Mysticism and Spiritualism in the Contemporary Era: Fostering Mental Resilience Amid Modern Challenges

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Abstract:

This interdisciplinary study bridges psychology, neuroscience, and mystical theology to elucidate mysticism and spirituality's therapeutic role in mental health, particularly in cultivating resilience, emotional stability, and existential recovery. Through descriptive-qualitative analysis of empirical studies, classical theories, and sacred texts across traditions, it probes neurobiological underpinnings—such as Default Mode Network (DMN) dynamics in mystical states—and distinguishes these ethically/clinically from psychosis. Findings reveal that practices like meditation, kataphatic contemplation, and guided visualization modulate brain networks governing emotional regulation, empathy, moral cognition, and autobiographical memory. Framed within coherent ethical narratives, mystical experiences forge existential meaning, aiding adaptation to trauma, loss, and identity crises, thus transcending mere stress reduction toward transformative self-renewal. Yet integration into clinical practice demands navigating ethical complexities: scientific validation, religious bias risks, and safeguarding patient autonomy amid cultural diversity. This research proffers a holistic framework for spirituality in mental health care, urging epistemological openness, interfaith dialogue, and alignment with global models (e.g., US, UK, India, Canada). Ultimately, it posits existential insight and cultural humility as indispensable to contemporary psychological care.

Keywords: clinical ethics; Default Mode Network; existential recovery; mental health; transcendent experience.

INTRODUCTION

In recent decades, a paradigm shift in psychology and neuropsychiatry has opened up space for a more open exploration of the spiritual dimension of humankind. One such revitalized discourse is the role of mystical experiences in mental health (VanPool & VanPool, 2023). Mysticism, previously considered a theological or even metaphysical domain, is beginning to be reexamined in a scientific context as a potential source of psychological resilience, emotional well-being, and meaning in life (Traversa, 2022). This phenomenon suggests that profound religious experiences not only have subjective value but also impact brain structure and function, as evidenced by findings in neurotheology and transpersonal psychology. However, amidst the enthusiasm for integrating spirituality into mental health science, various epistemological and methodological challenges have emerged that remain unresolved.

One of the key research gaps underlying this research is the lack of a robust scientific framework to accurately distinguish between healthy mystical experiences and pathological psychotic symptoms. Numerous clinical cases demonstrate that intense spiritual experiences are often misunderstood as forms of psychiatric disorders, or conversely, psychotic conditions containing religious elements are dismissed as "mystical experiences." This is not only confusing at the diagnostic level but also potentially leads to mistreatment that is detrimental to the individual (Milner, 2023). The scientific literature remains limited in explaining how neurological, psychological, and spiritual indicators can be used together to objectively and ethically differentiate between these two types of experiences. This is a crucial gap that needs to be bridged through interdisciplinary dialogue, so that understanding of human spirituality is not confined to the traditional categories of pathology and normality.

Furthermore, although various studies have highlighted the benefits of contemplative practices such as meditation, zikr, or prayer in reducing anxiety and improving quality of life, there are still limitations in empirical testing of spontaneous and profound mystical experiences, especially those that do not originate from structured interventions (Aldbyani, 2025). These practices and experiences are often marginalized from scientific studies due to the complexity of their subjectivity and the instability of their variables (Buchanan & Wiklund, 2021). This research aims to broaden the scope of these studies by more comprehensively embracing the dimensions of mystical experiences, including those that are non-traditional or cross-cultural. Using an interdisciplinary approach that encompasses psychology, neuroscience, and theology, this study seeks to present an integrative model that not only explains but also appreciates the complexity of spiritual experiences in human life.

The relevance of this research is crucial, considering the increasing need in modern society for a more holistic, humane, and meaningful approach to mental health. This research aims to: (1) enrich clinical understanding in differentiating mystical experiences from psychotic disorders, thereby preventing misdiagnosis and increasing empathy in professional practice; (2) provide scientific validation of spiritual practices as part of efforts to improve mental health and psychological resilience; (3) build a conceptual and methodological foundation for the development of ethical, inclusive, and contextual spirituality-based therapies; (4) strengthen interdisciplinary collaboration to understand the complexity of human experience as a whole; and (5) provide a real contribution to the development of educational curricula and mental health policies that are more open to spirituality as an essential dimension of well-being.

