Abdurrauf Journal of Education and Islamic Studies
Vol. 2, No. 2, 2026, pp. 71~87
ISSN: 3089-7610; DOI: 10.70742/arjeis.v2i2.530

Ruqyah as a Religious Coping Practice: Healing Communication and Meaning-Making in Contemporary Islam

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ARTICLE INFO

Article history:

Received 12-12-2025
Revised 28-02-2026
Accepted 01-03-2026

Keywords:

religious coping;
Ruqyah;
healing communication;
contemporary Islam

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Competing interest:
The author(s) have declared that no competing interests exist

ABSTRACT

Faith-based healing practices continue to play an important role in the way Muslims interpret the experience of illness amid the evolving modern health system. Ruqyah is often understood as a spiritual ritual or religious intervention, while its role as a practice of communicating meaning is still poorly explored. This article examines ruqyah as a form of religious coping that functions through healing communication in the context of contemporary Islam. Using a qualitative approach based on literature review, this study analyzes scientific works on religious coping, Islamic spiritual healing, and the relationship between religion and modernity. The analysis shows that ruqyah operates not only as a spiritual practice, but also as a symbolic mechanism that helps individuals establish meaning, hope, and acceptance of the experience of pain. These findings affirm the importance of religious communication in maintaining the process of meaning and strengthening the relevance of Islamic practices in the midst of an increasingly medicalized social environment. This article contributes to the study of Islamic Studies by expanding the understanding of religious coping through the perspective of meaning communication, which has received less attention in ruqyah studies. This research offers a new contribution by conceptualizing ruqyah not only as a ritual or therapy, but as a process of creating communicative meaning in the theory of religious coping.

Citation:

Mubarok, H. ., & Muhamad Hanif Fuadi. (2026). Ruqyah as a Religious Coping Practice: Healing Communication and Meaning- Making in Contemporary Islam. *Abdurrauf Journal of Education and Islamic Studies*, *2*(2), 71–87. https://doi.org/10.70742/arjeis.v2i2.530

ABSTRAK

Praktik penyembuhan berbasis agama tetap memainkan peran penting dalam cara masyarakat Muslim memaknai pengalaman sakit di tengah berkembangnya sistem kesehatan modern. Ruqyah kerap dipahami sebagai ritual spiritual atau intervensi keagamaan, sementara perannya sebagai praktik komunikasi makna masih kurang dieksplorasi. Artikel ini mengkaji ruqyah sebagai bentuk religious coping yang berfungsi melalui komunikasi penyembuhan dalam konteks Islam kontemporer. Dengan menggunakan pendekatan kualitatif berbasis kajian literatur, penelitian ini

menganalisis karya karya ilmiah tentang religious coping, penyembuhan spiritual Islam, dan relasi antara agama dan modernitas. Analisis menunjukkan bahwa ruqyah tidak hanya beroperasi sebagai praktik spiritual, tetapi juga sebagai mekanisme simbolik yang membantu individu membangun makna, harapan, dan penerimaan terhadap pengalaman sakit. Temuan ini menegaskan pentingnya komunikasi keagamaan dalam mempertahankan proses pemaknaan dan memperkuat relevansi praktik Islam di tengah lingkungan sosial yang semakin ter medikalisasi. Artikel ini berkontribusi pada kajian Islamic Studies dengan memperluas pemahaman religious coping melalui perspektif komunikasi makna, yang selama ini kurang mendapat perhatian dalam studi ruqyah. Penelitian ini menawarkan kontribusi baru dengan mengkonseptualisasikan ruqyah tidak hanya sebagai ritual atau terapi, tetapi sebagai proses pembuatan makna komunikatif dalam teori koping agama.
Kata kunci: religious coping; ruqyah; komunikasi penyembuhan; Islam kontemporer

INTRODUCTION

Religious practices remain an important reference in the way Muslims interpret the experience of illness, even as the modern health system continues to evolve. In many contexts, pain is understood not only as a biological disorder, but also as an existential experience that demands moral and spiritual explanations. Studies have shown that religious-based healing practices still exist alongside medical treatment, especially when individuals face uncertainty, prolonged suffering, or limited clinical explanations (Rababa & Al Sabbah, 2023; Zainal Abidin et al., 2022). In academic studies, the concept of religious coping is used to explain how individuals utilize religious beliefs and practices in response to life's stresses, including illness and health crises, through meaning-forming processes that help individuals reinterpret crisis experiences within the framework of faith (Dolcos et al., 2021; Pargament et al., 2000; Thomas & Barbato, 2020).

