

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

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## Abstract

Religious healing practices continue to shape how Muslim communities interpret illness despite the expansion of modern healthcare systems. Ruqyah is commonly understood as a spiritual ritual or religious intervention, while its role as a therapeutic communicative practice of meaning-making remains underexplored. This article examines ruqyah as a form of religious coping that operates through healing communication in contemporary Islamic contexts. Using a qualitative literature-based approach through an integrative and thematic interpretive review, this study analyzes scholarly works on religious coping, Islamic spiritual healing, and the relationship between religion and modernity. The analysis applies thematic coding to communicative elements such as narrative framing, symbolic language, relational interaction, and meaning negotiation, identifying key themes of meaning-making, authority, narrative construction, and relationality. The findings demonstrate that ruqyah functions not merely as a spiritual ritual but as a symbolic and relational communicative process through which meanings of illness, hope, and acceptance are constructed. From a communication studies perspective, ruqyah operates as therapeutic communication in which meaning is co-constructed through religious narratives, interpersonal interaction, and faith-based symbolic language that frame experiences of suffering and healing. These processes help individuals reinterpret illness and strengthen psychological resilience within religious contexts. This study contributes to health communication scholarship by conceptualizing ruqyah as a communicative meaning-making practice rather than solely ritual healing. It further advances Islamic Studies by extending the concept of religious coping through a communicative perspective, highlighting the continuing relevance of Islamic healing practices within increasingly medicalized social environments.

**Keywords:** Contemporary Islam, Healing Communication, Religious Coping, Ruqyah, Therapeutic Communication

## 1. Introduction

Religious practices remain an important reference in how Muslim communities interpret the experience of illness, even as modern healthcare systems continue to develop. In many contexts, illness is understood not only as a biological disorder, but also as an existential experience that demands moral and spiritual explanations. A number of studies show that religious-based healing practices are still carried out 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 responding to life stresses, including illness and health crises, through a process of meaning-making that helps individuals reinterpret crisis experiences within the framework of faith (Dolcos et al., 2025; Pargament et al., 2000; Thomas & Barbato, 2020).

In the Muslim context, spiritual healing practices such as prayer, recitation of the Qur'an, and ruqyah are often the primary mediums for articulating religious coping. Ruqyah, defined as prayer, dhikr, and recitation of Qur'anic verses over the affected part of the body with complete faith in Allah (Jatmiko, 2024), 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 construct meaning from their experiences of illness (Omar et al., 2025; Razali & Khalib, 2012).

However, most studies discussing ruqyah still place it within a normative or therapeutic framework, focusing on the legitimacy of its teachings or its spiritual effectiveness. While these approaches make important contributions, they tend to overlook the communicative dimension of religious practice. From a communication studies perspective, ruqyah can be understood as a form of therapeutic communication in which meaning is jointly constructed through symbolic language, interpersonal interactions, and religious narratives that frame illness and healing. Several recent studies show that Islamic healing practices operate as symbolic communication processes that frame experiences of suffering in social and religious terms (Akrim et al., 2021; Bentley et al., 2021). Research on religious coping shows that religious practices work through a mechanism of positive reappraisal: reinterpreting misfortune as a test, an opportunity for growth, or a form of God's love, which reduces anxiety and depression (Cummings & Pargament, 2010; Dolcos et al., 2025). In the context of ruqyah, explanations about destiny, the rewards of patience, and the meaning of illness function as reappraisal that helps individuals maintain their orientation towards meaning (Anwar et al., 2025; Razali & Khalib, 2012). This process does not occur in a vacuum, but rather through communicative interactions between practitioners, patients, and the community.