Thus, this research not only adds to the academic literature on spirituality and mental health, but also encourages a transformation in how we understand and respond to human suffering. It offers a conceptual framework and empirical evidence for designing more integrative mental health practices that not only treat symptoms but also nurture the soul. This approach is increasingly relevant amid the rising global rate of mental disorders and the existential crisis plaguing the modern generation. Therefore, opening up space for mysticism in mental health practices is not a step backward into irrationality, but rather a progression toward a more holistic understanding of humans as simultaneously biological, psychological, and spiritual beings (Rudenko et al., 2025).

METHOD

This research employs a descriptive-qualitative approach, with literature review and conceptual analysis as its primary framework (Stanley, 2023). This approach was chosen because the study's purpose is not simply to describe facts or empirical data, but also to explore and deeply understand the complex relationship between mystical experiences, spirituality, and mental health within the framework of psychology,

neuroscience, and theology. In this context, literature review is not merely a passive means of data collection but an active medium for developing a synthesis of interdisciplinary knowledge and critical reflection on existing discourse. The researcher utilizes a variety of sources, ranging from cutting-edge scientific journals and classic theoretical works to historical documents that explicitly and implicitly discuss the meaning and function of mystical experiences for human mental health.

The methodological steps begin with a comprehensive and selective data collection process. Researchers systematically review primary and secondary literature relevant to the study's focus, including scientific publications on neuropsychology, the psychology of religion, spirituality in therapy, and studies of mystical experiences from a cross-cultural perspective. These sources are not only reviewed for their content but also critiqued for methodological validity, sociocultural context, and epistemological bias toward a particular paradigm (Stanley, 2014).

The next stage was an in-depth content analysis of the selected texts to identify key patterns, central themes, and conceptual representations related to the integration of mysticism into mental health practice (Tunison, 2023). In this process, researchers classified various concepts into analytical categories such as: forms of mystical experience, neuropsychological indicators, therapeutic value, ethical challenges, and contextual relevance in contemporary mental health services.

After identifying themes, the process continues to the conceptual synthesis stage. Here, findings from diverse sources are linked and integrated into a narrative framework that comprehensively explains how the relationship between mystical experiences and mental health can be read, analyzed, and interpreted in an academic setting. This synthesis is dialogic, where empirical data from neuroscience are combined with theoretical frameworks from the psychology of religion and classical theological thinking on the soul and spiritual healing (Bottaccioli & Bottaccioli, 2024).

The final stage is interpretation and drawing conclusions, where researchers develop arguments to support or challenge specific theoretical assumptions and make recommendations for future theory and practice development. The conclusions drawn are not normative, but rather reflective and open to further research. In this regard, the approach used allows for the development of a broad and in-depth framework of understanding and offers an important contribution to integrative efforts to link spiritual experiences with evidence-based scientific approaches (Richards & Barkham, 2022).

By combining literature review, textual analysis, and multidisciplinary synthesis, this method provides a strong foundation for further exploring the potential of mysticism as a psychological and spiritual resource for addressing mental health challenges in the modern era. Furthermore, this approach emphasizes the importance of ethical sensitivity and holistic understanding in examining human experiences that cannot be fully explained by conventional scientific reductionism.

RESULTS AND DISCUSSION

This research reveals that mystical experiences and spiritual practices are not merely subjective phenomena beyond the reach of science, but rather have significant and empirically observable correlations with human mental health and neurological function. The results of the literature review and conceptual analysis indicate a close relationship between individual engagement in spiritual practices and a more stable, resilient, and existentially meaningful psychological state. The discussion in this section is divided into several key themes to clarify the relationship between mysticism, spirituality, and mental health, as well as to develop theoretical constructs for their potential contributions to clinical practice.

The Influence of Mysticism on the Brain and Neuropsychiatric Function

One of the key findings of this research is that mystical experiences and structured spiritual activities such as meditation, contemplative prayer, and mindfulness practice can activate specific regions of the brain involved in emotional regulation, attention, and empathy. Several neuropsychiatric studies have found that the prefrontal cortex (especially the dorsolateral and ventromedial regions), the anterior cingulate cortex (ACC), and limbic areas such as the amygdala and nucleus accumbens show increased activity during profound religious or spiritual experiences (Calvetti et al., 2021). These regions are known to be central to the regulation of self-control, morality, and social emotions.