In the Muslim context, spiritual healing practices such as prayer, Qur'an recitation, and ruqyah are often the primary medium of religious coping articulation. Ruqyah, which is defined as prayer, dhikr, and the recitation of Qur'anic verses that are recited to the sick part of the body with full confidence in Allah (Rohmansyah et al., 2019), has become an integral part of the Islamic healing tradition. This practice is not only understood as spiritual therapy, but also as a way for individuals to build meaning over their painful experiences (Omar et al., 2024; Razali et al., 2018).

However, most studies that discuss ruqyah still place it in a normative or therapeutic framework, focusing on the legitimacy of the teachings or their spiritual effectiveness. This approach makes an important contribution, but tends to ignore the communicative dimension of religious practice, namely how ruqyah works as a process of conveying and negotiating meanings about illness and healing. Some recent studies suggest that Islamic healing practices operate as a symbolic communication process that frames the experience of suffering socially and religiously (Akrim et al., 2021; Bentley et al., 2020). Research on religious coping shows that religious practices work through a positive reappraisal mechanism, reinterpreting calamity as a test, an opportunity for growth, or a form of God's love, which lowers anxiety and depression (Cummings & Pargament, 2010; Dolcos et al., 2021). In the context of ruqyah, explanations of fate, the reward of patience, and the meaning of pain serve as a reappraisal that helps individuals maintain an orientation of meaning (Anwar et al., 2025; Razali et al., 2018). This process does not occur in a vacuum, but rather through communicative interactions between practitioners, patients, and communities.

In the discourse of Islam and modernity, the sustainability of ruqyah practices in the midst of the modern health system shows a process of adaptation, not a rejection of modernization. Religious practices are not always positioned as the opposite alternative to

medicine, but rather as a symbolic complement that fills the space of meaning that is not fully reached by biomedical approaches (Molla et al., 2025; Rababa & Al Sabbah, 2023). At this point, ruqyah can be understood as a religious practice that operates in the realm of communication, as it involves the language of faith, interpersonal relationships, and symbolic authority in framing the experience of pain.

However, studies that explicitly place ruqyah as a practice of healing communication within the framework of religious coping are still relatively limited. The existing literature emphasizes more normative and therapeutic aspects, while the analysis of ruqyah as a means making mechanism through religious communication has not been systematically developed. This emptiness is significant because without this understanding, religious practices risk being reduced to personal rituals or mere spiritual interventions, without seeing their role in shaping the way Muslims interpret suffering in an increasingly medicalized society.

This research asks the main question: how does ruqyah function as a practice of communicating meaning in the process of religious coping of contemporary Muslims? More specifically, this article aims to analyze ruqyah as a form of religious coping that functions through healing communication in the context of contemporary Islam, focusing on symbolic mechanisms that help individuals build meaning, hope, and acceptance of the experience of pain.

This article contributes to the study of Islamic Studies by expanding the understanding of religious coping through the perspective of meaning communication, which has received less attention in ruqyah studies. In practical terms, these findings can serve as a foundation for the development of context-sensitive spiritual care in health services, as well as strengthen the dialogue between religious practices and modern health systems.

METHODS

This article uses a qualitative approach with an analytical literature review design. This approach was chosen because the purpose of the study was directed to understand ruqyah as a religious practice that operates at the level of meaning and communication, not to test clinical effectiveness or produce statistical generalizations. The focus of the analysis is directed at the tracing and interpretation of conceptual arguments and empirical findings relevant to religious coping and healing communication in the context of contemporary Islam.

The data source is in the form of scientific journal articles published from 2016 to 2025, with limited exceptions to classical literature that is conceptual. The literature was collected through the Scopus database, Web of Science, and Google Scholar with the main keywords: "religious coping," "ruqyah," "Islamic healing," "spiritual communication," and "meaning making in illness." The literature was selected purposively based on the following criteria: (1) discussing Islamic religious practices in the context of illness or healing, (2) containing an analysis of religious coping or the meaning of the experience of illness, (3) published in an accredited national journal or a reputable international journal. The total core literature analyzed amounted to 38 articles.