Ruqyah as a healing communication practice can be understood through several theoretical perspectives in communication science. First, therapeutic communication conceptualises ruqyah as an interpersonal interaction that facilitates emotional expression, meaning negotiation, and the formation of therapeutic relationships between practitioners and patients. In this context, ruqyah practitioners function as therapeutic communicators who help patients articulate their experiences of pain in religious language that provides comfort and meaning orientation. Second, the symbolic interaction perspective views ruqyah as a process in which religious symbols from the Qur'an, prayers, and dhikr become a medium for the construction of shared meaning. Through symbolic interaction, individuals interpret pain not merely as a biological failure, but as an experience that has spiritual and existential significance. Third, the health communication framework places ruqyah within a broader spectrum of how individuals and communities communicate about health, illness, and healing. Ruqyah offers an alternative communicative framework that complements, rather than replaces, the biomedical discourse. Fourth, the narrative communication approach identifies ruqyah as a storytelling practice in which the experience of illness is re-narrated within a spiritual plot that provides coherence and meaning. Narratives of suffering as a test, the removal of sin, or a path to closeness with God form a story structure that helps individuals understand and accept their condition.

In the discourse of Islam and modernity, the continuation of ruqyah practices within the modern healthcare system demonstrates a process of adaptation rather than rejection of modernisation. Religious practices are not always positioned as alternatives that are opposed to medicine, but rather as symbolic complements that fill the space of meaning that is not fully reached by the biomedical approach (Rababa & Al Sabbah, 2023; Molla et al., 2025). 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 healing communication practice within the framework of religious coping are still relatively limited. The existing literature emphasises normative and therapeutic aspects, while analysis of ruqyah as a mechanism of meaning-making through religious communication has not been developed systematically. This gap is significant because without such an understanding, religious practices risk being reduced to personal rituals or spiritual interventions,

without seeing their role in shaping the way Muslims make sense of suffering in an increasingly medicalised society.

This study poses the main question: how does ruqyah function as a practice of meaning communication in the religious coping process of contemporary Muslims? More specifically, this article aims to analyse ruqyah as a form of religious coping that functions through healing communication in the context of contemporary Islam, with a focus on the symbolic mechanisms that help individuals construct meaning, hope, and acceptance of the experience of illness.

This article contributes to the fields of health communication and communication studies by expanding the understanding of religious coping through the perspectives of therapeutic communication and meaning-making. Theoretically, this study integrates symbolic communication theory, therapeutic communication, and health communication to understand how religious practices operate as complex communication systems. Practically, 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.

## 2. Methods

This article uses a qualitative approach with an analytical literature review and thematic interpretive review design. This approach was chosen because the purpose of the study was to understand ruqyah as a religious practice that operates at the level of meaning and communication, rather than to test clinical effectiveness or produce statistical generalisations. Analytical literature review allows for critical synthesis of existing literature to identify conceptual patterns, knowledge gaps, and opportunities for theoretical development. Meanwhile, thematic interpretive review facilitates in-depth interpretation of the meaning and significance of empirical findings within the theoretical framework of communication and religious coping. The focus of the analysis is directed at tracing and interpreting conceptual arguments and empirical findings relevant to religious coping and healing communication in the context of contemporary Islam.

The present study employed an integrative literature review approach to synthesize empirical and conceptual studies related to religious coping, Islamic healing practices, and therapeutic communication in illness experiences. Data sources consisted primarily of scientific journal articles published between 2016 and 2025, with limited inclusion of classical conceptual literature to strengthen the theoretical foundation. The literature was retrieved from the Scopus, Web of Science, and Google Scholar databases using the following keywords: religious coping, ruqyah, Islamic healing, spiritual communication, therapeutic communication, health communication, and meaning-making in illness.

The selection process was conducted purposively based on predetermined inclusion criteria: (1) studies discussing Islamic religious practices in the context of illness or healing, (2) articles analysing religious coping mechanisms or meaning-making in illness experiences, and (3) publications appearing in accredited national or reputable international journals. A total of 38 articles met the inclusion criteria and were analysed through thematic synthesis to identify recurring concepts, patterns, and theoretical insights across studies.

