

Belief, Space, and Productivity: The Cultural Economy of Mystical Illness in Denpasar, Bali

Kadek Wulandari Laksmi P,[†]*Komang Widhya Sedana Putra P[†] and IGN Oka Ariwangsa[†]

Abstract

Mystical illness beliefs—encompassing notions of witchcraft, spirit possession, and supernatural affliction—remain embedded in many societies and continue to shape health-related behaviour, work practices, and economic life. In Denpasar, Bali, where traditional spiritual frameworks intersect with an increasingly modern urban economy, such beliefs retain social relevance. However, empirical evidence on how these culturally embedded beliefs relate to economic outcomes remains limited. This study addresses this gap by examining the relationships between belief in mystical illness, work productivity, economic life, and religious education. Data were collected from 200 economically active individuals in Denpasar using a structured questionnaire and purposive sampling. The analysis was conducted using Partial Least Squares Structural Equation Modelling (PLS-SEM) to assess both direct and indirect relationships, including mediation and moderation effects. The findings indicate that belief in mystical illness is positively associated with both work productivity and economic life, with work productivity partially mediating this relationship. In addition, religious education has been found to moderate the link between belief and economic outcomes, shaping how such beliefs translate into economic behaviour. While the moderating effect is relatively modest, it remains statistically significant. These results suggest that mystical illness beliefs do not operate solely as constraints on economic performance. Rather, within this context, they form part of a broader cultural system that can coexist with productive economic activity. The study highlights the importance of incorporating cultural and spiritual dimensions into analyses of economic behaviour and suggests that policy approaches should be sensitive to locally embedded belief systems. Although the findings are limited to an urban setting and rely on self-reported data, they offer insights into the complex interaction between belief, productivity, and economic life in culturally diverse contexts.

Keywords: Mystical Illness Beliefs; Economic Stability; Work Productivity; Religious Education; Health-Seeking Behaviour; Alternative Medicines; Economic Productivity; Bali; Indonesia

[†] Faculty of Economy and Business, Universitas Pendidikan Nasional, Bali, Indonesia

*Corresponding Author Email: wulandarilaksmi@undiknas.ac.id

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Introduction

In many Indonesian societies, illnesses are often believed to be associated with supernatural forces; beliefs in mystical diseases—such as witchcraft, curses, and malevolent spiritual entities—remain deeply rooted. This can be traced to traditional cosmologies that interpret illness as a disruption of spiritual balance rather than solely a biological dysfunction. Such beliefs are further sustained through intergenerational cultural transmission and the continuing social authority of traditional healers and religious figures. This is particularly evident among segments of the rural population, where illnesses are frequently attributed to black magic or witchcraft directed at individuals. As a result, mental health-related conditions are often interpreted through this lens and attributed to such influences (Daulima & Eka, 2023). In addition, there is a strong belief in spirit or jinn possession, with families frequently perceiving mental illness as the result of demonic interference that requires traditional healing practices to expel these entities (Subu et al., 2022). Within the framework of the Sociology of Religion, beliefs in mystically caused illness are closely linked to particularistic spiritual traditions and the influence of religious authorities on popular understandings of illness and healing. In many indigenous cultures, illness is perceived as a disruption of the balance between the spiritual and physical realms, with healing practices often involving communal rituals to restore this equilibrium. Such practices emphasise the interconnectedness of body, mind, and spirit (Dein, 2020). These traditions also shape health-related behaviours, including dietary patterns and lifestyle choices, that align with spiritual beliefs (Koenig, 2012). For practising physicians, an awareness of patients' religious backgrounds is therefore essential. Recognising a patient's belief system can assist in developing more effective treatment strategies and in incorporating appropriate spiritual considerations into care plans (Baptiste-Roberts et al., 2021). Individuals who attribute illness to mystical causes often refrain from

seeking biomedical treatment, instead relying on spiritual or supernatural interventions provided by shamans, religious leaders, or traditional healers. Across many cultures, illness is attributed to supernatural agents such as deities, spirits, or other malevolent forces (Subu et al., 2022). Historical and anthropological studies have shown that pre-industrial societies largely depend on such explanations, as they fulfil a fundamental human need to make sense of suffering (Sievert, 2024). Traditional healers typically employ prayers, blessings, and herbal remedies in their practices. Reliance on these practitioners is particularly strong where modern healthcare services are perceived as inadequate or inaccessible (Tran et al., 2022).

Beyond their physical and psychological dimensions, mystical illness beliefs also carry significant economic implications. The World Health Organization has long recognised the link between mental health and economic productivity. Mental health challenges, which may be shaped by mystical interpretations of illness, can contribute to absenteeism and presenteeism in the workplace. It has been estimated that the global economy loses approximately \$1 trillion annually due to reduced productivity associated with anxiety and depression (Arulsamy et al., 2025). Cultural variation in mystical beliefs further influences responses to illness. In some contexts, a substantial proportion of the population relies on superstitious or spiritual healing practices, which may delay effective treatment and increase overall costs (Kshatri et al., 2022). From the perspective of the Economics of Religion, changes in belief systems may be reflected in shifts in resource allocation. Individuals who attribute illness to supernatural causes may devote time, energy, and financial resources to spiritual treatments, potentially reducing engagement in productive activities. This may also lead to the neglect of conventional medical care, thereby affecting overall well-being and productivity (Sievert, 2024). While spiritual beliefs can offer emotional support and coping mechanisms, they may also have adverse

consequences, including reduced self-care and an exclusive reliance on prayer or ritual healing (Onyishi et al., 2022). Over time, such patterns may undermine work productivity and, consequently, economic well-being. Nevertheless, the economic impact of mystical illness beliefs is not uniform. In many low- and middle-income countries (LMICs), traditional healing remains a primary component of health-seeking behaviour, particularly where access to formal medical services is limited. Individuals often turn to local healers whose practices are perceived as culturally relevant and accessible (Sumbal et al., 2023a). There is also growing recognition that integrating mystical practices with conventional medicine may enhance care by addressing both spiritual and physical needs (Faiz et al., 2023). Religious education may further play a moderating role in this context, influencing how individuals interpret mystical beliefs and their implications for work productivity. For instance, a study involving 326 employees across sectors such as banking, education, and tourism found that intrinsic religious orientation (IRO) positively affected job satisfaction by reducing burnout, whereas extrinsic religious orientation (ERO) did not demonstrate a similar effect (Bal & Kökalan, 2021). Intrinsic religious orientation reflects a genuine internalisation of religious values, in which religion serves as a source of meaning, ethical guidance, and personal resilience. Individuals with this orientation are more likely to cope constructively with workplace stress and emotional exhaustion. By contrast, extrinsic religious orientation treats religion more instrumentally, such as for social approval, status, or personal convenience, which may provide weaker psychological support. Individuals with higher levels of religious education may develop a more nuanced understanding of the relationship between spirituality and health, thereby mitigating the potential adverse effects of mystical beliefs on work performance.