Data collection was carried out through literature search and curation, followed by in-depth reading to identify the position of the argument, the focus of the analysis, and the thematic pattern. Data analysis is carried out through conceptual thematic coding to identify the main themes and the relationships between themes, as commonly used in interpretive qualitative analysis (Braun & Clarke, 2006). The analysis process begins with the categorization of literature based on topics (religious coping, ruqyah, spiritual

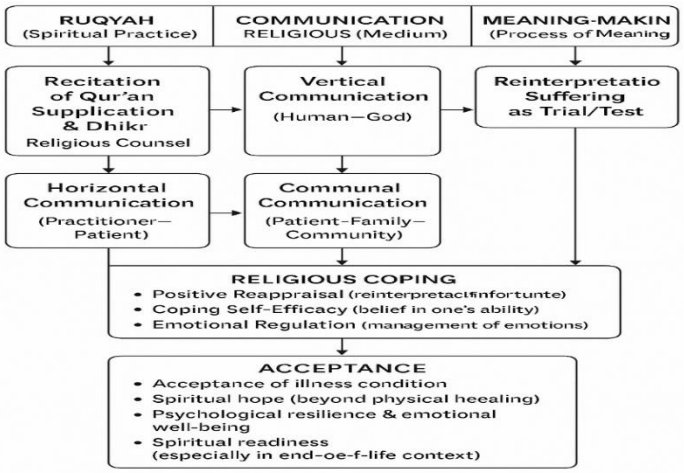
communication), identification of conceptual patterns across literature, and the construction of an analytical narrative that connects empirical findings with theoretical frameworks.

RESULTS AND DISCUSSION

Ruqyah as a Religious Coping Strategy

Literature analysis shows that ruqyah operates through a structured communicative pathway in shaping coping responses to the experience of pain. The following diagram illustrates the working mechanism of ruqyah as a healing communication practice:

Diagram 1 Ruqyah Mechanism



The diagram above, shows that ruqyah does not work directly to generate acceptance, but rather through a process of religious communication that facilitates meaning-making, which then activates the mechanism of religious coping to achieve acceptance. Each stage involves a different but interrelated communicative dimension.

Ruqyah operates as a religious coping mechanism that goes beyond the ritual dimension to include the process of existential meaning of the experience of pain. Analysis of the literature suggests that this practice serves as an interpretive framework that allows Muslim individuals to transform suffering into coherent narratives of faith. In this context, ruqyah does not simply offer spiritual intervention, but rather provides a symbolic structure that mediates between the subjective experience of suffering and a broader belief system.

The theoretical framework of religious coping provides a foundation for understanding these dynamics. Empirical studies show that religious practices help individuals maintain an orientation of meaning when medical explanations are felt to be inadequate (Murtadho et al., 2022; Zainal Abidin et al., 2022). Quantitative findings corroborate this pattern: positive religious coping (PRC) shows a positive correlation with flourishing ($r \approx 0.35$), while negative religious coping (NRC) is negatively correlated ($r \approx -0.25$) in the context of the COVID 19 pandemic (Pankowski & Wytrychiewicz Pankowska, 2023; Thomas & Barbato, 2020). This perspective explains how ruqyah helps individuals place pain within a broader narrative of faith, thereby building acceptance and psychological resilience.

The mechanism of ruqyah as religious coping is revealed through clinical case studies across medical and geographical contexts. The following table 1 presents a synthesis of empirical findings from the analyzed literature regarding the position of ruqyah in the framework of religious coping:

Table 1. The Position of Ruqyah in the Framework of Religious Coping: A Synthesis of Empirical Findings

Author & Year	Context of the Study	Forms of Religious Coping	Main Mechanism	Impact on Patients	Data Collection Methods
Razali et al., 2018	Major depression (Malaysia)	Positive Religious Coping (PRC)	Theological reappraisal (testing, remission of sins); Cultivation of the concept of aqidah	Decreased relapse; Medical compliance is increasing	Clinical case studies
Anwar et al., 2025	Kanker (Pakistan)	Meaning-focused coping	Pencarian makna melalui ziarah, doa, ruqyah; konstruksi pengharapan	Emotional resilience; inner peace	Qualitative research
Zainal Abidin et al., 2022	PLHIV (Malaysia)	Spiritual coping	Legitimasi religius atas penderitaan; reinterpretasi stigma	Strengthening of faith; Acceptance of health status	In-depth interviews
Dolcos et al., 2021	Cross-population	PRC & cognitive reappraisal	Positive reappraisal; peningkatan coping self-efficacy	Decreased anxiety and depression (r≈0.35)	Meta-analysis
Thomas & Barbato, 2020	Muslim & Kristen (UEA, COVID-19)	PRC vs NRC	PRC: kolaborasi dengan Tuhan; NRC: punishment dari Tuhan	PRC: flourishing ↑; NRC: distress ↑	Quantitative surveys
Pirutinsky et al., 2020	Yahudi Orthodox (AS, COVID-19)	PRC	Religious reframing; spiritual support	Decreased anxiety	Survei longitudinal