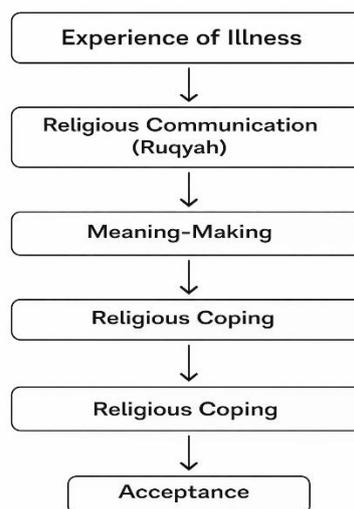
Data collection was conducted through literature search and curation, followed by in-depth reading to identify argument positions, analysis focus, and thematic patterns. Data analysis was conducted through conceptual thematic coding to identify main themes and inter-theme relationships, as commonly used in interpretive qualitative analysis (Braun & Clarke, 2006). Thematic coding focused on communicative elements such as narrative framing, symbolic language, relational interaction, and meaning negotiation. The analysis process began with the categorisation of literature based on topics

(religious coping, ruqyah, spiritual communication, therapeutic communication), the identification of conceptual patterns across the literature through initial coding that produced themes such as meaning-making, authority, narrative, and relationality, and the construction of analytical narratives that linked empirical findings with the theoretical framework of communication.

### 3. Results and Discussion

#### 3.1. Ruqyah as a Religious Coping Strategy

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



**Figure 1. Religious Coping Process toward Acceptance**

Figure 1 shows that ruqyah does not work directly to produce acceptance, but rather through a process of religious communication that facilitates meaning-making, which then activates religious coping mechanisms to achieve acceptance. Each stage involves different but interrelated communicative dimensions.

Ruqyah operates as a religious coping mechanism that transcends ritual dimensions to encompass an existential process of meaning-making in relation to the experience of illness. Literature analysis shows that this practice functions as an interpretive framework that allows Muslim individuals to transform suffering into a coherent narrative of faith. In this context, ruqyah does not merely offer spiritual intervention, but 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 basis for understanding these dynamics. Empirical studies show that religious practices help individuals maintain a sense of meaning when medical explanations are perceived as inadequate (Zainal-Abidin et al., 2022; Murtadho, 2022). Quantitative findings reinforce this pattern: positive religious coping (PRC) shows a positive correlation with flourishing ( $r \approx 0.35$ ), while negative religious coping (NRC) correlates negatively ( $r \approx -0.25$ ) in the context of the COVID-19 pandemic (Thomas & Barbato, 2020; Pankowski & Wytrychiewicz-Pankowska, 2023). This perspective explains how ruqyah helps individuals place illness within a broader narrative

of faith, thereby building acceptance and psychological resilience. The synthesis of empirical findings positioning ruqyah within the religious coping framework is presented in Table 1.

