. Therefore, MHT can be understood as a model that converges with transpersonal psychology at the level of consciousness transformation, but differs from it through its theological grounding in applied tasawuf.

This convergence appears because both MHT and transpersonal psychology begin from a similar critique of reductionist psychology. They assume that the human being cannot be fully understood through behaviour, cognition, emotion, or biological processes alone. Human suffering also involves meaning, identity, existential orientation, and spiritual depth. MHT adopts this broader understanding by placing consciousness at the center of healing. Yet, the Islamic reorientation of MHT occurs because consciousness is not understood as an autonomous field detached from revelation, worship, and divine reality. In MHT, the transformation of consciousness is directed toward the restoration of fitrah and the purification of the soul. This explains why MHT uses concepts such as intention, prayer, surrender, and inner purification as part of its healing process. The relationship between MHT and transpersonal psychology is therefore not one of simple adoption, but of selective integration: transpersonal psychology provides a language of consciousness, while tasawuf provides the theological and ethical direction of transformation.

Previous studies in transpersonal psychology have emphasized the importance of self-transcendence, expanded awareness, and spiritual experience in psychological development (Friedman & Hartelius, 2013; Wilber, 2016). Mindfulness and decentering studies also support the idea that individuals may experience psychological improvement when they are able to observe thoughts and emotions without being fully identified with them (Guo, 2024; Siegel, 2018). MHT is consistent with these studies because it also frames healing as a movement from reactive consciousness toward reflective awareness. Nevertheless, MHT differs from many transpersonal and mindfulness-based models in two important ways. First, MHT interprets awareness not merely as psychological presence, but as spiritually accountable consciousness before God. Second, MHT interprets self-transcendence not as the dissolution of the self into impersonal awareness, but as the purification of the self so that it may return to fitrah and become more receptive to divine guidance. This is the novelty of MHT: it does not only bring Islamic spirituality into transpersonal psychology, but reconstructs transpersonal healing through Sufistic anthropology, particularly the concepts of nafs, qalb, ruh, fitrah, and tazkiyat al-nafs.

The broader meaning of this finding is that MHT offers an Islamic correction and enrichment of transpersonal psychology. Socially, it provides Muslim communities with a healing language that is compatible with contemporary psychological discourse while remaining rooted in Islamic spirituality. Historically, it reconnects modern healing practices with the classical Sufi concern for the purification of the soul and the transformation of consciousness. Ideologically, it resists the secularization of spirituality by insisting that healing, transcendence, and inner peace cannot be separated from divine orientation. This interpretation contributes to the wider field of Sufi psychotherapy by showing that transpersonal concepts such as presence, self-transcendence, and integrated awareness can be reread through Islamic categories. As a result, MHT does not merely translate tasawuf into modern psychological language; it also reorients modern psychology toward a theistic and Sufistic understanding of the human person.

The main strength of this finding is that it allows MHT to function as a bridge between two bodies of knowledge that are often discussed separately: transpersonal psychology and Islamic tasawuf. Positively, this bridge may enrich Islamic counseling, Sufi psychotherapy, and

holistic mental health studies by offering a model that speaks to both contemporary psychological concerns and Islamic spiritual commitments. However, the same bridge also contains possible risks. If the integration is not carefully formulated, MHT may be criticized either as an uncritical adoption of transpersonal psychology or as an overly speculative spiritual model. In addition, concepts such as consciousness, energy, and visualization must be defined with sufficient clarity so that they do not create conceptual ambiguity. Therefore, the strength of MHT depends on its ability to maintain a balance between openness to contemporary psychology and fidelity to Islamic theological principles.

Based on this finding, future development of MHT should proceed through three strategic steps. First, the conceptual relationship between transpersonal psychology and applied tasawuf must be clarified more systematically, especially by defining which concepts are adopted, which are modified, and which are reoriented through Islamic theology. Second, MHT needs to develop a more precise conceptual vocabulary so that terms such as consciousness, energy, de-layering, fitrah, and tazkiyat al-nafs can be understood within an academically accountable framework. Third, future research should compare MHT with other spiritually integrated therapies, including Islamic psychotherapy, mindfulness-based interventions, and transpersonal counseling, to identify its unique contribution and practical boundaries. Through these steps, MHT can be positioned not as an eclectic spiritual technique, but as a structured model of Islamic transpersonal healing grounded in applied tasawuf.