Sintesis Penulis	**Across medical and geographical contexts**	**PRC is dominant in the practice of ruqyah**	**Positive reappraisal teologis; meaning-making; coping self-efficacy**	**Psychological resilience; acceptance; Medication adherence**	**Thematic analysis of 38 articles**

Table 1 shows the consistency of ruqyah function patterns as a PRC strategy across various medical conditions (depression, cancer, HIV/AIDS) and geographical contexts (Malaysia, Pakistan, UAE). The core mechanism that operates is positive reappraisal, which is the reinterpretation of suffering as a spiritual test, an opportunity for the removal of sin, or a manifestation of God's love. This cognitive process allows the patient to maintain the coherence of existential meaning despite facing medical uncertainty.

In the treatment of severe depression in Malaysia, ruqyah shar'iyyah is carried out by the recitation of verses of the Qur'an and hadith, accompanied by the cultivation of the concept of aqidah, the meaning of illness as a test, and the elimination of sins (Razali et al., 2018). This practice shows that ruqyah is not just a ritual, but a meaning-making process that helps patients understand suffering in a theological framework. A similar pattern emerged in the study of cancer patients in Pakistan, where ruqyah, prayer, and pilgrimage to holy places were used as a way of seeking meaning, hope, and inner peace (Anwar et al., 2025).

The mechanism of ruqyah as religious coping was revealed through clinical case studies. In the treatment of severe depression in Malaysia, ruqyah shar'iyyah is carried out with the recitation of verses from the Qur'an and hadith, accompanied by the cultivation of the concept of aqidah, the meaning of illness as a test, and the elimination of sins (Fuadi, 2017; Razali et al., 2018). This practice shows that ruqyah is not just a ritual, but a process of meaning making that helps the patient understand suffering in a theological framework. A similar pattern emerged in the study of cancer patients in Pakistan, where ruqyah, prayer, and pilgrimage to holy places were used as a way of seeking meaning, hope, and inner peace (Anwar et al., 2025). The consistency of these findings indicates that the function of the meaning of ruqyah applies across different medical contexts.

Analysis of psychological mechanisms reveals that religious coping tends to work through positive reappraisal: reinterpreting calamity as a test, an opportunity for growth, or a form of God's love, which lowers anxiety and depression (Dolcos et al., 2021). The belief that with God's help one is able to cope with problems increases coping self efficacy, which mediates the relationship between religious coping and emotional well-being (Dolcos et al., 2021). In the context of ruqyah, explanations of fate, the reward of patience, and the meaning of pain can serve as a similar reappraisal. This cognitive process explains why ruqyah is able to produce psychological impact even though it does not always produce measurable clinical changes.

The effectiveness of religious coping, including ruqyah, varies depending on the context and supporting conditions. Cross-contextual research shows that PRC generally reduces depression, anxiety, secondary traumatic stress or resists the effects of stress on a variety of groups: Muslims and Christians in the UAE, Orthodox Jews, nurses, caregivers,

earthquake and conflict survivors (Pirutinsky et al., 2020; Salima et al., 2025; Sarpdağı et al., 2025; Thomas & Barbato, 2020). Instead, the NRC consistently worsens psychological conditions. However, the effects of PRC are not always protective: in some students and women victims of disasters, PRC is sometimes unrelated or even correlated with higher symptoms, likely because it is used in very difficult situations without other support (Alsamara et al., 2024; Cheng & Ying, 2023; Graça & Brandão, 2024). These findings confirm that ruqyah as a coping strategy requires a broader support ecosystem to function optimally.

Dimensions of Communication in Islamic Healing Practices

Ruqyah operates not only as a spiritual ritual but also as a multidimensional and relational practice of healing communication. As a form of religious communication, ruqyah involves the transmission of symbolic messages through the language of faith, which facilitates the reconfiguration of meaning in the experience of illness.Previous studies have described Islamic healing as a communicative process in which suffering is narrated, interpreted, and socially validated in an Islamic Trauma Healing program that blends trauma CBT with the stories of the prophets and prayer (Bentley et al., 2020). This process shows that ruqyah involves social communication that frames suffering collectively.