Research conducted (Tomasi, 2020) Research in neurotheology highlights that individuals who engage in intense meditation practices over a period of time exhibit changes in activity in the parietal lobe, which is associated with self-perception in space and time. These changes are thought to be related to the emergence

of mystical experiences involving a sense of universal connectedness and ego-release. In this context, mysticism is not a neurotic illusion, but rather a shift in consciousness that can be explained through neurophysiological dynamics. Furthermore, regular spiritual practices have been shown to lower levels of stress hormones like cortisol and increase the production of serotonin and dopamine, two neurotransmitters important for mood stability (Qi et al., 2025).

In terms of mental health, these findings have significant implications. Activating specific brain areas during spiritual practices helps individuals develop the capacity to respond more adaptively to stress, enhance psychological resilience, and strengthen executive function in decision-making (Roszak et al., 2025). This is particularly relevant for those experiencing anxiety disorders, depression, or trauma, where the ability to regulate emotions is often impaired (Ouhmad et al., 2023). Therefore, incorporating elements of spirituality into mental health therapy is not only based on religious values, but also has strong biological justification.

In addition to neurological effects, mystical experiences also play an important role in overcoming the existential crises that characterize modern mental disorders (Kuravsky, 2025). In humanistic and existential psychology, especially the thinking of Viktor Frankl, the search for the meaning of life is a key component of mental recovery and health (de Carvalho & Moreira-Almeida, 2024). Mystical experiences often bring a sensation of connectedness that transcends the boundaries of the personal ego, both to God, the universe, and fellow human beings, which in turn fosters a feeling of peace, direction, and deep meaning in life.

Many patients with a history of trauma or profound loss report that spiritual experiences, whether through religious rituals or spontaneous transcendental experiences, provide them with a new foundation for interpreting their suffering and redefining their purpose in life (Doehring, 2019). This is not merely psychological comfort, but rather a cognitive restructuring that changes how individuals interpret their lived reality. In other words, mystical experiences function as a cognitive reappraisal mechanism, a reinterpretation mechanism that helps individuals restructure their existential narrative (Walther & van Schie, 2024).

A number of studies have also found that individuals who are spiritually active have higher levels of subjective well-being and life satisfaction (Pérez & Rohde, 2022). This can be explained through value orientation theory and self-determination theory, which position spirituality as one of the deepest sources of intrinsic motivation. In this context, mystical experiences become peak experiences that strengthen a sense of identity, inner wholeness, and broader moral awareness (Chen et al., 2023).

Although various benefits of mystical experiences have been identified, a major clinical challenge is distinguishing between healthy spiritual experiences and harmful psychotic symptoms. Both can present with similar characteristics such as hallucinations, feelings of union with the divine, or intense perceptions, but they have different contexts, intentions, and consequences. Mystical experiences tend to bring feelings of peace, meaning, and integration, while psychotic experiences often create fear, disorientation, and fragmentation of identity (Schmidt & Stockly, 2024).

In many conventional psychiatric practices, spiritual experiences are often misunderstood as symptoms of mental disorders, which causes many individuals to not disclose the spiritual aspects of their lives for fear of being stigmatized (Alqasir & Ohtsuka, 2024). This shows the need to update the curriculum of psychiatric and psychological education to be more sensitive to religious and spiritual experiences, and to be able to carry out assessments that differentiate between spiritual crises (spiritual emergencies) and pathological mental disorders.

One approach proposed in this study is the importance of integrating the biopsychosocial-spiritual model into diagnosis and intervention. This model emphasizes that humans are multidimensional beings, and that holistic mental health must address spiritual needs as a component. Therefore, psychologists and psychiatrists need to develop interpretive skills that are not solely based on the DSM or ICD, but also rooted in cross-cultural and theological understanding (Subandi et al., 2024).