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

Author & Year	Study Context	Forms of Religious Coping	Primary Communicative Mechanisms	Meaning-Making Function	Impact on Patients	Methodology
Razali and Khalib (2012)	Major depression (Malaysia)	Positive Religious Coping (PRC)	Interpersonal religious counselling; theological framing of illness	Reinterpretation of illness as a test and expiation of sins	Reduced relapse; increased treatment compliance	Clinical case studies
Anwar et al. (2025)	Cancer (Pakistan)	Meaning-focused religious coping	Religious narratives (prayer, ruqyah, pilgrimage)	Construction of hope and meaning of suffering	Emotional resilience; inner peace	Qualitative research
Zainal-Abidin et al. (2022)	Muslim PLHIV (Malaysia)	Spiritual coping	Religious legitimisation through symbolic communication	Reinterpretation of stigma and self-identity	Acceptance of health condition; strengthening of faith	In-depth interviews
Dolcos et al. (2025)	Cross-population	PRC & cognitive reappraisal	Positive reappraisal through internal religious narratives	Reconstruction of the meaning of crisis	Reduced anxiety and depression ( $r \approx 0.35$ )	Meta-analysis
Thomas and Barbato (2020)	Muslim & Christian (UAE, COVID-19)	PRC vs NRC	Collaborative narratives with God vs. God's punishment	Framing crisis as a test or threat	PRC: flourishing $\uparrow$ ; NRC: distress $\uparrow$	Quantitative surveys
(Pirutinsky et al., 2020)	Orthodox Jews (US, COVID-19)	PRC	Religious reframing & spiritual support	Collective meaning coherence	Decreased anxiety	Longitudinal surveys
Omar et al. (2025)	Ruqyah patients (Malaysia)	Spiritual-relational coping	Communicative follow-up; relational monitoring	Consistency of meaning and spiritual practice	Increased perception of therapy effectiveness	Quantitative surveys
Bentley et al. (2021)	Muslim community trauma	Integrative religious coping	Prophetic narratives & group therapeutic communication	Normalisation of suffering & social validation	Trauma reduction; increased resilience	Intervention programmes
Author's Synthesis	Cross-medical and cultural contexts	The PRC dominates the practice of ruqyah	Symbolic, narrative, and relational communication	Meaning-making, acceptance, hope	Psychological resilience & medical compliance	Thematic analysis of 38 articles

The mechanism of ruqyah as a form of religious coping was revealed through clinical case studies across medical and geographical contexts. In the treatment of severe depression in Malaysia, ruqyah shar'iyah was performed by reciting verses from the Qur'an and hadith, accompanied by the instilling of concepts of faith, the meaning of illness as a test, and the removal of sins (Razali & Khalib, 2012). This practice demonstrates that ruqyah is not merely a ritual, but a meaning-making process that helps patients understand suffering within a theological framework. A similar pattern emerged in a study of cancer patients in Pakistan, where ruqyah, prayer, and pilgrimage to holy sites were used as a means of seeking meaning, hope, and inner peace (Anwar et al., 2025). The consistency of these findings indicates that the meaning-making function of ruqyah applies across different medical contexts.

### 3.2. Ruqyah as Symbolic Interaction

From the perspective of symbolic interactionism theory, ruqyah represents a process in which religious symbols become a medium for the construction of shared meaning between practitioners, patients, and the community. Verses from the Qur'an, prayers, and dhikr are not merely ritual texts, but symbols that carry theological, emotional, and social meanings that are negotiated in therapeutic interactions.

Within the framework of symbolic interactionism (Blumer, 1986), meaning is not inherent in objects or actions, but emerges from social interaction. Ruqyah as a communicative practice operationalises this principle: the recitation of Qur'anic verses acquires healing meaning through shared interpretation involving the patient's beliefs, the practitioner's authority, and community validation. This process enables the transformation of religious symbols into concrete psychological resources for coping.

Studies show that communication in ruqyah occurs on 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.

### 3.3. Narrative and Meaning Negotiation in Healing Communication

Ruqyah operates as a narrative communication practice in which the experience of illness is re-narrated within a spiritual plot that provides coherence and meaning. The narrative of suffering as a test, the removal of sin, or a path to closeness with God forms a story structure that helps individuals understand and accept their condition.

From a narrative communication perspective, illness is not merely a biological condition but an experience that requires storytelling to be understood (Frank, 1995). Ruqyah provides a narrative template that allows patients to integrate suffering into a broader life narrative. This practice frames illness not as a meaningless disruption but as part of a spiritual plot that has purpose and significance.

In the context of HIV/AIDS and cancer, ruqyah opens up a space for 'healing communication' where patients can express and negotiate feelings of guilt, fear of death, and hope through religious language (Ahmadi et al., 2019; Arrey et al., 2016; Bentley et al., 2021; Rossato et al., 2022). This narrative process demonstrates that ruqyah works through the articulation of subjective experiences within a symbolic framework that can be understood and validated by the community, thereby reducing stigma and social isolation.