An analysis of the literature shows that communication in ruqyah occurs at four interrelated levels: transcendental communication (patient-God), therapeutic communication (practitioner-patient), communal communication (patient-family-community), and symbolic communication (sacred text-reality). These four dimensions work simultaneously in shaping the meaning of suffering and facilitating the process of religious coping. Table 2 below maps the dimensions of communication along with their functions and effects in the practice of ruqyah.

Table 2. The Dimension of Communication in Ruqyah Practice as Healing Communication

The Element of Ruqyah	Forms of Communication	Main Actors	Function Meaning	Mechanics Coping	Reported Effects	Empirical References

Verses of the Qur'an	Symbolic transcendental	God ↔ of Patient	Religious legitimacy over suffering; Reframing pain as a test	Positive reappraisal; The Construction of Theological Significance	Inner serenity; decreased anxiety	Razali et al., 2018; Anwar et al., 2025
Prayer & Dhikr	Afective-spiritual	The Patient ↔ of God	Expression of hope and tawakkal; emotional connection with the transcendent	Emotion-focused coping; Strengthening trust	Reduction of emotional distress; improvement of spiritual well-being	Akrim et al., 2021; Rossato et al., 2021
Religious Counsel	Interpersonal-therapeutic	Patient Practitioner ↔	Reinterpretation of the meaning of pain; Strengthening of Aqidah and Patience	Meaning-making; cognitive restructuring	Acceptance; medical compliance	Razali et al., 2018; Omar et al., 2024
Collective Rituals	Social-communal	Family ↔ Patient ↔ Community	Social validation of the experience of illness; Strengthening Religious Identity	Social support; collective meaning-making	Flavor supported; Reducing social isolation	Arrey et al., 2016; Bukhori et al., 2022
Dialy Follow-up	Relation-sustainable	Patient ↔Practitioner	Spiritual Control; Strengthening Independent Practice	Sustained engagement; self-efficacy	Increased effectiveness of therapy; Consistency of practice	Omar et al., 2024

Table 2 shows that ruqyah operates through a complex and layered communication system. On a transcendental level, the recitation of Qur'anic verses serves as a symbolic communication that legitimizes the experience of pain within a theological framework, allowing the patient to reinterpret suffering as a test or opportunity for spiritual growth. This mechanism is in line with the concept of positive reappraisal in religious coping theory(Dolcos et al., 2021; Razali et al., 2018).

At the interpersonal level, the role of ruqyah practitioners is not limited to the performance of rituals, but extends as facilitators of therapeutic communication that help patients translate the language of faith into concrete life experiences. In the case of depression, peruqyah acts as a health communicator who emphasizes the importance of staying on medication and checking with a psychiatrist, as well as providing spiritual support. Previous studies have confirmed that the effectiveness of ruqyah is highly dependent on the quality of patient management and daily follow-up, which includes monitoring, advice, and independent ruqyah practice, all of these aspects are communicative and relational (Omar et al., 2024).

Communication in ruqyah is not only vertical (human-God), but also horizontal (practitioner-patient, patient-family, patient-community). The practice of prayer, dhikr, scripture reading, pilgrimage, and involvement in the worship community increases a sense of connection and support, which enriches empathic communication between patients, families, and healthcare workers (Akrim et al., 2021; Arrey et al., 2016; Rossato et al., 2021). For Muslim health workers in Bali, the combination of stoicism and positive religious coping was able to reduce distress and improve intercultural communication during the COVID-19 pandemic (Akrim et al., 2021).

In the context of chronic diseases such as HIV/AIDS and cancer, ruqyah opens up a space of "healing communication" where patients can express and negotiate feelings of guilt, fear of death, and hope through religious language (Ahmadi et al., 2018; Arrey et al., 2016; Bukhori et al., 2022; Rossato et al., 2021). This narrative process suggests that ruqyah works through the articulation of subjective experiences in a symbolic framework that can be understood and validated by the community, thereby reducing stigma and social isolation.

The therapeutic communication competence of practitioners is a crucial factor in the effectiveness of ruqyah as a healing communication. Previous research has found that therapeutic communication skills including empathy, active listening, and the ability to invite expressions of meaning and hope are positively correlated with spiritual care competencies in nurses (Akpınar et al., 2025; Minton et al., 2018). Furthermore, spiritual intelligence (the ability to give meaning, self-awareness, love, and moral dimensions) is strongly related to the communication competence and self-efficacy of health practitioners (Mehralian et al., 2023; Pinto et al., 2024).