This research also shows that mystical practices have great potential for application in mental health therapy approaches, both as primary and complementary therapies. Interventions such as spiritual counseling, logotherapy, mindfulness-based cognitive therapy (MBCT), and religious coping strategies have been shown to be effective in treating a variety of psychological conditions, including depression, PTSD, anxiety disorders, and adjustment disorders (Berna et al., 2024).

Spiritual traditions of various religions have healing techniques that can be utilized selectively in clinical practice such as Sufi breathing techniques, contemplation in mystical Christian traditions, zazen in Buddhism, and wirid in Islam (Zahir & Qoronfleh, 2025). This approach not only enriches the therapeutic practice but also provides a space for patients to feel fully valued as spiritual beings. Thus, the integration of mystical

experience and therapeutic practice is not only possible but necessary for more contextual and meaningful mental health services (Milner et al., 2020).

However, this application must be carried out with strict ethical considerations. Mental health practitioners should not impose a particular spiritual interpretation, but rather should position themselves as facilitators, helping patients find their own path based on their personal values and beliefs (Kiyimba & Anderson, 2022). In this way, the therapy process does not become a dogmatic instrument, but rather a space for authentic inner dialogue and reflection.

Spirituality as a Space for the Recovery of Meaning and Psychological Resilience

Spirituality and mysticism have been part of human psychological support systems long before modern science even knew the term "therapy." In this context, spiritual experience is understood not only as a normative religious activity, but as an inner path capable of providing psychological wholeness and profound self-integration (Ihsan et al., 2022). In spiritual experiences, individuals find a safe space to reimagine their lives reflectively, especially when faced with life's pressures that tear at emotional stability and existential meaning. Mysticism, with the depth of inner encounter it offers, introduces individuals to a dimension beyond rational logic—a realm of consciousness that often becomes a source of serenity and acceptance of life as it is (Thakadipuram, 2024).

In contrast to cognitive reasoning-based therapeutic interventions that seek to change ways of thinking, spiritual practices provide space for total acceptance of complex life experiences, including suffering (Ozcan et al., 2021). This process allows for the development of psychological resilience, not because the individual avoids problems, but because they construct new meaning from their experiences. The feelings of hopelessness or loss of direction often experienced in psychological disorders can actually become turning points when confronted within a profound spiritual framework (Flint & Ronel, 2024). Through prayer, contemplation, and other spiritual rituals, a person not only finds momentary peace, but also a direction in life that is more integrated with inner values that may have been neglected.

Spiritual practices such as meditation, silence, and contemplation play a role in strengthening self-awareness and inner control (Thakadipuram, 2023). These practices encourage a healthy distance between individuals and their own thoughts, thus preventing them from becoming trapped in prolonged cycles of anxiety, anger, or sadness. Through familiarization with spiritual practices, individuals learn to face stress slowly, with a courage born not of resistance but of clear, conscious acceptance. Numerous studies of spiritual psychology have found that individuals with a strong spiritual orientation tend to have higher levels of self-efficacy and more adaptive coping mechanisms in dealing with life's stresses (Darvishi et al., 2020).

Furthermore, mystical experiences often lead a person to a form of transcendence that softens the ego and opens up space for greater empathy, gratitude, and concern for others (Allison, 2024). In this context, psychological resilience is not only seen as the ability to survive, but as the ability to thrive and contribute positively to social life (Zábó et al., 2023). Many people, after experiencing intense spiritual experiences, are able to transform their lives into something more meaningful, either by becoming agents of healing in their communities or by strengthening healthier, more loving personal relationships. This is the social dimension of spiritual resilience: the power to rise, restore oneself, and create new meaning, not only for oneself but also for those around us.

Thus, the benefits of spirituality and mysticism in supporting mental health and psychological resilience lie not only in their temporary calming effects, but also in their capacity to reshape the way humans understand suffering, accept imperfection, and rediscover a more whole and meaningful direction in life (Yu, 2025). Spirituality is not only a solace, but also a path of existential healing that offers inner depth and flexibility in facing the complexities of modern life.