Despite a growing body of research examining the relationship between mystical beliefs and economic behaviour, several gaps remain. First, there is limited empirical evidence on the direct

economic consequences of mystical illness beliefs, particularly in relation to work productivity and income. Existing studies tend to focus primarily on mental health outcomes or preferences for alternative medicine, leaving broader economic implications underexplored (Lucchetti et al., 2021). Second, religious education is rarely examined as a moderating variable. Most research in this area has focused on its influence on moral and ethical behaviour in the workplace (Harahap et al., 2023), rather than its role in shaping economic outcomes related to belief systems. Third, there is a lack of quantitative studies in the Indonesian context employing advanced analytical techniques, such as Structural Equation Modelling, to examine both mediation and moderation effects within these relationships. This study addresses these gaps in several ways. First, it adopts an interdisciplinary approach, drawing on the Sociology of Religion, the Economics of Religion, and Religious Education to examine how beliefs about mystical illness, economic life, and religious education interact. This approach enables a more comprehensive understanding of how belief systems influence economic behaviour and social organisation. Second, the study employs a mediation–moderation model, which remains relatively uncommon in this field, to examine the indirect and conditional effects of belief in mystical illness on economic outcomes. Specifically, work productivity is modelled as a mediating variable, while religious education functions as a moderating factor. Finally, the study offers practical implications for education and economic policy, suggesting that culturally sensitive approaches that integrate rational economic decision-making with spiritual understanding may enhance productivity and economic well-being.

In developing this research, attention was given to broader debates within social anthropology concerning the interpretation of mystical beliefs. However, there remains a notable absence of research focusing on the specific socio-spatial and socio-cultural context of Bali, characterised by its complex traditional cosmologies, labour practices, and urban economic dynamics. This study seeks to contribute to the literature by

examining how the cultural economy and the sociology of space can offer new insights into the relationship between beliefs about mystical illness and urban social life in Denpasar. It argues that integrating cultural and spatial perspectives allows for a shift beyond individual-level explanations towards a more comprehensive understanding of how belief systems are embedded within social structures of space, community, and labour. In this sense, the study contributes to both the Sociology of Religion and the Economics of Religion by proposing a perspective on the interaction between local cosmology, religious education, and economic behaviour in contemporary Bali. By integrating the dimensions of belief, space, and productivity, this research provides insight into a relatively underexplored aspect of Bali's cultural economy.

Theoretical Approaches

Mystical sickness beliefs are socially constructed and influence individual attitudes and responses towards health and illness, productivity, and economic choices. In Bali, beliefs about mystical illness are embedded in and interwoven among socio-spatial and cultural frameworks, where traditional and modern worldviews coexist. In an effort to determine the influence of these beliefs on the economic dimension, the study integrates the disciplines of psychology, sociology, and economics to explain the interconnections among beliefs about mystical illness, productivity and work performance, and the economic dimension of Denpasar.

Cognitive Theory of Beliefs

According to the Cognitive Theory of Beliefs, behaviours are explained by an individual's mental processes, beliefs and attitudes. Beliefs are the cognitive structures that assist individuals in understanding and interpreting the social and physical environments around them (Connors & Halligan, 2022). Beliefs differ from the other cognitive representations of memory or knowledge in that they include strong convictions about the future in addition to the present (Connors & Halligan, 2015). Beliefs influence the formation of attitudes and intentions, perceived behavioural control, and,

ultimately, actual behaviour. The Theory of Planned Behaviour further explains these mechanisms, showing that behavioural, normative, and control beliefs collectively determine intentions, which then translate to behaviour (Ajzen, 2011). Cognitive biases, however, are the irrational and non-rational beliefs formed from incomplete or misinterpreted information that distort this process. These biases influence how people understand and interpret an event and make decisions in the presence of uncertainty (Acciarini et al., 2020).

When it comes to mystical illness beliefs, cognitive mechanisms are fundamental in shaping the impact of health experiences in responses to perceived threats. In Balinese society, where the older cosmology, the modern health care system, and belief in mystical illness co-exist, the cognitive approach becomes part of the illness as a misfortune. For those with the belief system, mystical illness comes as bodily suffering. When people with bodily suffering seek the help of the Balian, they see the healers as intermediaries of the physical and the spiritual. The Balian can see and mend the physical and the spiritual, and mend the body, mind, and soul. The system of belief of the mind and the soul formed the basis of the action outlined in the health crisis presented.

Reliance on Balian demonstrates a cognitive inclination towards culturally embedded interpretations of illness. People who understand illness as the result of a spiritual imbalance seek out non-rational treatments, Balian, shamans, or religious leaders instead of pursuing biomedical options (Mekiffer, 2025). In addition, distrust of Western medicine perpetuates this orientation. The incompleteness of modern healthcare systems, which patients see as failing to treat them holistically, will drive them towards alternatives that resonate with the patients' worldview (Lucchetti et al., 2021). The emotional and psychological dimensions of illness deepen this inclination, as the interaction with Balian offers emotional, communal, and spiritual solace that

Western medicine may not provide (Roekhan et al., 2024).

Research indicates that mystical experiences can have an epistemic value, transforming an individual's knowledge, emotions, and feelings, prompting a preference toward a spiritual rather than a medical explanation (Bledow, 2022). Nonetheless, the rechanneling of attention and energy cognitively can cause emotional distress or anxiety that clouds rational thought and practical action. In workplaces, belief in mystical illness can lead to diminished work performance by diverting productive cognitive resources. Employees who enjoy balanced mental, physical, spiritual, and social wellness integration tend to perform to a higher standard and sustain more innovative output, while insufficiency of lower wellness elements is associated with underperformance. Overemphasis on mystical or irrational notions of health has the potential in neglecting vital elements of wellness and thus causes diminished performance (Taher et al., 2020).

Considering the beliefs related to mystical illness and mental health, the relationship is of multiple dimensions. These beliefs provide emotional solace, but, paradoxically, persistent use of such beliefs can lead to burnout and feelings of dissatisfaction, especially regarding the use of rational coping (Deci & Ryan, 2000). In Denpasar's high-pressure urban economy, where strong productivity demands are accompanied by expectations of mental resilience, these conditions may reinforce such belief systems and, in turn, negatively affect employees' psychological health and work performance.

To conclude, the Cognitive Theory of Beliefs addresses how cultural and emotional forms of cognition shape belief systems that dictate behaviour and determine productivity. In the case of Denpasar's urban cultural economy, it describes how beliefs about mystical illnesses—crystallised in Balian healing practices—shape individual understandings of illness, emotionally charged coping mechanisms, and work behaviour. This theory supports Hypothesis 2, which states that mystical illness beliefs impact

cognitive, affective, and behavioural dimensions of work and, thus, work productivity.