### ***Applied Tasawuf and the Recontextualization of Maqāmāt in Contemporary Healing***

The findings of this study show that MHT recontextualizes classical Sufi maqāmāt into a contemporary model of psychospiritual healing. In classical tasawuf, maqāmāt refer to gradual spiritual stations through which the seeker disciplines the self, purifies the heart, and moves closer to God. In MHT, these stations are not treated only as abstract moral ideals, but are interpreted as practical stages of inner transformation. Taubah becomes the movement of self-correction and return from egoic error; zuhud becomes the release of excessive attachment; sabr becomes emotional discipline and resilience; tawakkal becomes trust after effort; and riqā becomes mature acceptance and serenity. Through this recontextualization, the movement from E-A-K to S-M-B-T can be understood as a contemporary expression of maqāmāt: the self moves from ego, anger, and desire toward purity, clarity, wisdom, and tranquillity through the process of tazkiyat al-nafs.

This finding occurs because MHT interprets healing through a Sufistic anthropology in which the human being is not merely a psychological organism, but a spiritual subject whose inner condition is shaped by the relation between nafs, qalb, ruh, and fitrah. In this framework, suffering does not arise only from emotional dysregulation or cognitive distortion, but also from the veiling of fitrah by egoic attachment, anger, desire, and heedlessness. Maqāmāt provide the pathway through which these veils are gradually removed. Taubah opens the process by allowing the self to recognize its disorder and return to sincerity. Zuhud weakens attachment to external validation and worldly dependence. Sabr transforms emotional impulsivity into endurance and reflective strength. Tawakkal reduces excessive control and anxiety by orienting the self toward divine trust. Riqā completes the process by transforming resistance into acceptance and serenity. Therefore, maqāmāt become the spiritual mechanism through which MHT translates inner purification into a healing process.

This interpretation is consistent with classical Sufi literature, which understands maqāmāt as disciplined stages of spiritual purification and moral transformation (Al-Ghazali, 2015; Al-Qusyairi, n.d.; Seyyed Hossein Nasr, 2019b). It is also supported by recent Indonesian scholarship that reads five main maqāmāt taubah, zuhud, sabr, tawakkal, and riḍā as important stages in the formation of psychological stability and spiritual health. In addition, contemporary studies on Islamic psychotherapy show a growing tendency to integrate Islamic principles with modern therapeutic models, while systematic reviews on Sufi spirituality report a positive relationship between Islamic-Sufi practices and mental well-being, including reduced anxiety and depression, although the methodological quality of existing studies still needs improvement. MHT is similar to these studies because it places Sufi spirituality within the discourse of mental well-being. However, its novelty lies in the attempt to operationalize maqāmāt through the E-A-K and S-M-B-T structure. Rather than discussing maqāmāt only as normative spiritual virtues, MHT uses them as a psychospiritual map that explains how reactive consciousness may be transformed into purified, wise, and serene consciousness.

The broader meaning of this finding is that MHT contributes to the renewal of tasawuf as an applied science of healing. Historically, tasawuf has long functioned as a discipline of inner transformation, but in many contemporary contexts it is often discussed primarily as doctrine, ritual, or moral teaching. MHT reopens the therapeutic dimension of tasawuf by showing that maqāmāt can be reread as stages of psychological and spiritual recovery. Socially, this interpretation is important because Muslim communities increasingly face mental health challenges that are not only clinical, but also existential, relational, and spiritual. Ideologically, MHT resists the separation between spirituality and healing by proposing that the purification of the soul has direct relevance for emotional regulation, resilience, meaning-making, and serenity. Thus, the recontextualization of maqāmāt enables tasawuf to speak to contemporary healing discourse without losing its theological depth.

The main strength of this finding is its ability to make classical Sufi concepts more accessible for contemporary healing practices. By connecting taubah, zuhud, sabr, tawakkal, and riḍā with psychological processes such as self-correction, detachment, resilience, trust, and acceptance, MHT offers a language that can be understood by both spiritual practitioners and mental health scholars. However, this recontextualization also contains potential risks. If maqāmāt are reduced merely to therapeutic techniques, their theological and devotional depth may be weakened. Conversely, if they are presented only as spiritual ideals without methodological clarity, their relevance for contemporary counseling and psychotherapy may remain abstract. Therefore, the challenge for MHT is to maintain the balance between fidelity to Sufi tradition and methodological accountability in modern healing discourse.

Based on this finding, future development of MHT should take several steps. First, the relationship between each maqām and specific psychospiritual indicators should be clarified, for example by linking taubah with self-awareness and moral repair, zuhud with detachment from maladaptive attachment, sabr with emotional regulation, tawakkal with anxiety reduction, and riḍā with acceptance and meaning-making. Second, future studies should examine how these maqāmāt are experienced in actual MHT practice through qualitative interviews, participant observation, or counseling case studies. Third, training modules for Islamic counseling or Sufi psychotherapy should include ethical guidance so that maqāmāt are not used to blame individuals for suffering, but to support compassionate self-reflection and spiritual growth. Fourth, interdisciplinary collaboration between scholars of tasawuf, psychologists, counselors, and health professionals is needed to ensure that the application of maqāmāt in healing remains both theologically grounded and professionally responsible.