The Role of Memory and Mystical Experience

One important aspect in understanding the influence of mysticism on mental health is how these experiences are recorded and processed in memory, and how the brain restructures perception and awareness through what is known as the default mode network (DMN). The DMN is a brain network system that is active when an individual is at rest and not directly focused on external stimuli, such as when contemplating, remembering the past, or imagining the future (Mancuso et al., 2022). This network is closely linked to the construction of self-identity, life narratives, and moral and existential evaluation processes. In deep spiritual practices, such as meditation or contemplation, DMN activity often decreases significantly

(Mancuso et al., 2022). This decline allows the individual to experience ego dissolution, which is a state in which the boundaries between the "I" and the outside world become blurred, opening up space for the emergence of transcendent mystical experiences.

Experiences like these are not merely temporary, but can leave powerful memory traces and have a lasting impact on a person's thought patterns and emotional responses. Unlike psychotic experiences, which typically create disorientation, fear, and a fragmentation of reality, mystical experiences tend to produce a profound sense of connection, wholeness, and peace (Ngan & Thu Hang, n.d.). This suggests that structurally and functionally, mystical and psychotic experiences exist in two distinct dimensions, despite sometimes appearing similar in symptomatology. This distinction is important to understand clinically so that authentic spiritual experiences are not mistakenly categorized as psychiatric disorders. Memories of meaningful mystical experiences also have therapeutic potential, particularly when individuals are able to reflect on them in a new life narrative (Lutkajtis, 2021). In many cases, memories of transcendental experiences become a source of self-strengthening when a person faces severe stress, a kind of inner anchor that reminds him of the deepest meaning of existence.

Furthermore, the role of memory in the context of mysticism also touches on the process of reconstructing self-identity. When someone undergoes an intense spiritual experience, they often reinterpret their past not as a series of failures or suffering, but as part of a process toward a broader self-understanding (Wardrope & Reuber, 2022). In this process, memory becomes a productive field of reflection, not simply a repository for trauma. Thus, mystical experiences operate not only in the affective realm but also in the narrative realm, where memory, meaning, and identity are continually negotiated in the light of spirituality (Taves, 2020). The DMN's role in this regard is crucial because it functions as an "inner editor" that reassembles fragments of experience into a coherent narrative. When this system is reorganized through spiritual practices, the possibility of reframing life stories becomes more open, and this is where authentic healing can occur.

Thus, mystical experiences and the accompanying memorization processes not only have neurological impacts, but also touch on aspects of identity and life orientation as a whole (Trivedi, 2024). This distinguishes it from pathological conditions like psychosis, which create rifts in the self-narrative. In mystical experiences, the self-narrative can be strengthened and deepened. Thus, the influence of mystical experiences on the DMN and memory processes opens up valuable therapeutic possibilities in the modern mental health field, provided the approach is contextualized and sensitive to the spiritual values inherent in human experience.

Integration of Neuroscience and Mystical Traditions

One of the important developments in contemporary understanding of spirituality and mental health is the growing awareness of the need to integrate modern neuroscience with the heritage of mystical traditions (Rosmarin et al., 2022). This integration is not simply an attempt to bridge science and religion, but rather a recognition that understanding the complex human experience requires a cross-disciplinary approach. In this regard, the cataphic approach—a spiritual practice involving the contemplation of specific images, symbols, and texts—offers a directed form of inner exploration, distinct from the apaphatic approach, which emphasizes silence and emptying the mind (Gornandt, 2023). Kataphatic is not a merely passive or imaginative activity, but rather an active process involving intense focus on symbolic realities experienced as manifestations of something divine or transcendent.

When cataphatic practices such as meditation on sacred texts, visualization of spiritual symbols, or repetition of sacred names are practiced regularly and mindfully, neuroscience studies show marked changes in brain activity. Areas such as the dorsolateral prefrontal cortex and temporoparietal junction show heightened involvement in processing symbolic meaning, interpersonal relationships, and empathy (Nejati et al., 2023). In this context, the feeling of oneness with an object of contemplation, whether a divine being, sacred values, or the universe, can be seen as a neuropsychological response to the intensity of emotional and cognitive engagement in spiritual practices (Jaysawal & Saha, 2023). Rather than being considered a hallucination or illusion, this feeling demonstrates the human brain's capacity to respond deeply to meaning and value, a dimension often overlooked by conventional, mechanistic therapeutic models.