Social Capital Theory

Social Capital Theory examines the impact of individuals' networks, trust, and social interactions on the social and economic well-being of a community. It incorporates the idea of having relationships with influential individuals and how these relationships grant access to resources and power (Gelderman et al., 2020). The relationships and power access comprise three forms, and social capital includes all three: structural social capital, which pertains to the social networks and the social arrangements of groups; relational social capital, which refers to the quality of social ties, and the presence of trust, and reciprocity; and cognitive social capital, which consists of the shared understandings, and frameworks of values and beliefs guiding collective action (van Bakel & Horak, 2024). The enduring communion and cooperation form a basis for eliciting collective action and generating shared value at both the individual and societal levels. Social capital positively focuses on integration and social cohesion, enabling communities to embrace shared objectives and the activities of social normative trust, cohesion, and a participatory conduit (Ancillai et al., 2024).

In Balinese society, social capital is evident in local community organisations such as banjar and sekaa, which promote collaboration and mutual social support. These organisations support social and spiritual safety nets, providing emotional and material support to the unfortunate or the ill and their families. Within these organisations, religious education becomes vital cognitive and relational capital, consolidating community norms and trust, and enhancing communal reasoning, particularly in situations in which illness has mystical or supernatural connotations. In localities where beliefs about mystical illness are predominant, economically active individuals who are more religiously educated are more likely to use both spiritual and reasoned methods to tackle debilitating illness, thus minimising potential losses in productivity.

The anxiety arising from the tension between rational thought and mystical experience has resulted in primitive relational conflicts within rational and empirical thought and mystical traditions. Khoshi et al. (2023) illustrate that rationalism focuses on the acquisition of knowledge through logic and empirical reasoning, whereas mysticism involves the immediate, unmediated experience of the divine. The Balinese context illustrates this duality within the broader framework of modern health education initiatives that regularly incorporate ritual healing practices of Balian consultations and temple ceremonies. The framework offered within religious education does not dismiss mysticism; in fact, it provides participants with the tools necessary to arrive at a reasoned understanding of mysticism. Alkhouri (2024) argues that mysticism, in conjunction with emotion regulation and cognitive flexibility, assists a person in the constructive interpretation of their experience, countering possible detrimental outcomes.

Religious education is a key moderating variable in counteracting the adverse effects of mystical illness beliefs on productivity and economic stability. This is because it provides cognitive and social resources, teaches the rationales for health and illness, and offers social support through the community. Some of the studies in the literature document mental health improvements, particularly in mental health resilience, depression, and anxiety, for those respondents who practised religious coping (Estrada et al., 2019). In addition, Balian emphasises the religious institutions in his works, which help to create a sense of community belonging and shared responsibility, help to transform social values, and increase the mental and physical health benefits of the support, thereby improving the health-boosting (Koenig, 2012).

Social Capital Theory provides an explanation of community sociology and helps explain how inter-communal networks and religious education, combined, further moderate the productivity impact of mystical illness beliefs. In Denpasar's urban environment, where

economically driven modern work meets traditional communal living, this theory explains the paradox of trust, social participation, and shared values that transform what might otherwise be socially maladaptive beliefs. This is the foundation of the moderating influence of religious education in Hypothesis 5.

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Theory of Belief and Economic Behaviour

The Theory of Belief and Economic Behaviour elucidate how beliefs—which can even involve mystical illnesses—are converted into economic actions and choices. Cognitive and emotional biases, as well as social and cultural norms, greatly affect individuals' economic decisions, especially where uncertainty is involved. The beliefs individuals hold regarding mystical illnesses can especially distort their risk and reward perceptions, and resource allocation decisions during health and work trade-offs (Mahdzan et al., 2023). Cognitive biases involve rational and emotional distortions in judgment and lead a person to make a decision in spite of given evidence. For example, someone who incorrectly believes that they are suffering from a mystical ailment is likely to 'funnel' a disproportionate amount of their resources into offerings, consultations or remedies, which, economically, is a diversion from productive investment (Yıldırım, 2024).

In the context described above, beliefs regarding supernatural explanations of sickness will, of necessity, shape certain economic survival strategies and determine labour productivity. If individuals opt to forgo biomedical healthcare providers for Balian or remaining care rituals because sickness is perceived to be the result of supernatural interference and not the result of scientifically explainable biological processes, the illness may be socially validated, and anxiety may be alleviated, but the cost of productive work loss and absenteeism will be increased. In Denpasar, for instance, where community

economic activities coincide with communal religious rituals and community religious obligations are fulfilled, the choice of a family unit or individual of a household to augment spiritual, and, more importantly, religion-based “healing” practices over biomedicine may bring adverse household economic and psychological consequences (Sievert, 2024).

Supernatural beliefs about illness may also affect healthcare and productivity at the organisational level. Employees with non-biomedical interpretations of a health problem may experience increased stress and reduced concentration, and, therefore, the more typical absenteeism and presenteeism, which decrease overall organisational efficiency (Sumbul, 2023). Although the beliefs and practices in question offer certain individuals psychological relief, continued evaporation of productive work by a religious zealot may be disastrous and counterproductive to the person’s health and result in a low, insufficient level of work output (Kshatri et al., 2022).

Educational initiatives focused on promoting biomedical literacy have been successful from a policy standpoint in moving some beliefs away from the purely supernatural. These initiatives have been shown to increase acceptance of modern medical treatment, relieve the stigma of mystical illness, and improve health and economic productivity (Denovan et al., 2024). Bali’s cultural economy, however, requires recognition that within local mystical beliefs, symbolic and social functions contribute to community cohesion and coordination. Rather than dismissing these as irrational, the present study attempts to understand the beliefs in economic terms as cultural logics that regulate the circulation of social and economic resources and energy within ritual and economic domains.

Statements about mystical illness beliefs probably mean to suggest that these beliefs predispose actors to engage in economic losses, possibly because they spend on fringe and non-evidence-based economic illness treatment practices and excessively divert practical time to rituals within which they derive symbolic value. This probably explains the loss of economic

stability in informal economic sectors, where productivity relies on the worker’s physical presence and sustained concentration. On the other hand, integrated with rational health education and religious education focused on rational health, spiritual practices probably contribute positively to modern adaptive problems of anxiety, implicit discipline, and meaning construction in daily work.

Beliefs related to mystical illness shape economic behaviours not simply as irrational divergences, but as culturally nurtured economic activities that arise from the interplay of belief, space, and productive efforts. This generates the basis for examining how illness, interpreted spiritually in urban Denpasar, alters economic outcomes at the individual and collective levels, which pertains directly to the hypotheses laid out in this research. Based on these three theories, the following hypotheses are formulated:

1. Hypothesis 1 suggests that belief in mystical illness will impact economic life

Belief in mystical illnesses can significantly impact economic life, particularly in low- and middle-income countries (LMICs). In these regions, individuals facing health issues often turn to traditional healers who incorporate mystical beliefs into their practices. This choice is frequently driven by economic distress and limited access to formal healthcare services. Traditional healing methods are perceived as more affordable and culturally acceptable, making them a preferred alternative to conventional medical treatments, which can be prohibitively expensive (Sumbal et al., 2023a). The prevalence of mystical beliefs contributes to low health-seeking behaviour for conditions such as conversion disorder, which is common in LMICs. Patients may attribute their symptoms to supernatural forces rather than seeking medical help, leading to delays in necessary treatment and worsening their conditions (Sumbal & Sumbal, 2023).