Through these steps, maqāmāt can be developed not merely as classical spiritual doctrine, but as a living framework for applied tasawuf in contemporary holistic healing.

### ***Implications for Sufi Psychotherapy, Islamic Counseling, and Holistic Mental Health***

The findings of this study indicate that MHT has important implications for the development of Sufi psychotherapy, Islamic counseling, and holistic mental health. The model offers a conceptual framework in which healing is understood through the integration of consciousness transformation, emotional regulation, and spiritual purification. In this framework, E-A-K explains the reactive condition of the self, S-M-B-T explains the purified and integrated state of consciousness, while fitrah, maqāmāt, and tazkiyat al-nafs provide the Sufistic foundation for inner transformation. These findings suggest that MHT may serve as a bridge between contemporary mental health discourse and Islamic spiritual anthropology, particularly by showing that psychological healing and spiritual growth can be understood as interconnected processes.

The implication emerges because MHT does not separate mental well-being from moral and spiritual orientation. In Sufi psychotherapy, psychological distress may be interpreted not only as emotional disturbance, but also as a sign of imbalance in the relationship between nafs, qalb, ruh, and fitrah. In Islamic counseling, this model offers a structured way to guide clients from reactive patterns toward reflective awareness, self-purification, and God-centered meaning. In holistic mental health, MHT contributes to the idea that healing should involve the body, emotion, cognition, spirituality, and existential purpose. This explains why MHT is relevant for integrative care: it provides a framework in which awareness, prayer, intention, surrender, and moral refinement function as mutually reinforcing dimensions of healing (Al-Ghazali, 2015; Koenig et al., 2023; Seyyed Hossein Nasr, 2019a; Pargament, 2017).

This implication is consistent with studies on spiritually integrated psychotherapy, which argue that religion and spirituality may become meaningful resources in coping, resilience, and recovery when they are used ethically and contextually. It also aligns with contemporary Islamic psychotherapy studies that emphasize the integration of Islamic values with modern therapeutic approaches (Haramain & Afiah, 2024). However, MHT offers a distinctive contribution because it does not merely add religious advice to counseling practice. Instead, it provides a psychospiritual structure through E-A-K, S-M-B-T, fitrah, maqāmāt, and tazkiyat al-nafs. Its novelty lies in the attempt to formulate applied tasawuf as a consciousness-based healing model that can be discussed within both Islamic studies and contemporary mental health scholarship.

The broader meaning of this finding is that MHT may help reposition tasawuf as a living source of psychological and spiritual healing. Socially, it offers Muslim communities a culturally and religiously resonant approach for understanding suffering, emotional burden, and inner conflict. Historically, it revives the therapeutic dimension of tasawuf by showing that concepts such as nafs, qalb, fitrah, maqāmāt, and tazkiyat al-nafs remain relevant for contemporary mental health challenges. Ideologically, it challenges the separation between religion and healing by proposing that spiritual purification can be a meaningful part of psychological recovery. In this sense, MHT contributes to a wider discourse on holistic mental health by showing that Islamic spirituality is not only a source of belief, but also a structured framework for self-transformation.

The positive implication of this model is that it can enrich Islamic counseling and Sufi psychotherapy with a clearer language of transformation. MHT helps explain how a person may move from egoic reactivity, anger, and attachment toward sincerity, clarity, wisdom, and

serenity. However, the model also has potential limitations. If it is applied without professional boundaries, MHT may be misunderstood as a substitute for clinical diagnosis, psychotherapy, psychiatric treatment, or medical intervention. There is also a risk of spiritualizing psychological suffering too simplistically, for example by assuming that distress is always caused by weak spirituality. Therefore, MHT must be used carefully as a complementary psychospiritual framework, not as a replacement for evidence-based clinical care.

Based on this discussion, several practical steps are needed. First, MHT should be developed as a complementary model for Islamic counseling and Sufi psychotherapy, with clear ethical boundaries and referral mechanisms for cases requiring clinical or medical treatment. Second, future research should translate the key concepts of MHT into operational indicators, such as egoic reactivity, emotional impulsivity, desire-based attachment, reflective awareness, spiritual serenity, and God-centered meaning. Third, empirical studies should examine MHT through qualitative case studies, counseling practice, intervention research, or mixed-method designs. Fourth, training for practitioners should include spiritual competence, psychological literacy, informed consent, and awareness of clinical risk. Through these steps, MHT can be developed as an accountable model of applied tasawuf that contributes to holistic mental health without losing its theological foundation.

To synthesize the overall discussion, Table 4 summarizes the relationship between the main findings, theoretical interpretation, scholarly contribution, and practical implications of MHT. This visualization shows how the three findings developed in the Results section are expanded in the Discussion into a broader argument about applied tasawuf, transpersonal psychology, and holistic mental health.