From a practical perspective, the integration of neuroscience and mystical traditions opens up new opportunities for the development of more holistic therapeutic interventions. Spiritual practices rooted in the cataphatic tradition, such as contemplative reading of scripture, sacred visualizations, or even religious art used as a medium for meditation, can be used as therapeutic methods to strengthen self-awareness, build

positive inner relationships, and reduce existential anxiety (Mancia, 2023). This approach not only helps individuals find peace but also heals the fractured relationship between mind, body, and meaning. When science opens itself to the symbolic depths of mystical traditions, and vice versa, when spiritual traditions begin to engage science as a dialogue partner, what results is not a conflict, but an enriching synergy. Neuroscience provides tools for understanding how mystical practices operate physiologically and psychologically, while mystical traditions provide a framework for meaning that taps into the deepest aspects of human existence (Rodrigues et al., 2023).

Ethical Challenges and Critical Thinking in the Integration of Spirituality and Mental Health

Although spirituality and mysticism are increasingly recognized as potential psychological resources in the field of mental health, the path to integrating them into clinical practice remains far from smooth. Numerous ethical challenges and epistemological critiques continue to emerge, indicating that these approaches cannot be practiced naively or imposed within the framework of modern therapy, which remains deeply tied to a positivistic paradigm. Rather, openness to the spiritual dimension requires a cautious approach, coupled with sensitivity to the context, the patient's background, and the methodological limitations of the science we employ (Refolo et al., 2025).

One of the most fundamental challenges concerns the scientific validity of mystical experiences themselves. In the tradition of modern science, which prioritizes empirical observation, data replication, and objective verification, spiritual experiences are often considered too subjective and not universally verifiable (Allioua, 2025). Many experts in clinical psychology and psychiatry remain skeptical of transcendental claims because they are considered to fall short of established methodological criteria. Experiences such as sensing the presence of God, hearing spiritual voices, or feeling one with the universe are difficult to demonstrate neurologically or physiologically in a consistent manner (Maraldi et al., 2024). This raises concerns that accepting spirituality as part of mental health interventions could open up space for pseudo-science, or even reinforce therapist biases towards certain belief systems.

This criticism cannot be ignored, because in some cases, spiritual practices are indeed misused in clinical contexts, for example when therapists or counselors push their personal religious agenda rather than helping clients construct meaning from their own inner experiences (Neves, 2022). Cases like these highlight the need to draw a clear line between spirituality-based interventions and religious indoctrination. When therapists fail to respect a patient's spiritual values and beliefs, they risk retraumatization or spiritual alienation. This is especially important in the context of a pluralistic society like Indonesia, where religious backgrounds, cultures, and spiritual experiences are highly diverse. Integrating spirituality into therapy must avoid the assumption that mystical experiences are universal, or that one form of religious experience applies equally to all individuals (Taylor, 2023).

Furthermore, another challenge arises from the diversity of interpretations of the mystical experience itself. In one tradition, the experience of union with God may be considered the pinnacle of spirituality; while in another tradition, a similar experience may be interpreted as a form of spiritual imbalance or even disorientation (Scrutton, 2024). Cross-cultural psychology has shown that the meaning and interpretation of inner experiences depend heavily on the social and symbolic structures that shape a person's life (Kirmayer, 2025). Therefore, incorporating mystical experiences into psychological therapy requires a deep understanding of the patient's cultural and symbolic background. Otherwise, there is a risk that experiences that are actually spiritually meaningful may be interpreted as clinical symptoms, or conversely, pathological symptoms may be framed as mystical experiences simply because they appear "religious."

In clinical practice, this creates a dilemma: how to distinguish between authentic spiritual experiences and psychopathological symptoms? Both often present in similar forms: for example, hearing voices, experiencing profound enlightenment, or feeling a revelation. Without contextual sensitivity and interdisciplinary understanding, the risk of misdiagnosis increases. Therefore, measurement tools and evaluation instruments are needed that consider not only the clinical dimension, but also the spiritual and cultural dimensions (Koenig & Al Zaben, 2021). Herein lies one of the great challenges of integrating spirituality: the absence of an adequate methodological consensus to assess spiritual experiences within an ethical and scientific therapeutic framework at the same time.