Additionally, belief in the mystical causation of illnesses can perpetuate social stigma

against individuals suffering from mental health disorders or other conditions perceived as supernatural. This stigma can limit their job opportunities and overall economic participation, further hindering their financial stability (Stuart, 2016). Because cultural beliefs are deeply intertwined with healthcare decisions, addressing these challenges requires more than economic solutions alone. Efforts to improve healthcare access and mental health education must be culturally sensitive, taking into account the prevailing mystical beliefs that shape patient behaviour and societal attitudes (Gechikonyabwari & Dickson, 2014).

2. Hypothesis 2 posits that belief in mystical illness will affect work productivity

Belief in mystical illnesses can negatively affect work productivity by increasing anxiety and stress, which undermine psychological well-being. Research shows that poor mental health is linked to decreased productivity, as employees may struggle with concentration and motivation due to concerns about mystical illnesses (Nikensari & Yudhistira, 2024). Conversely, workplace spirituality, which provides a sense of connection and meaning, can enhance employee well-being. Studies suggest that when employees find meaning in their work, job satisfaction and productivity improve, potentially offsetting the negative effects of mystical illness beliefs (Nikensari & Yudhistira, 2024). Employees who believe in mystical illnesses may develop coping strategies that either hinder or enhance productivity—such as avoiding work or using their beliefs as motivation (Silva & Rosa, 2023).

3. Hypothesis 3 proposes that work productivity will impact economic life

The relationship between work productivity and economic life is multifaceted, impacting key economic indicators such as wages, prices, and overall growth. Productivity is a crucial driver of economic growth, enabling economies to produce more goods and

services efficiently, which contributes to GDP growth (Chatterjee & Chatterjee, 2021). Research shows that labour productivity plays a significant role in GDP growth across different economies, underscoring its importance in long-term economic strategies (Sulaimon & Ametepe, 2024). Productivity growth can also have positive environmental impacts by promoting energy efficiency and reducing resource consumption, contributing to sustainable economic practices (Wang & Chen, 2024).

4. Hypothesis 4 connects these elements by suggesting that belief in mystical illness influences economic life through work productivity

Belief in mystical illness influences economic life through its impact on work productivity: it can determine how individuals perceive their work environment and, in turn, shape their productivity. Workplace spirituality has been associated with higher employee involvement, job satisfaction, and productivity. Scientific studies have revealed that incorporating spirituality at work can help create a better work environment, enhancing employees' commitment and motivation (Kuhn et al., 2025). Moreover, staff who find meaning in their jobs tend to report higher job satisfaction and lower levels of stress and burnout (Nikensari & Yudhistira, 2024). Economically, companies support their employees to reduce absences, improve morale, and achieve better overall performance (Chirico et al., 2023).

5. Religious education is proposed as a moderator in the relationship between mystical illness beliefs and economic life.

Within the framework of Social Capital Theory, religious education serves as a form of cognitive and relational capital, strengthening individual resilience and promoting cooperation through shared values and trust. It enhances work ethics—particularly in micro, small, and medium enterprises (MSMEs)—by fostering discipline, responsibility, and perseverance, which are essential for improving

productivity and work quality (Harahap et al., 2023). Moreover, religious education provides cognitive frameworks for managing stress and emotional challenges, thereby improving mental health and psychological stability (Khodijah et al., 2024).

In the context of mystical illness beliefs, individuals with stronger spiritual foundations are more capable of interpreting mystical experiences rationally and coping with anxiety in adaptive ways, which ultimately supports higher work productivity. Previous studies have also shown that religiosity moderates workplace dynamics such as burnout and job satisfaction; employees with higher intrinsic religious orientation tend to manage stress more effectively and demonstrate greater job satisfaction and productivity (Bal & Kökalan, 2021). Therefore, religious education acts as a moderating factor, buffering the negative influence of mystical illness beliefs on productivity and transforming potentially irrational interpretations into constructive spiritual motivation.

In summary, the Cognitive Theory of Beliefs explains how beliefs, such as those related to mystical illnesses, influence individual behaviour and perceptions of challenges, particularly in relation to economic outcomes. Social Capital Theory highlights the role of religious education as a form of social capital that can moderate the negative effects of mystical illness beliefs by providing rational guidance and fostering social support. The Theory of Belief and Economic Behaviour links belief systems to economic decisions, illustrating how mystical illness beliefs can lead to suboptimal economic behaviour. Together, these theories form a comprehensive framework for understanding the impact of mystical illness beliefs on economic outcomes, with work productivity as a mediating factor and religious education as a moderating factor. The hypotheses derived from these theories will guide the empirical investigation of the interrelationships among mystical illness beliefs, work productivity, and economic life.

Methods

Research Location

This study was conducted in Denpasar, Bali, as it provides a relevant socio-economic setting to examine the relationship between mystical illness beliefs and economic life. Denpasar is characterised by a strong cultural foundation alongside a rapidly developing urban economy, where traditional belief systems coexist with modern economic practices. The study specifically focuses on economically active individuals aged 18 years and above who reside and work in Denpasar. These individuals are directly engaged in income-generating or productive activities, making them appropriate subjects for investigating how beliefs about mystical illness relate to work productivity and economic stability.

Sampling Method

This study employs a purposive sampling approach, selecting respondents based on predefined criteria related to age, economic activity, location, familiarity with mystical illness beliefs, and voluntary participation. To ensure alignment between the research variables and the characteristics of the respondents, the sampling strategy was refined to include only economically active individuals aged 18 years and above who were engaged in formal or informal economic activities, including employment, self-employment, or small-scale business operations in Denpasar. In addition, respondents were required to be aware of or believe in mystical illness and its perceived effects on health and economic activities, and to provide informed and voluntary responses to the questionnaire. The sample size was determined using the rule of thumb of five to ten times the number of indicators, resulting in approximately 200 respondents. This guideline is widely used in PLS-SEM research to ensure that the sample is sufficient for estimating model parameters and assessing relationships among latent constructs. A larger sample size also improves the stability of path coefficients, enhances statistical power, and reduces the risk of biased estimates, particularly in models involving mediation and moderation effects (Hair et al., 2022). Therefore,

the final sample size was considered adequate for reliable model estimation and hypothesis testing.