**Table 4.** Integrative Summary of Findings and Discussion

Main Finding	Core Meaning	Discussion Focus	Scholarly Contribution	Practical Implication
<b>MHT as a transpersonal-sufistic healing model</b>	Healing is understood as transformation of consciousness, not merely symptom reduction	Reframing healing from symptom management to consciousness transformation	Expands healing discourse by integrating transpersonal psychology with applied tasawuf	Provides a conceptual basis for holistic and spiritually sensitive healing
<b>E-A-K and S-M-B-T as a psychospiritual map</b>	E-A-K represents reactive consciousness, while S-M-B-T represents purified and integrated consciousness	Explains the movement from egoic reactivity to reflective and God-oriented awareness	Offers a structured model linking psychological regulation with Sufistic purification	Can guide Islamic counseling in identifying reactive patterns and supporting inner transformation
<b>Fitrah, maqāmāt, and tazkiyat al-nafs as the Sufistic foundation of MHT</b>	Healing is a return to fitrah through gradual purification and spiritual discipline	Recontextualizes maqāmāt as stages of contemporary psychospiritual healing	Revives classical Sufi concepts as living frameworks for mental and spiritual well-being	Supports the development of Sufi psychotherapy grounded in taubah, zuhud, sabr, tawakkal, and riqā
<b>MHT for Sufi psychotherapy,</b>	Psychological recovery and	Positions MHT as a complementary	Bridges Islamic spiritual	Requires ethical guidelines,

Main Finding	Core Meaning	Discussion Focus	Scholarly Contribution	Practical Implication
<b>Islamic counseling, and holistic mental health</b>	spiritual growth are interconnected	model, not a substitute for clinical care	anthropology and contemporary mental health studies	empirical testing, practitioner training, and interdisciplinary collaboration

## 5. CONCLUSION

This study concludes that Mind Healing Technique (MHT) can be conceptually positioned as a transpersonal-sufistic model of consciousness-based healing. The main finding shows that MHT reframes healing not merely as symptom reduction, but as a process of transforming consciousness from egoic reactivity toward purified, reflective, and God-oriented awareness. This transformation is expressed through the movement from Ego–Amarah–Keinginan (E-A-K) to Suci–Murni–Bijak–Tenang (S-M-B-T), in which ego, anger, and desire are gradually purified into sincerity, clarity, wisdom, and serenity. Within this framework, healing is understood as a return to fitrah through tazkiyat al-nafs and the gradual internalization of maqāmāt such as taubah, zuhud, sabr, tawakkal, and riḍā.

The scientific contribution of this study lies in its attempt to integrate transpersonal psychology, Islamic spiritual anthropology, and applied tasawuf into a coherent model of psychospiritual healing. MHT offers a conceptual bridge between modern theories of consciousness and classical Sufi concepts of nafs, qalb, ruh, fitrah, maqāmāt, and tazkiyat al-nafs. By doing so, this study expands the discourse of Sufi psychotherapy and Islamic counseling by showing that classical Sufi teachings can be recontextualized as a living framework for contemporary holistic mental health. The novelty of this article lies not simply in combining psychology and spirituality, but in formulating MHT as an Islamic transpersonal healing model grounded in the theological orientation of purification, surrender, and nearness to God.

Nevertheless, this study has several limitations. Since it is conceptual in nature, the findings do not provide clinical evidence of MHT’s effectiveness in treating psychological or physical disorders. The model developed in this article should therefore be understood as a theoretical and complementary framework, not as a substitute for professional medical, psychological, or psychiatric intervention. Future studies need to examine MHT through empirical research, including qualitative case studies, counseling-based research, intervention studies, and mixed-method designs. Further research should also operationalize key concepts such as E-A-K, S-M-B-T, de-layering, fitrah, and tazkiyat al-nafs into measurable or observable indicators, so that MHT can be developed more rigorously as an accountable model for Sufi psychotherapy, Islamic counseling, and holistic mental health practice.

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### About the Contributor(s)

Ahmad Jais, Dr., S.Ag., M.Ag., MHT, is a scholar of Sufism and psychotherapy and a lecturer at IAIN Pontianak, Indonesia. His academic and practical interests focus on Sufi psychotherapy, Islamic spirituality, holistic healing, and the integration of spiritual consciousness into contemporary therapeutic practices. He is the initiator of Mind Healing Technique (MHT), an Islamic spirituality-based psychotherapeutic innovation with a Sufistic orientation that integrates affirmation, relaxation, self-awareness, and inner purification for holistic healing of the body, mind, and soul. Through MHT,

he seeks to develop an applied tasawuf approach that connects classical Sufi values with contemporary needs for psychological well-being, spiritual balance, and consciousness-based healing..

Email: [ahjaza@gmail.com](mailto:ahjaza@gmail.com)

ORCID ID: <http://orcid.org/xxxx-xxxx-xxxx-xxxx>

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