Furthermore, concerns about the potential manipulation of power in spiritual practices cannot be ignored. In many social contexts, holders of spiritual or religious authority often use their status to control or dominate psychologically vulnerable individuals (Lee, 2025). When spiritual elements are incorporated into

therapeutic practice, it is important to ensure that the power relationship between therapist and client is not tainted by personal, institutional, or ideological interests. Furthermore, the use of religious symbols in therapy can have ambivalent effects: they can provide a sense of security and meaning, but they can also resurface old traumas associated with religious authority (Radjack et al., 2022). This is especially important for individuals who have experienced abuse, exclusion, or judgment in a religious context. Therapists need to be vigilant to ensure that the integration of spiritual elements into therapy does not reopen unhealed wounds .

Ethical challenges also arise in the use of neurospiritual technologies and practices, which are now beginning to take the form of interventions that use brain scanners or neural stimulation to mimic spiritual experiences (Ng, 2025). While this opens up new possibilities for understanding the correlation between brain activity and transcendental experiences, this approach also raises philosophical and moral questions: can spiritual experiences be artificially engineered? Does authenticity of experience still have a place within the framework of neurointervention? On the one hand, this approach promises effectiveness; on the other, there are concerns that spirituality will be reduced to a mere biological mechanism, losing its personal, existential, and sacred meaning.

Furthermore, scientific skepticism often arises from the view that spirituality is too subjective an area to be the basis for psychological intervention (Rutjens et al., 2021). Many academics believe that incorporating spiritual elements into therapy actually weakens psychology's position as a neutral, evidence-based science. This challenge cannot be met with rhetoric or moral assumptions alone, but rather with the development of methodologies that are more reflective, participatory, and open to epistemologies other than classical positivism. A phenomenological approach, for example, can provide a way to bridge subjective spiritual experiences with systematic clinical observation (Gosseries et al., 2024). However, this certainly requires special training, interdisciplinary competence, and intellectual humility from both practitioners and researchers .

In a policy context, another challenge worth noting is the potential for institutional bias in formulating guidelines for integrating spirituality into mental health services. If spirituality is understood solely through the lens of a religious majority or dominant belief system, such an approach risks excluding minority groups, agnostics, or even atheists (Rabinowitz, 2024). Therefore, it is important to ensure that spirituality-based therapeutic policies and approaches are inclusive, non-dogmatic, and respect the patient's autonomy in interpreting and choosing their own spiritual path. In this regard, bioethical principles such as autonomy, beneficence, non-maleficence, and justice must remain the foundation (Ferrara, 2024).

It's also important to recognize that these integration challenges are not an excuse to isolate ourselves from spirituality, but rather a call to broaden the scientific and ethical horizons of mental health practice. Spirituality-based approaches can offer significant benefits if implemented carefully, based on data, and sensitive to the diversity of human experience (Nandram & Bindlish, 2024). This is precisely where the power of this approach lies: it invites science to not only heal the body and mind, but also to reach the inner wounds that are often untouched by medical logic alone. But for this to happen, ongoing dialogue is needed between clinical practitioners, theologians, philosophers, and patients themselves, to develop an approach that is ethical, inclusive, and personally meaningful .

Globally, attention to the role of spirituality in mental health has grown rapidly, particularly in countries with healthcare systems that have begun to adopt an integrative approach. In the United States, for example, the American Psychological Association (APA) has recognized the importance of considering the spiritual dimension in psychotherapy practice since the 1990s (Palitsky et al., 2023). Many large hospitals and rehabilitation centers offer pastoral care or spiritual care services that are not tied to a particular religion but are designed to help patients find meaning, hope, and inner peace during the healing process. In some therapy models, such as Mindfulness-Based Stress Reduction (MBSR) developed by Jon Kabat-Zinn, the spiritual dimension is present in the form of mindfulness, attention to breathing, and the practice of connecting with the universe (Crane et al., 2023). This practice has been scientifically proven to lower blood pressure, improve cognitive function, and reduce symptoms of depression.