Research Instrument Design

The research instrument consists of a structured questionnaire designed to measure four key constructs: belief in mystical illness, work productivity, religious education, and economic life. Work productivity is operationalised as the respondent's ability to carry out work-related responsibilities, maintain attendance, and sustain performance in their primary economic activities. The questionnaire employs a Likert-scale format, in which respondents indicate their level of agreement on a scale from 1 (strongly disagree) to 5 (strongly agree). The measurement items are designed to capture the extent to which beliefs in mystical illness affect respondents' work performance and economic conditions, while also assessing the moderating role of religious education.

Data Analysis

Data were analysed using PLS-SEM with version 4.0 software, as this approach is suitable for examining complex relationships among latent variables. PLS-SEM allows for the simultaneous assessment of both the measurement model and the structural model. The analysis examines the influence of belief in mystical illness on work productivity and economic life. Work productivity is modelled as a mediating variable, while religious education functions as a moderating variable in the relationship between belief and economic outcomes. PLS-SEM is particularly appropriate for exploratory research involving higher-order constructs and is widely recognised as a robust method for analysing the interaction between psychological beliefs and economic behaviour (Richter et al., 2016). The conceptual framework (Figure 1) developed in this study illustrates both the direct and indirect effects of mystical illness beliefs on economic life through work productivity, with religious education moderating the direct relationship between belief and economic outcomes.

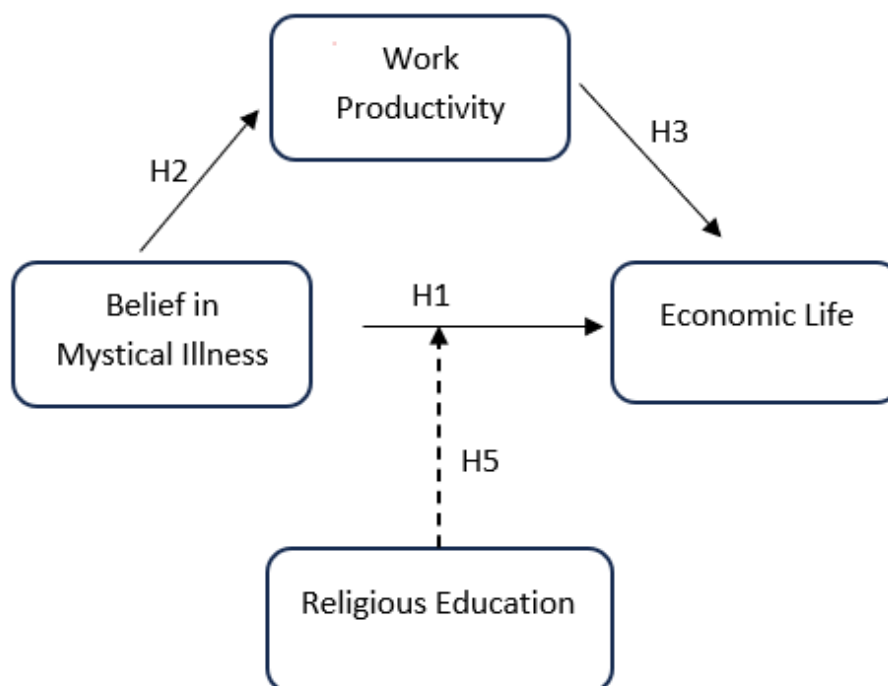


Figure 1: Conceptual Framework Model
Source: Developed by the Authors

Results and Discussion

Descriptive Analysis

Table 1: Descriptive Profile of the Respondents			
Category	Sub-category	Frequency (N)	Percentage (%)
Gender	Male	97	48.50
	Female	103	51.50
Age Group	18–22 years	45	22.50
	23–27 years	40	20.00
	28–35 years	60	30.00
	Over 35 years	55	27.50
Education Level	Secondary School	58	29.00
	Diploma/Bachelor's Degree	118	59.00
	Postgraduate Degree	24	12.00
Employment Type	Entrepreneur	80	40.00
	Employee	80	40.00
	Self-employed/Freelancer	40	20.00
Frequency of Religious Study	Rarely	38	19.00
	Occasionally	98	49.00
	Frequently	64	32.00
Belief in Mystical Illness	Low	35	17.50
	Moderate	115	57.50
	High	50	25.00

Source: Developed by the Authors

From Table 1, the demographic distribution of respondents indicates that the sample is well aligned with the study's focus on economically active individuals in Denpasar. The gender composition shows a slight predominance of female respondents (51.50%) compared to males (48.50%), suggesting a broadly balanced representation that allows for a reasonably even reflection of perspectives across gender groups. In terms of age, the sample is no longer concentrated solely within younger cohorts. While respondents aged 18–27 still account for a meaningful proportion (42.50%), a larger share falls within the 28–35 (30.00%) and over 35 (27.50%) categories. This more balanced distribution increases the analytical value of the data by including individuals at different stages of their working lives, ranging from those at the beginning of their careers to those with more extensive work experience. Such variation is particularly relevant for examining how beliefs in

mystical illness may be interpreted and acted upon across differing levels of economic responsibility and stability.

The respondents' educational backgrounds further support the robustness of the sample. A majority have attained Diploma or Bachelor's degrees (59.00%), followed by those with secondary education (29.00%) and postgraduate qualifications (12.00%). This pattern indicates that belief in mystical illness is not restricted to a particular level of formal education, but persists across educational groups. It suggests that such beliefs remain embedded within broader cultural frameworks, even among individuals with higher educational attainment. With regard to employment type, the sample reflects a diverse range of economic engagement. Employees and entrepreneurs each represent 40.00% of respondents, while a further 20.00% are self-employed or freelance

workers. This composition captures both formal and informal sectors, providing a useful basis for examining how work productivity may be influenced under different occupational conditions. It also reflects the structure of the local economy, where multiple forms of income-generating activity coexist.

Patterns of engagement in religious study reveal that most respondents participate on an occasional basis (49.00%), with smaller proportions engaging frequently (32.00%) or rarely (19.00%). This suggests that religious exposure is a regular, though not uniform, aspect of everyday life. Such variation is important, as differing levels of religious engagement may shape how individuals interpret illness and make decisions that affect their economic behaviour. Finally, the distribution of belief in mystical illness indicates that the majority of respondents fall into the

Reliability and Validity Test

moderate category (57.50%), followed by high (25.00%) and low (17.50%) levels of belief. This pattern suggests that mystical illness beliefs are neither marginal nor confined to extreme positions, but instead form part of a continuum within everyday understanding. This provides an appropriate empirical basis for analysing how variations in belief intensity are associated with differences in work productivity and economic life.

Overall, the demographic characteristics suggest that the sample is both contextually grounded and analytically appropriate. The inclusion of respondents across a wider age range, along with diverse educational and occupational backgrounds, enhances the study's relevance in examining the relationship between mystical illness beliefs, productivity, and economic outcomes in a contemporary urban setting.

