

Improving quality of life through Gayatri mantra spiritual therapy in patients with schizophrenia

Anak Agung Mirah Trisnawati¹ , Desak Made Ari Dwi Jayanti^{2*} , Anak Agung Sri Sanjiwani³ 
I Made Eka Santosa⁴ 

^{1,2,3}Nursing Study Program, STIKES Wira Medika Bali, Denpasar, Indonesia

⁴Nursing Study Program, STIKES Mataram, Mataram, Indonesia

*Corresponding Author: djdesak@gmail.com

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Abstract

Schizophrenia is a chronic mental disorder that negatively affects individuals' cognitive, emotional, and social functioning, often resulting in a diminished quality of life. While pharmacological interventions remain the primary treatment, complementary spiritual therapies have gained interest for their holistic benefits. This study aimed to evaluate the effect of Gayatri mantra spiritual treatment on the quality of life among patients with schizophrenia. A one-group pretest-posttest design was used, involving 22 participants selected through purposive sampling at a provincial mental hospital in Bali. Participants received daily Gayatri mantra sessions for three consecutive weeks. The World Health Organization Quality of Life-BREF (WHOQOL-BREF) instrument was used to assess outcomes, and data were analyzed using the Wilcoxon signed-rank test. The findings showed a significant improvement in quality of life following the intervention. This study highlights the potential value of integrating spiritual practices into nursing care as a complementary therapeutic strategy to support mental health recovery and enhance overall patient well-being.

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1. Introduction

Schizophrenia is a chronic psychotic disorder that affects an individual's cognition, emotional regulation, perception, and behavior, often leading to significant functional impairment and reduced quality of life (Sutejo, 2017; Stuart, 2016). According to the World Health Organization (2022), more than 24 million people worldwide live with schizophrenia. In Indonesia, the prevalence increased from 1.7 per thousand in 2013 to 7.1 per thousand in 2018, with Bali Province reporting the highest rate at 11 per thousand (Ministry of Health, 2018). This growing burden highlights the urgent need for effective interventions, especially in high-prevalence regions.

Schizophrenia manifests through positive symptoms (e.g., hallucinations, delusions, disorganized behavior) and negative symptoms (e.g., apathy, social withdrawal, lack of motivation), which severely hinder individuals' ability to maintain relationships and perform daily activities (Hawari, 2014). Consequently, the disorder contributes to a markedly diminished quality of life, defined as a person's subjective perception of their well-being across physical, psychological, and social dimensions (Nursalam et al., 2018). Factors such as cognitive functioning, social support, medication type, and self-care ability have been found to influence the quality of life in this population (Afconneri & Puspita, 2020).

Empirical studies reveal that most individuals with schizophrenia experience moderate to low quality of life. For example, Yudhistira (2016) reported that only 15% of patients achieved a good quality of life, while Riayanto (2013) found that none of his study participants reached a high level of well-being. These findings underscore the necessity of integrating both pharmacological and non-pharmacological strategies to enhance patient outcomes. Among non-pharmacological interventions, complementary therapies—such as cognitive, behavioral, environmental, and spiritual approaches—are gaining attention (Stuart, 2016).

Spiritual therapy represents a holistic approach that addresses the bio-psycho-socio-cultural-spiritual aspects of health care. It can enhance psychological resilience, emotional regulation, and a sense of purpose, regardless of religious background (Pasek, 2018; Yosep, 2016). Studies have shown that spiritual practices, including the Gayatri mantra—a sacred Vedic chant—can promote inner peace, reduce anxiety, and improve the quality of life among patients with mental disorders (Siswanti, 2011; Ariyani, 2013).

A preliminary survey conducted in July 2023 at the Bisma Room of the Bali Provincial Mental Hospital using the Indonesian Modified Subjective Well-being under Neuroleptics (IM-SWN) instrument found that only three out of ten patients reported a good quality of life, while the rest experienced moderate to poor outcomes. Despite receiving conventional therapies, such as cognitive and play therapy, many patients exhibited symptoms like hopelessness, irritability, social withdrawal, and neglect of personal hygiene. Given the persistently low quality of life among schizophrenia patients in Bali despite standard treatments, there is an urgent need to explore alternative therapeutic approaches. Therefore, this study aims to examine the effect of spiritual therapy using the Gayatri mantra on the quality of life of patients with schizophrenia at the Bali Provincial Mental Hospital.