These findings confirm that the communicative dimension of ruqyah is not incidental, but constitutive to its effectiveness as a religious coping practice. Ruqyah works through a process of communication that facilitates meaning-making, not solely through supernatural forces or individual psychological effects. This perspective distinguishes this article from the normative or therapeutic study of ruqyah, by placing religious communication as a central mechanism in the process of spiritual healing.

In the theoretical framework of Islamic communication, ruqyah can be understood as a form of therapeutic da'wah , a persuasive communication that is oriented towards transforming meaning and strengthening faith in the context of a health crisis. This practice shows that Islamic communication operates not only in the public or institutional sphere,

but also in the intimate spaces of individual suffering, where the language of faith is the main resource for maintaining existential coherence.

The role of religious actors is crucial in the process of healing communication. Through interpersonal relationships, priests or spiritual practitioners help individuals translate the language of faith into concrete life experiences. In the case of depression, peruqyah emphasizes the importance of continuing to take medication and monitoring to a psychiatrist, thus acting as a reinforcement of medical compliance as well as a provider of spiritual support (Zainal Abidin et al., 2022). The study of ruqyah effectiveness factors at the Darussyifa' center highlights the importance of patient management and daily follow-up monitoring, advice, and independent ruqyah practice in improving therapy outcomes (Omar et al., 2024). These findings indicate that the communicative competence of practitioners is as important as mastery of religious texts.

Religious communication in ruqyah is not only vertical (God's man), but also horizontal (patient practitioner, family patient). Prayer, dhikr, scripture reading, pilgrimage, and worship community increase a sense of connection and support, which enriches empathic communication between patients, families and health workers (Akrim et al., 2021; Arrey et al., 2016; Rossato et al., 2021). For Muslim health workers in Bali, the combination of stoicism and positive religious coping reduced distress and improved intercultural communication during the COVID 19 pandemic (Akrim et al., 2021). This integration of vertical and horizontal dimensions creates a network of meanings that strengthens individual resilience.

The narrative process in ruqyah opens up a space of "healing communication" that allows for the negotiation of complex emotions. In the context of HIV/AIDS and cancer, uncovering stories of faith and suffering facilitates the articulation of guilt, fear of death, and hope with religious language (Ahmadi et al., 2018; Arrey et al., 2016; Bukhori et al., 2022; Rossato et al., 2021). This narrative process shows that ruqyah works through the articulation of subjective experiences in a symbolic framework that can be understood and validated by the community. This communal validation function is a significant differentiator between religious coping and secular individual coping.

Spiritual communication competencies determine the effectiveness of religious healing practices. Analysis of spiritual communication showed that the therapeutic communication skills of empathy, active listening, inviting the expression of meaning and hope were positively correlated with spiritual care competence in nurses (Akpınar et al., 2025; Fuadi & Ramadhanita, 2025; Minton et al., 2018; Fuadi et al., 2024). Spiritual intelligence, which includes the ability to give meaning, self-awareness, love, and moral dimensions, is strongly related to nurses' communication competence and self-efficacy (Mehralian et al., 2023; Pinto et al., 2024). These findings reinforce that the communicative dimension of ruqyah requires relational competence and the ability to frame experiences in meaningful language. Implicitly, the training of ruqyah practitioners is not enough to focus only on the mastery of the text, but also on the development of therapeutic communication skills.

Ruqyah and Negotiation with the Modern Health System

Ruqyah in the modern health system operates through the logic of complementarity, not opposition. This practice occupies a different symbolic space than biomedical intervention, offering a framework of meaning that fills an existential void in the paradigm of medicalization. Analysis of integration patterns shows that ruqyah is generally carried out side by side with medical treatment, understood as a symbolic complement that

provides inner peace and strengthening meaning, not as a substitute for medical intervention (Rababa & Al Sabbah, 2023). These negotiations affirmed the adaptation of religious practices to modern medical rationality without losing their spiritual legitimacy.

However, the relationship between ruqyah and the modern health system is not always harmonious. The literature shows that there are variations in relationship patterns that produce different impacts on patient health. The following table 3 maps the spectrum of these relationships along with their characteristics, positive impacts, and associated risks.