Table 2: Construct Reliability and Validity				
	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average variance extracted (AVE)
Belief In Mystical Illness	0.756	0.887	0.844	0.572
Economic Life	0.784	0.887	0.862	0.593
Religious Education	0.801	0.868	0.865	0.58
Work Productivity	0.74	0.877	0.808	0.508

Source: Developed by the Authors

From Table 2, the reliability and validity of the measurement model were evaluated using Cronbach's alpha, composite reliability (rho_a and rho_c), and average variance extracted (AVE). The results indicate that all constructs satisfy commonly accepted criteria for internal consistency and convergent validity. Cronbach's alpha values for all constructs exceed the recommended threshold of 0.70, indicating acceptable internal consistency. Specifically, belief in mystical illness (0.756), economic life (0.784), religious education (0.801), and work productivity (0.740) demonstrate that the

respective indicators operate cohesively in capturing each construct. Although the value for Work Productivity is comparatively lower, it remains within an acceptable range, particularly in the context of exploratory research.

The composite reliability estimates (rho_a and rho_c) provide further support for the robustness of the measurement model. All values exceeding 0.70, indicate that the constructs exhibit strong internal consistency. The relatively higher values observed for belief in mystical illness and economic life indicate a consistent degree of shared variance among

their indicators. Convergent validity is confirmed through the AVE values, all of which are above the threshold of 0.50. This implies that each construct accounts for more than half of the variance of its indicators. Economic life (0.593) and belief in mystical illness (0.572) show particularly solid levels of convergent validity, while work productivity (0.508), although closer to the minimum threshold, remains acceptable. Overall, the measurement model demonstrates adequate reliability and validity, indicating that the constructs are measured with sufficient precision. This provides a sound basis for

proceeding to the structural model analysis and examining the relationships among belief in mystical illness, work productivity, religious education, and economic life.

Hypothesis Test

The relationships among the latent variables were analysed using Partial Least Squares and are illustrated in the Structural Equation Model (Figure 2), which depicts the direction and strength of the effects of mystical illness beliefs and religious education on work productivity and economic life.

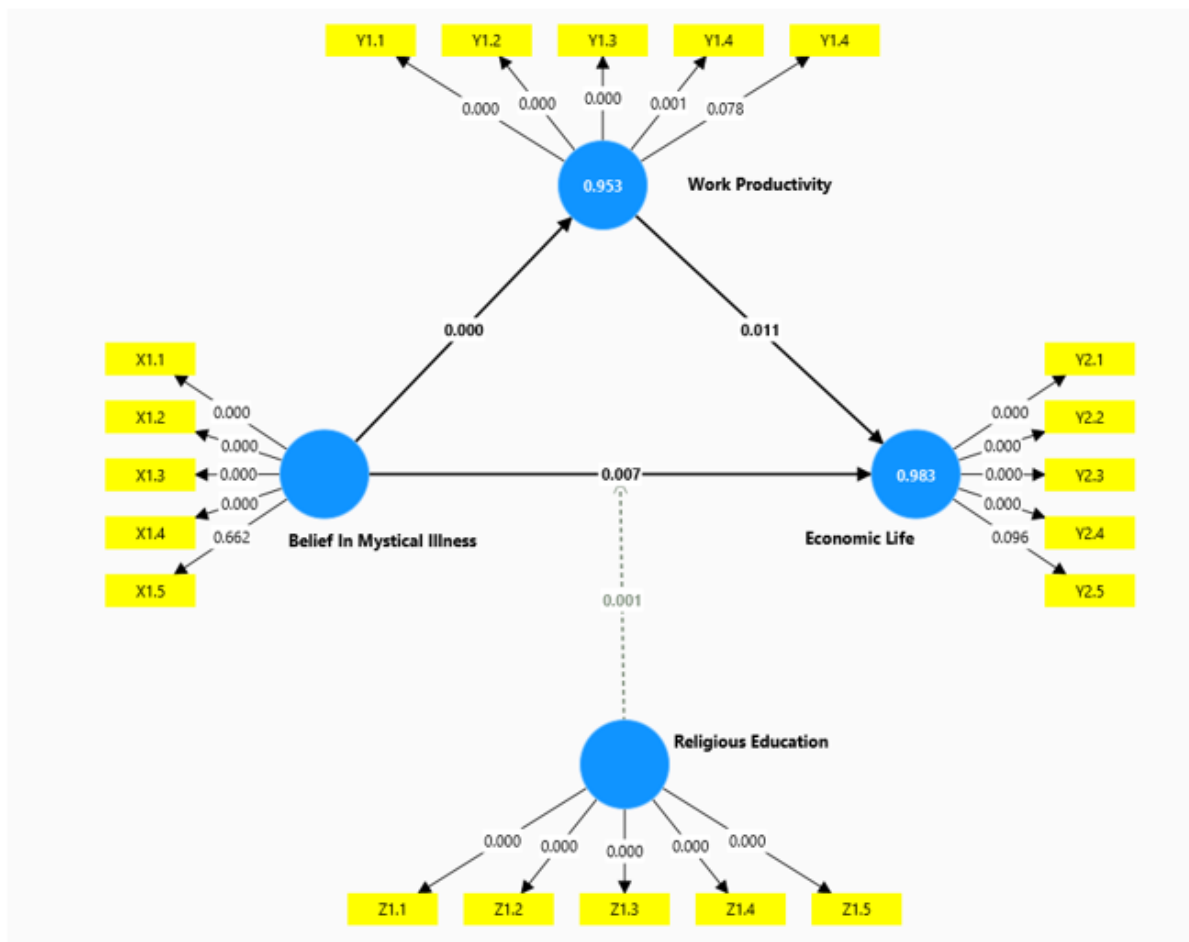


Figure 2: Structural Equation Model Testing
 Source: Developed by the Authors

Table 3. Regression Weight Structural Equational Model					
	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (O/STDEV)	P values
Belief In Mystical Illness -> Economic Life	0.405	0.398	0.149	2.719	0.007
Belief In Mystical Illness -> Work Productivity	0.976	0.976	0.005	15.814	0.000
Work Productivity -> Economic Life	0.154	0.140	0.061	2.538	0.011
Belief In Mystical Illness -> Work Productivity -> Economic Life	0.151	0.136	0.059	2.540	0.011
Belief In Mystical Illness x Religious Education -> Economic Life	0.025	0.025	0.007	3.418	0.001

Source: Developed by the Authors

Figure 2 and Table 3 present the estimated relationships among belief in mystical illness, work productivity, economic life, and the moderating role of religious education. The significance of each relationship is assessed based on the original sample (O), T-statistics (≥ 1.96 at $\alpha = 0.05$), and corresponding p-values (≤ 0.05). The direct effect of belief in mystical illness on economic life is positive and statistically significant (O = 0.405, T = 2.719, p = 0.007). This finding suggests that stronger adherence to mystical illness beliefs is associated with more favourable economic conditions. While the magnitude of the effect is moderate, it remains meaningful within the broader model. Belief in mystical illness also demonstrates a very strong and significant effect on work productivity (O = 0.976, T = 15.814, p < 0.001). This indicates that such beliefs are closely associated with variations in individuals' productive capacity. The strength of this relationship suggests that belief systems may play a substantial role in shaping attitudes and behaviours related to work.