The communication dimension in ruqyah also resonates with the principles of patient-centred communication. Effective ruqyah practitioners demonstrate therapeutic communication competencies of empathy, active listening, and the ability to invite expressions of meaning and hope, which correlate positively with spiritual care competencies (Akpınar et al., 2025; Minton et al., 2018). Spiritual intelligence, which includes the ability to give meaning, self-awareness, and moral dimensions, is strongly related to the communication competence and self-efficacy of health practitioners (Mehralian et al., 2024; Pinto et al., 2024). These findings confirm that the communicative dimension of ruqyah requires relational competence and the ability to frame experiences in meaningful language.

### 3.4. The Dimension of Communication in Islamic Healing Practices

Ruqyah operates not only as a spiritual ritual, but also as a multi-dimensional and relational healing communication practice. As a medium of religious communication, ruqyah involves the transmission of symbolic messages through the language of faith, which facilitates the process of reinterpreting the experience of illness. Bentley et al. (2021) describe Islamic healing as a communicative

process in which suffering is narrated, interpreted, and socially validated in Islamic Trauma Healing programmes that combine trauma CBT with stories of the prophets and prayers. This process shows that ruqyah involves social communication that collectively frames suffering. The dimensions of communication in ruqyah as a form of healing communication are summarized in Table 2.

**Table 2. Dimensions of Communication in Ruqyah Practice as Healing Communication**

Elements of Ruqyah Practice	Dimensions of Communication	Main Actors	Communicative Functions	Meaning-Making Mechanisms	Facilitated Coping Forms	Reported Effects	Empirical References
Recitation of verses from the Qur'an	Symbolic-transcendental	God ↔ Patient	Religious legitimisation of illness	Reframing of illness as a test or God's will	Positive religious coping; cognitive reappraisal	Inner peace; reduced anxiety	Razali & Khalib, 2012; Anwar et al., 2025
Prayers and remembrance of God	Affective-spiritual	Patient ↔ God	Expression of hope, trust in God, and spiritual dependence	Articulation of emotions and reinforcement of transcendent meaning	Emotion-focused coping	Reduced emotional distress; spiritual well-being	Akrim et al., 2021; Rossato et al., 2022
Religious advice and explanations	Interpersonal-therapeutic	Practitioner ↔ Patient	Therapeutic and educational communication	Negotiation of the meaning of illness and healing	Meaning-focused coping; acceptance	Acceptance of condition; medical compliance	Razali & Khalib, 2012; Omar et al., 2025
Face-to-face interaction ruqyah	Relational	Practitioner ↔ Patient	Formation of empathetic relationships	Validating patients' subjective experiences	Relational coping	Feeling heard and understood	Bentley et al., 2020
Collective rituals (congregation, family)	Social-communal	Patient ↔ Family ↔ Community	Social validation and religious identity	Constructing collective meanings of suffering	Social religious coping	Reduced isolation; social support	Arrey et al., 2016; Bentley et al., 2021; Omar et al., 2025
Follow-up and spiritual monitoring	Relational-sustainable	Practitioner ↔ Patient	Continuity of therapeutic communication	Reinforcing consistency between meaning and practice	Sustained coping & self-efficacy	Increased perceived effectiveness	Omar et al., 2025
Narratives of faith (trials, rewards, patience)	Narrative-interpretative	Patient ↔ Practitioner ↔ Sacred Texts	Construction of illness narratives	Integrating experiences of pain into religious narratives	Narrative coping	Hope and acceptance	Dolcos et al., 2025; Thomas & Barbato, 2020;
Integration with medical care	Medical-religious	Patient ↔ Practitioner ↔ Healthcare personnel	Mediation of meaning between faith and medicine	Biomedical-spiritual coherence of meaning	Adaptive coping	Therapy compliance; better outcomes	Rababa & Al Sabbah, 2023

### 3.5. Ruqyah and Negotiation with the Modern Healthcare System

Ruqyah in the modern healthcare system operates through the logic of complementarity, not opposition. This practice occupies a symbolic space that is distinct from biomedical interventions, offering a framework of meaning that fills the existential void in the medicalisation paradigm. Analysis of integration patterns shows that ruqyah is generally carried out alongside medical treatment, understood as a symbolic complement that provides inner peace and meaning reinforcement, rather than as a substitute for conventional therapy (Razali & Khalib, 2012; Anwar et al., 2025).