Table 3. The Position of Ruqyah in Relations with the Modern Health System

Relationship Patterns	Features	Positive Impact	Risk	Empirical References
More complementary	Ruqyah is carried out side by side with medical treatment; patients continue to take medication and control routines	Therapy adherence is increased; inner peace; acceptance of the condition	Minimal; Conflict occurs if ruqyah practitioners prohibit medical drugs	(Omar et al., 2024; Razali et al., 2018)
Parallel	Ruqyah and medical alternately or separately; Patients try both without coordination	The patient feels he has a choice; Spiritual Comfort	Delayed diagnosis; inconsistencies of therapy; Relapse when discontinuing medication	Razali et al., 2018; Anwar et al., 2025
Substitute	Ruqyah is the only form of intervention; medical treatment is denied or delayed	Strengthening of spiritual meaning; Patient autonomy	Poor prognosis; medical complications; Higher mortality	Anwar et al., 2025; Molla et al., 2025

Table 3 shows that the effectiveness of ruqyah as a religious coping strategy is highly dependent on its integration pattern with the formal health system. Complementary patterns, in which ruqyah functions as a companion to medical intervention, produce the most optimal impact with minimal risk. Conversely, a substitute pattern that refuses medical treatment completely has the potential to harm the patient's health.

The effectiveness of the integration model is revealed in the case of concrete clinical cases. Cases of depression show an improvement in symptoms when ruqyah in accordance with sharia is combined with psychiatry, after previously there was a relapse when the patient left medicine and only went around to various peruqyah (Razali et al., 2018). Quantitative studies at ruqyah centers found that good symptom identification, patient

management, and daily follow-up practices were significantly correlated with perceptions of the effectiveness of ruqyah therapy; The assessment of the type of disturbance as a moderator is actually insignificant (Omar et al., 2024). These findings indicate that the effectiveness of ruqyah depends more on the quality of the communication and follow-up process than on specific diagnosis, which differs from the logic of conventional medical interventions.

Religious communication forms a bridge between spiritual practices and formal health systems. In chronic patients, religious communication that sees doctors and nurses as "God's representatives" encourages connectedness to health services (Molla et al., 2025). However, religio-cultural beliefs may also become barriers when they generate fear of medication or foster exclusive reliance on traditional healers. (Anwar et al., 2025; Molla et al., 2025). In the field of cancer, religious practices including ruqyah and Qur'an recitation are associated with a better quality of life and a decrease in depression, but exclusive reliance on religious or traditional healing can delay medical diagnosis and therapy thereby worsening the prognosis (Anwar et al., 2025). This dialectic demonstrates the importance of a structured integration framework to maximize the benefits of both systems.

The structured collaboration model offers a solution to potential conflicts between religious and medical systems. The COPE (Community Outreach & Professional Engagement) framework shows the potential to bridge medical support with communal spiritual support (Milstein et al., 2025). Models such as RCOPE help clinicians assess helpful versus detrimental forms of coping and integrate them in assessments and interventions (Abu Raiya & Pargament, 2015; Cummings & Pargament, 2010; Pargament et al., 2000; Xu, 2015). This instrument allows health workers to identify when religious coping serves as a resource and when it becomes a barrier, so that they can design culturally responsive interventions.

Other Islamic healing practices demonstrate the viability of medical spiritual integration in clinical contexts. Islamic spiritual education interventions and monotheism, tawakkul, the meaning of life that show the potential to reduce depression and improve the quality of life of heart patients (Nuraeni et al., 2023). Islamic Trauma Healing group intervention that combines trauma CBT with the stories of prophets and prayer used in the Somali Muslim community (Bentley et al., 2020). These findings suggest that the integration of religious practices in the health system requires an approach that respects the spiritual dimension while maintaining clinical standards. The success of this model provides empirical evidence that ruqyah can be integrated into the formal health system without losing its spiritual integrity or clinical effectiveness.

Ruqyah, Meaning, and Acceptance in the Context of the End of Life

Ruqyah in the context of the end of life undergoes a functional transformation from a healing orientation to a facilitation of spiritual acceptance and readiness. Literature analysis shows that in this phase, ruqyah operates as a communication of hope that helps individuals and families cope with medical limitations by constructing a narrative of meaning that goes beyond physical healing. Previous research confirms that ruqyah in palliative care is geared towards facilitating acceptance, hope, and spiritual readiness, rather than physical healing (Thorvilson et al., 2025). This shift in focus shows the flexibility of ruqyah as a framework of meaning that can adapt to different medical realities.