2. Method

2.1 Research Design and Participants

This study employed a quantitative approach using a pre-experimental one-group pretest-posttest design (Subhaktiyasa, 2024a). Participants received a baseline measurement before the intervention and a follow-up measurement afterward to assess changes in quality of life. The study was conducted in the Bisma Ward of the Bali Provincial Mental Hospital. From a population of 25 patients diagnosed with schizophrenia, 22 participants were selected through purposive sampling based on the following inclusion criteria: ability to communicate verbally, willingness to participate, and being in a stable clinical condition during data collection. The sample size was determined based on the number of eligible patients available during the study period and aligned with methodological guidance for preliminary intervention studies. According to Hertzog (2008), sample sizes ranging from 10 to 40 participants are generally considered acceptable for pilot or pre-experimental studies, particularly when the aim is to explore the feasibility of an intervention, assess the adequacy of instrumentation, or estimate effect sizes for future research.

2.2 Instruments and Data Collection

Quality of life was assessed using the World Health Organization Quality of Life-BREF (WHOQOL-BREF) questionnaire, which contains 26 items across four domains: physical health, psychological health, social relationships, and environment. This instrument has been extensively used in mental health research and is considered psychometrically sound. It demonstrates good internal consistency, with Cronbach's alpha values typically exceeding 0.70 across all domains (Subhaktiyasa, 2024b; Skevington et al., 2004). Data were collected in two stages: pre-test and post-test. The intervention consisted of daily sessions of Gayatri mantra spiritual therapy conducted for seven consecutive days. Each session lasted approximately 15 minutes and took place at 11:00 am under the supervision of the research team. Participants were guided in reciting the mantra in a calm, meditative setting.

2.3 Data Analysis

Descriptive statistics were used to summarize participant characteristics and quality of life scores before and after the intervention (Subhaktiyasa et al., 2024). The Wilcoxon signed-rank test was used to compare pre-test and post-test quality of life scores to assess the effectiveness of the Gayatri mantra spiritual therapy. This non-parametric test was selected due to the small sample size and the ordinal nature of the WHOQOL-BREF data. The test evaluates whether there is a statistically significant difference in median scores between two related samples. Interpretation was based on the resulting Z-value and p-value, with

statistical significance determined at the 0.05 level ($\alpha = 0.05$). A p-value less than 0.05 indicated a significant improvement in quality of life following the intervention.

2.4 Ethical Considerations

This study obtained ethical approval from the Ethics Committee of the Bali Provincial Mental Hospital (approval number: B.38.070/12930/ADUM/RSJ). Informed consent was obtained from all participants before data collection, and confidentiality and anonymity were maintained throughout the research process.

3. Results and Discussion

3.1 Results

This section presents the findings of the study in two parts. The first part describes the sociodemographic characteristics of the participants, including age, educational attainment, and marital status. The second part focuses on the outcomes related to changes in quality of life after implementing the Gayatri Mantra spiritual therapy, as assessed using the WHOQOL-BREF instrument. Descriptive statistics were employed to summarise participant characteristics, and the Wilcoxon signed-rank test was used to evaluate the significance of differences between pre- and post-intervention measures.

Table 1. Sociodemographic Characteristics of Participants

Characteristics	Category	Frequency	Percentage
Age (years)	17-25	4	18.2%
	26-35	12	54.5%
	36-45	6	27.3%
Education Level	Not in school	9	40.9%
	Elementary school	3	13.6%
	Junior high school	4	18.2%
	Senior high school	5	22.7%
Marital Status	Higher Education	1	4.6%
	Married	2	9.1%
	Not married	18	81.8%
	Divorced	2	9.1%

Table 1 presents that more than half of the participants (54.5%) were in the 26–35 age group, which aligns with the typical age of onset for schizophrenia. This period is often marked by significant psychosocial development, which the emergence of mental illness may disrupt. Regarding educational background, 40.9% of participants had never attended formal schooling. It may reflect either long-standing cognitive impairments related to untreated schizophrenia or the presence of systemic barriers that limit access to education for individuals with severe mental health conditions. In terms of marital status, the majority of participants (81.8%) were unmarried. This finding is consistent with existing literature indicating that individuals with schizophrenia commonly experience social isolation, stigma, and difficulty establishing or maintaining intimate relationships.

Table 2. Effect of Spiritual Therapy on the Quality of Life of Schizophrenia Patients

Quality of Life	Pre-Test		Post-Test		p-value	Z-value
	Frequency	Percentage	Frequency	Percentage		
Very poor	1	4.6%	1	4.6%	0.001	-3.336
Poor	10	45.4%	7	31.8%		
Medium	7	31.8%	9	40.9%		
Good	4	18.2%	5	22.7%		
Very good	0	0%	0	0%		
Total	22	100%	22	100%		

Table 2 shows changes in quality of life before and after the intervention. Before the therapy, 45.4% of participants were categorised as having poor quality of life and only 18.2% as good. After the intervention, the proportion of those with poor quality of life decreased to 31.8%, while the proportion categorised as

having good quality of life increased to 22.7%. The Wilcoxon signed-rank test indicated a statistically significant improvement in quality of life scores ($Z = -3.336$; $p = 0.001$), supporting the effectiveness of Gayatri mantra spiritual therapy. These findings suggest that structured spiritual interventions may serve as beneficial non-pharmacological strategies to enhance psychological and emotional well-being in patients with schizophrenia.