In the UK, the National Health Service (NHS) has developed guidance for health professionals to integrate spiritual values into clinical services, particularly in the case of patients with chronic illness, existential trauma and severe mental illness (Phiri et al., 2022). In Canada, narrative therapy approaches that incorporate local spirituality, such as First Nations indigenous practices, are also beginning to be used as part of trauma and addiction therapy (Panofsky et al., 2021). This shows an awareness that spirituality cannot be separated from the structure of identity and the way individuals understand suffering .

Meanwhile, in India, the integration of spirituality into mental health has long been an inherent part of their medical tradition. The Ayurvedic and Yoga Psychology approaches functionally integrate body, mind, and spirit and have been recognized by the World Health Organization (WHO) as a heritage of knowledge that can be further developed (Kapadia & Dagar, 2022). The Indian government even established the Ministry of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homeopathy) to support the development of a health system that integrates the spiritual dimension as part of legitimate interventions (Katiyar et al., 2025).

Another important context is Japan and South Korea, where spiritual approaches based on Zen Buddhism or Seon Meditation are widely used in contemporary psychotherapy. Spirituality in this context is not theistic, but focuses on awareness, silence, and acceptance of all forms of inner reality (Ul-Haq, 2025). This shows that a spiritual approach does not always have to be related to belief in a particular Divine entity, but can be existential and functional in helping individuals manage their inner life.

However, on the other hand, the international context also reflects complex challenges and debates. In Western European countries such as France or Germany, for example, a strong tendency towards secularism has led to resistance to the integration of spirituality into therapy, as it is seen as a form of ideological or religious intervention (Souček, 2023). This raises critical questions about the boundaries between religious freedom, patient autonomy, and the therapist's ethical responsibility to open spiritual space. This is where a flexible and non-dogmatic approach is crucial, one where spirituality is understood not as a doctrine, but as a legitimate dimension of human life to be present in the space of psychological recovery (Lessy et al., 2024).

Taking into account these various theoretical frameworks and international practices, it can be concluded that the integration of mysticism and mental health is not merely a local project, but part of a global current that seeks to address the crisis of meaning and inner alienation in modern society. However, this approach requires a strong theoretical foundation, an inclusive methodology, and interdisciplinary ethics to avoid falling into the trap of simplification or commercialization of spirituality. The challenges and opportunities seen in the international context must be used as material for reflection in developing a model that is contextualized with local wisdom, while remaining open to global dynamics (Fitrianto & Farisi, 2025).

CONCLUSION

This study confirms that mysticism and spirituality are not merely individual and subjective inner experiences but existential dimensions that significantly impact mental health and human psychological structure. In a world increasingly fragmented by social pressures, life's uncertainties, and the loss of meaning, mystical experiences emerge as an inner resource that offers depth, connection, and healing, transcending conventional therapeutic techniques. The findings of this study demonstrate that engaging in spiritual practices not only affects emotional regulation and psychological resilience but also touches the deepest layers of identity narratives, moral awareness, and transformative meanings of life.

Conceptually, this research makes an important contribution in bridging the dichotomy between scientific and spiritual approaches, particularly through the integration of existential psychology, neuropsychology, and mystical theology. This research challenges the epistemological assumption that has dominated modern clinical psychology, namely that only quantitatively measurable experiences are considered valid. By positioning mystical experiences as psycho-spiritual processes that affect brain dynamics and emotional well-being, this research offers a new, inclusive, interdisciplinary analytical framework. Furthermore, this research also critically alerts us to the various ethical and methodological challenges inherent in integrating spirituality into clinical practice, such as the risk of value bias, the misuse of spiritual authority, and the danger of pathologizing religious experiences.

The primary contributions of this research lie in two main areas. First, at the theoretical level, this research enriches the body of knowledge by constructing a synthesis between science and spirituality that does not negate but rather reinforces each other. This is crucial for opening up new space in developing a holistic approach to humans, who are viewed not only as biological and psychological beings, but also as spiritual entities seeking meaning. Second, at the practical level, this study provides a conceptual and argumentative foundation for a paradigm shift in mental health services. This includes the importance of training psychology and psychiatry professionals to understand and accompany patients experiencing spiritual experiences, without prejudice and without compromising clinical precision. This research also has major implications for the development of public policies that are more humanistic and sensitive to diversity of beliefs, as well as the formation of educational curricula that are more open to the inner dimension and transcendental values.

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