Spirituality and religiosity play a protective role in the psychological well-being of the elderly and terminally ill. Research shows that this dimension is related to lower depression and anxiety, as well as better life meaning and social relationships in the elderly

(Coelho Júnior et al., 2022). Interventions that target spirituality with prayer, mindfulness, and spiritual therapy groups can improve hope, spiritual well-being, and a sense of meaning in cancer patients, although results are not always consistent (Miller et al., 2025). This variability of outcomes indicates that the effectiveness of spiritual interventions depends on the quality of implementation and suitability to the patient's contextual needs.

From a communication and meaning perspective, religious healing practices construct narratives of suffering and recovery through language, sounds, and ritual symbols. This practice suggests that ruqyah works as a symbolic communication that organizes the subjective experience of the individual. In the study of spiritual mediumship, communication with the transcendent helps individuals process loss and maintain a symbolic connection with the deceased (Bartolini et al., 2018; Manning, 2021). In parallel with these findings, ruqyah in the context of the end of life facilitates communication with a transcendent dimension that helps patients and families interpret death as a transition, not an absolute end.

Theoretically, these findings expand the understanding of religious coping by emphasizing the dimensions of communication and meaning making. Religious practices such as ruqyah are not only individual, but also form a collective meaning within the Muslim community (Captari et al., 2018; Yonker et al., 2012). In the discourse of Islam and modernity, this practice shows the adaptation of religion in filling the space of meaning that is not fully reached by biomedical approaches (VanderWeele, 2017; Mitha, 2020). Ruqyah thus serves as a symbolic mediator between traditional belief systems and contemporary medical reality.

The effectiveness of religious coping in the context of end-of-life is influenced by religious identity and social support. Strong religious or spiritual identity increases the use of PRC; Its effects on mental health differ by race, ethnicity, and cultural context (AbdAleati et al., 2016; Fuadi et al., 2025; Vornlocher et al., 2025). In vulnerable groups of religious sexual minorities, poor women, PRC students only appear to be helpful when supported by social resources such as the acceptance of friends or community and psychological support (Alsamara et al., 2024; Graça & Brandão, 2024; Shilo et al., 2016). These findings show that the effectiveness of ruqyah as religious coping is inseparable from the social context and community support. Implicitly, the integration of ruqyah in palliative care requires a holistic approach that includes not only individual spiritual interventions, but also the strengthening of social and communal support networks.

CONCLUSION

Ruqyah in contemporary Muslim society cannot be adequately understood as a spiritual ritual or alternative healing practice. This study shows that ruqyah operates as a form of religious coping that works through healing communication, allowing individuals to build meaning, hope, and acceptance of the experience of pain.

The communicative dimension of ruqyah is reflected in the use of the language of faith, the role of religious actors, and interpersonal relationships that form the narrative of suffering and healing. This practice works through the mechanism of positive reappraisal and strengthening coping self efficacy, which can reduce distress and increase psychological resilience. These findings confirm that religious practices play an active role in responding to the medicalization of social life by filling in the space of meaning that is not fully reached by biomedical approaches.

This article contributes to the study of Islamic Studies by expanding the understanding of religious coping through the perspective of meaning communication. Theoretically, this analysis shows that religious practices are not only individual, but form

a collective meaning within Muslim communities. In practical terms, these findings can serve as a foundation for the development of context-sensitive spiritual care in health services, as well as strengthen the dialogue between religious practices and modern health systems.

The limitation of this study lies in the use of literature review as the main source of data. Further research based on field studies or discourse analysis is needed to deepen understanding of the practice of healing communication in ruqyah in various social contexts. The academic implications of these findings include the need to develop a medical spiritual integration framework that respects the religious dimension while maintaining clinical standards, as well as the need for spiritual communication competency training for healthcare workers serving Muslim communities.

ACKNOWLEDGEMENTS

We would like to express our deep appreciation to various parties who have made significant contributions to the completion of this article. Thank you to the Institute for Research and Community Service (LPPM) of the Nahdlatul Ulama Institute Tasikmalaya for the support of research facilities and access to academic databases that made this comprehensive literature review possible. Thank you to the Review Team of the Abdurauf Islamic Studies Journal (ARJEIS) for providing constructive input for the improvement of the manuscript, especially related to the conceptual framework of religious coping and healing communication in the context of contemporary Islam.

The author confirms that there is no conflict of interest in this study. All views and analyses expressed in the article are the sole responsibility of the author.

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