In turn, work productivity exerts a positive and significant influence on economic life (O = 0.154, T = 2.538, p = 0.011). Although the coefficient is relatively modest, the result confirms that higher levels of productivity are linked to improved economic outcomes. The indirect effect of belief in mystical illness on economic life through work productivity is also positive and significant (O = 0.151, T = 2.540, p = 0.011). This indicates that work productivity partially mediates the relationship, serving as an important pathway through which belief systems translate into economic consequences.

Finally, the interaction effect between belief in mystical illness and religious education on economic life is statistically significant (O = 0.025, T = 3.418, p = 0.001). Although the effect size is relatively small, the result confirms that religious education moderates the relationship, strengthening the influence of belief in mystical illness on economic life under certain conditions. Taken together, these findings highlight the interconnected roles of belief systems, productivity, and religious education in shaping economic outcomes. Belief in mystical illness is

not only directly associated with economic life but also operates indirectly through work productivity, with religious education influencing the strength of these relationships.

Discussions

The findings of this study provide empirical support for the proposed relationships between belief in mystical illness, work productivity, economic life, and religious education within the socio-cultural context of Denpasar. All hypothesised relationships are statistically significant, although the magnitudes and directions of effects reveal a more nuanced interaction than is often assumed in the literature. Drawing on the Cognitive Theory of Beliefs (Connors & Halligan, 2022), Social Capital Theory (Gelderman et al., 2020), and the Theory of Belief and Economic Behaviour (Mahdzan et al., 2023; Yıldırım, 2024), the results highlight how culturally embedded belief systems interact with economic practices in a contemporary urban setting. The extremely high coefficient between belief in mystical illness and work productivity may indicate a strong conceptual overlap or shared variance between constructs. This may also reflect the culturally embedded nature of belief systems in shaping work-related perceptions. However, future research should further examine potential common method bias and refine measurement distinctions.

H1: Belief in Mystical Illness Affects Economic Life

The results indicate that belief in mystical illness has a positive and significant effect on economic life, although the relationship is moderate in strength. This finding is consistent with the proposition that belief systems influence economic behaviour and resource allocation, as suggested in the Theory of Belief and Economic Behaviour. Prior studies (Sumbal et al., 2023a; Sumbal & Sumbal, 2023) have shown that individuals who adhere to traditional beliefs may allocate resources towards culturally meaningful practices, including ritual healing and consultations with traditional practitioners. In the context of Denpasar, such practices may initially appear economically burdensome. However, the present findings suggest that

these expenditures are not necessarily detrimental in aggregate terms. Rather, they may be embedded within broader systems of social obligation, reciprocity, and community participation. This interpretation aligns with the view that economic behaviour is not solely governed by instrumental rationality, but is also shaped by culturally grounded logics (Mahdzan et al., 2023; Yıldırım, 2024). At the same time, the findings extend the literature by suggesting that mystical illness beliefs may carry indirect economic implications, including social perceptions and forms of inclusion or exclusion within the labour market. In this sense, economic life is not only materially determined but also socially mediated through culturally constructed meanings of health and normality.

H2: Belief in Mystical Illness Affects Work Productivity

The analysis reveals a strong and highly significant relationship between belief in mystical illness and work productivity. This finding suggests that belief systems are closely intertwined with individuals' productive functioning. From the perspective of the Cognitive Theory of Beliefs, such an association may be understood in terms of how belief structures shape perception, emotional responses, and behavioural patterns (Ajzen, 2011; Connors & Halligan, 2022). While much of the existing literature tends to frame mystical beliefs as detrimental to performance, the present results indicate a more complex dynamic. In the Balinese context, belief in mystical illness may also serve adaptive functions. Participation in ritual practices and collective religious activities can provide psychological reassurance, reduce anxiety, and restore a sense of control. These processes may, in turn, stabilise or even enhance individuals' capacity to engage in productive activities. This dual role challenges purely deficit-based interpretations of mystical belief, suggesting instead that such beliefs may simultaneously constrain and support productivity, depending on the social and cultural context in which they are enacted.

H3: Work Productivity Affects Economic Life

The findings confirm that work productivity has a positive and significant effect on economic life, although the magnitude of this effect is relatively modest. This result is consistent with prior research linking individual productivity to economic outcomes (Chatterjee & Chatterjee, 2021; Sulaimon & Ametepe, 2024). However, the relatively small coefficient suggests that economic life in Denpasar is not determined solely by productivity. Instead, it appears to be shaped by a broader set of social and cultural factors. From the perspective of Social Capital Theory, communal structures such as banjar networks facilitate cooperation, mutual support, and resource sharing, which may buffer the direct impact of individual productivity on economic outcomes. In the Balinese context, a banjar is a traditional neighbourhood-based community organisation that functions as a local social unit. It coordinates collective activities, social obligations, mutual assistance, and community decision-making among residents. Through these networks, individuals can access emotional support, labour assistance, and shared resources that help strengthen household and community economic resilience. This implies that economic life in the Balinese context is socially embedded, with productivity operating alongside collective norms and cultural practices rather than as an isolated determinant.

H4: Belief in Mystical Illness Influences Economic Life through Work Productivity.

The mediation analysis indicates that work productivity partially mediates the relationship between belief in mystical illness and economic life. This suggests that belief systems influence economic outcomes both directly and indirectly through their impact on productive functioning. The significance of the indirect effect, albeit modest, supports the view that productivity serves as a mechanism through which beliefs are translated into economic consequences. This finding is in line with the Theory of Belief and Economic Behaviour, which posits that belief systems shape not only attitudes but also behavioural patterns that carry economic implications. At the same time, the relatively

small magnitude of the indirect effect indicates that productivity is not the sole pathway. Belief in mystical illness appears to exert a direct influence on economic life that extends beyond measurable work performance. This reinforces the notion that economic behaviour is embedded within a wider cultural and symbolic framework.

H5: Religious Education is a Moderator Between Mystical Sickness Belief and Economic Life

The results show that religious education significantly moderates the relationship between belief in mystical illness and economic life, although the effect size is relatively small. This suggests that religious education influences how belief systems are translated into economic outcomes. Importantly, the direction of the interaction indicates that religious education does not simply weaken or eliminate mystical beliefs. Rather, it appears to shape their interpretation and application. In line with Social Capital Theory, religious education can be understood as a form of cognitive and relational resource that enables individuals to navigate between spiritual understanding and practical decision-making (Harahap et al., 2023). This interpretation is consistent with previous studies (Bal & Kökalan, 2021; Estrada et al., 2019; Koenig, 2012; Khodijah et al., 2024), which highlight the role of religiosity in providing meaning, discipline, and coping mechanisms in the face of uncertainty. In the Balinese context, religious education may facilitate a more integrated approach, allowing individuals to maintain belief in mystical illness while still engaging effectively in economic activities.