3.2 Discussion

The findings of this study indicate that before receiving spiritual therapy, the majority of patients with schizophrenia had a poor to moderate quality of life. It aligns with previous studies reporting that individuals with schizophrenia tend to experience significantly lower quality of life compared to the general population, mainly due to persistent cognitive, emotional, and social impairments (Ardani, 2018; Farizah, 2019; Montemagni et al., 2014). Other factors contributing to QOL are social relationships, medication, good nutrition, and exercise (Völker & Micluța, 2022). Contributing factors include self-stigma, limited social support, the chronic nature of symptoms, and comorbid conditions such as anxiety or depressive traits. According to the World Health Organization (2012), quality of life in this population encompasses four primary domains: physical health, psychological well-being, social relationships, and environment—all commonly disrupted in schizophrenia. The results of this study are supported by other studies, which show the poor quality of life of schizophrenia patients before receiving intervention (Joshi et al., 2023).

Following the intervention, participants showed improvements across several dimensions of quality of life, particularly in psychological and social functioning. This finding is consistent with Ariyani (2013), who reported significant enhancements in quality of life after fulfilling the spiritual needs of schizophrenia patients. Spiritual engagement has been shown to reduce anxiety, foster emotional resilience, and promote a sense of purpose, contributing to overall well-being (Nataliza, 2011; Yosep, 2016; Triyani, 2019). The Gayatri mantra, in particular, is believed to facilitate mental focus and emotional balance, creating a meditative state that supports psychological healing. These results are further supported by previous studies emphasizing the role of spiritual therapy in improving coping mechanisms and reducing emotional distress. By integrating spiritual practices into mental health interventions, patients may experience reduced symptom burden and better acceptance of their condition. A study by Candrawati et al. (2018) also demonstrated the positive impact of Gayatri mantra chanting on quality of life, while Jayanti et al. (2022) found its use effective in reducing anxiety symptoms.

The practice provides spiritual reassurance and a structured, calming routine that enhances inner peace. Candrawati et al. (2018) state that the administration of the Gayatri mantra can improve mental health and quality of life. Other research shows that spirituality can provide spiritual well-being in an organization (Subhaktiyasa, 2023). Listening to the Gayatri Mantra or chanting the Gayatri Mantra can calm and harmonize the mind and body, the vibration frequency of 110,000 Hz can generate divine energy, clear the mind, stabilize emotions, reduce anxiety, depression, stress, contribute to focus, memory, cognitive function, by improving brain wave patterns, stimulating the vagus nerve so that it can improve the quality of life (QOL) (Sneha et al., 2025; Tripathi & Vishvakarma, 2024).

The findings support the potential of spiritual therapy, particularly the use of the Gayatri mantra, as a valuable complementary approach to the holistic management of schizophrenia. Participants reported greater calmness, improved interpersonal engagement, and better acceptance of their life circumstances. These improvements reflect enhanced scores in several quality-of-life domains, although continued pharmacological treatment remains essential. Integrating spiritual modalities into psychiatric care may thus enrich recovery outcomes and support a more person-centered model of care.

4. Conclusion

This study demonstrated that Gayatri mantra spiritual therapy had a significant positive effect on the quality of life of patients with schizophrenia at the Bali Provincial Mental Hospital. The intervention contributed to measurable improvements in psychological and social functioning, supporting the integration of spiritually based modalities as a complementary approach in mental health care. These findings provide practical insights for nursing practice by emphasizing holistic care that includes spiritual well-being as part of patient recovery. Theoretically, the study contributes to a growing body of evidence highlighting the role of spirituality in enhancing coping mechanisms and overall quality of life in psychiatric populations. However, this study was limited by a small sample size, short intervention duration, and a one-group pretest-posttest design without a control group. Future research should consider employing randomized

controlled trials with larger and more diverse samples and long-term follow-up to validate and expand upon these findings. Incorporating spiritual interventions like the Gayatri mantra into structured mental health programs has the potential to improve recovery outcomes and offer more person-centered psychiatric care.

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Conflict of Interest

The authors declare no conflict of interest.

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