Integrated Theoretical Implications

Taken together, the findings suggest that the three theoretical frameworks operate in a complementary manner in explaining the observed relationships. The Cognitive Theory of Beliefs provides insight into how individual perceptions and cognitive schemas shape responses to illness and work-related behaviour. Social Capital Theory highlights the role of community structures, trust, and shared norms in mediating these effects. Meanwhile, the

Theory of Belief and Economic Behaviour offers a broader lens for understanding how belief systems influence economic decisions and outcomes.

The results indicate that belief in mystical illness should not be viewed simply as a residual form of irrationality. Rather, it functions as a socially embedded construct that interacts with economic life through culturally specific practices and relationships. In the case of Denpasar, economic behaviour is shaped by an interplay between material considerations and spiritual frameworks, reflecting a form of cultural economy in which belief, space, and productivity are closely intertwined. This study therefore contributes to the literature by demonstrating that economic life cannot be fully understood without considering the cultural and symbolic dimensions that underpin everyday decision-making.

Conclusion

This study examines the relationship between belief in mystical illness, work productivity, economic life, and religious education within the socio-cultural context of Denpasar. The findings confirm that belief in mystical illness is significantly associated with both work productivity and economic life, although the strength of these relationships varies across pathways. The results indicate that belief in mystical illness exerts a direct and positive influence on economic life, while also demonstrating a strong association with work productivity. At the same time, work productivity contributes positively to economic life, albeit with a more modest effect size. The mediation analysis further shows that work productivity partially transmits the influence of belief in mystical illness to economic outcomes, suggesting that productivity serves as one of several mechanisms linking belief systems to economic conditions.

In addition, religious education is found to play a significant moderating role, shaping how belief in mystical illness is translated into economic outcomes. Although the moderating effect is relatively small, it remains meaningful in indicating that religious knowledge and

engagement can influence the way individuals interpret and act upon their beliefs. Taken together, these findings suggest that belief in mystical illness does not operate solely as a constraint on economic behaviour. Rather, within the context of Denpasar, such beliefs are embedded within broader cultural and social systems that may support adaptive responses, enabling individuals to maintain engagement in productive and economic activities. The study therefore highlights the importance of considering cultural and symbolic dimensions alongside conventional economic variables in understanding economic life.

Key Functions for Management and Managerial Practices

The findings carry several implications for policymakers, practitioners, and organisational leaders. First, the results suggest that belief systems should not be dismissed as irrational barriers to economic development. Instead, they should be understood as part of the socio-cultural environment in which economic behaviour is shaped. For policymakers, this implies the need for culturally informed approaches that integrate economic policy with social and educational initiatives. Programmes aimed at improving productivity and economic well-being may benefit from incorporating elements of cultural understanding, particularly in contexts where traditional beliefs remain influential. Religious education, in this regard, can play a constructive role by supporting individuals in interpreting beliefs in ways that are compatible with productive economic engagement.

From a managerial perspective, the findings highlight the importance of recognising the broader dimensions of employee experience. Work productivity is not determined solely by technical competence, but is also shaped by psychological, social, and cultural factors. Organisations may therefore benefit from adopting more inclusive approaches that acknowledge employees' belief systems while maintaining performance expectations. Human resource practices, particularly those related to well-being and employee engagement, may be

strengthened by incorporating culturally sensitive elements. This does not require endorsing specific beliefs, but rather an awareness of how such beliefs influence motivation, stress management, and interpersonal relations in the workplace. A culturally responsive approach to management may contribute to more stable and supportive working environments.

Limitations and Recommendations for Future Research

Several limitations should be acknowledged. First, the study is confined to an urban setting in Denpasar, which may limit the generalisability of the findings to other regions with different cultural, social, or economic characteristics. While the sample includes individuals across a range of age groups and occupational backgrounds, the results remain context-specific. Second, the use of self-reported data introduces the possibility of response bias, including social desirability effects. Respondents may have provided answers that reflect socially acceptable views rather than their actual beliefs or behaviours.

Third, the cross-sectional design of the study restricts the ability to capture changes over time. The relationships observed represent associations at a single point in time, rather than dynamic processes. Longitudinal research would be valuable in examining how belief systems and economic behaviour evolve and interact over time. Future research could extend this work by incorporating more diverse geographical settings and employing mixed-method approaches. In particular, qualitative or ethnographic studies may provide deeper insight into the meanings and practices associated with mystical illness beliefs, complementing quantitative findings. Further investigation into additional variables—such as psychological resilience, financial literacy, and social support—may also enhance understanding of how belief systems interact with economic life in different contexts.

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Ethical Statement

The study was performed in compliance with the Helsinki Declaration. The Ethics Committee of

the Universitas Pendidikan Nasional reviewed and approved the research. (see the approval below). The research involved anonymous survey data from SMEs. The participants were informed that the research was being conducted and that their responses could be used for analysis and reporting, subject to maintaining the confidentiality of their identity and individual responses.

Conflict of Interest Statement

The authors have no conflicts of interest to declare, financial or otherwise.

Author Contribution Statement

KWLP contributed to the conceptualisation of the study, designed the methodology, and supervised the overall research process. KWSPP was responsible for data collection, cleaning, and statistical analysis. IGNOA drafted the manuscript and performed critical revisions for intellectual content. All authors reviewed and approved the final version of the manuscript.

Informed Consent


Participants provided informed consent prior to completing the survey. They were assured that their names and personal survey results would be kept confidential and only used in the aggregate for data analysis and research findings.

Funding Statement

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Data Availability Statement

The tabulated data supporting this study's findings are available upon reasonable request from the corresponding author. Raw data with identifiable information is not shared to maintain participant confidentiality.



UNDIKNAS
UNIVERSITAS PENDIDIKAN NASIONAL
Jl. Gedung No.39 Satekarya, Denpasar, Bali 80224
Email: info@undiknas.ac.id | Website: www.undiknas.ac.id

ETHICS APPROVAL FOR RESEARCH STUDY
NO. 030/KO.IN.UND/IV/2025



Dear Kadek Wulandari Laksmi P

Your Application for Ethical for the research titled:

“Belief, Space, and Productivity: The Cultural Economy of Mystical Illness in Denpasar, Bali”

Has been reviewed and approved by the Ethic Committee of Universitas Pendidikan Nasional.



You may proceed with your study as described in your application. Please ensure you:

- Keep participant' data confidential
- Obtain informed consent
- Report any changes to your research
- Submit a final report after completion


This approval valid from March 20, 2025

We wish you success with your research

Sincerely,

Dr. Drs. I Nyoman Subanda, M.Si
NPP. 02.06.90.082
Chair, Ethics Committee
Universitas Pendidikan Nasional



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