The effectiveness of the integration model is revealed in concrete clinical cases. A case of depression showed improvement in symptoms when ruqyah in accordance with Sharia law was combined with psychiatry, after a previous relapse when the patient stopped taking medication and only visited various ruqyah practitioners (Razali & Khalib, 2012). A quantitative study at a ruqyah centre found that good symptom identification, patient management, and daily follow-up practices were significantly correlated with perceptions of the effectiveness of ruqyah therapy (Omar et al., 2025).

These findings indicate that the effectiveness of ruqyah depends more on the quality of the communication and follow-up process than on specific diagnoses.

### **3.6. Ruqyah, Meaning, and Acceptance in the Context of the End of Life**

Ruqyah in the context of the end of life has undergone a functional transformation from an orientation towards healing to one of facilitating acceptance and spiritual 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 narratives of meaning that transcend physical healing. Thorvilson (2025) emphasise that ruqyah in palliative care is directed towards facilitating acceptance, hope, and spiritual readiness, rather than physical healing. This shift in focus demonstrates the flexibility of ruqyah as a framework of meaning that can adapt to different medical realities.

From a communication and meaning perspective, religious healing practices construct narratives of suffering and recovery through language, sound, and ritual symbols. These practices demonstrate that ruqyah functions as symbolic communication that organises individuals' subjective experiences. In the study of spiritual mediumship, communication with the transcendent help individuals process loss and maintain symbolic connections with the deceased (Manning, 2021; Bartolini et al., 2018). Parallel to these findings, ruqyah in the end-of-life context facilitates communication with the transcendent dimension, helping patients and families interpret death as a transition rather than an absolute end

## **4. Conclusion**

Ruqyah in contemporary Muslim society cannot be adequately understood merely 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, enabling individuals to construct meaning, hope, and acceptance of the experience of illness. From a communication studies perspective, this research emphasises that healing is not merely a medical or spiritual outcome, but a communicative process in which meaning, hope, and acceptance are negotiated. The communicative dimension of ruqyah is reflected in the use of religious language, the role of religious actors, and the interpersonal relationships that shape narratives of suffering and healing. This practice works through the mechanisms 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 medicalisation of social life by filling the space of meaning that is not fully reached by the biomedical approach.

This article contributes to 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 in nature but also shape collective meanings in Muslim communities through symbolic, therapeutic, and narrative communication processes. Practically, these findings have important implications for therapeutic communication in the context of health. First, for healthcare professionals, understanding ruqyah as a communication practice helps them integrate the spiritual dimension into patient-centred care without reducing it to superstition. Second, for ruqyah practitioners, recognition of the communicative dimension of their practice emphasises the importance of therapeutic communication competencies such as empathy, active listening, and the ability to facilitate meaning-making, in addition to mastery of religious texts. Third, for health communication education, this study demonstrates the need for a curriculum that integrates cultural humility and the ability to facilitate spiritual communication in diverse contexts.

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 healing

communication practices in ruqyah in various social contexts. The academic implications of these findings include the need to develop a spiritual-medical integration framework that respects religious dimensions while maintaining clinical standards, as well as the need for training in spiritual communication competencies for health workers serving Muslim communities. This study contributes to Islamic Studies and communication studies by reframing ruqyah not merely as a ritual healing practice, but as a communicative meaning-making process through which illness is interpreted, negotiated, and transformed into religiously grounded coping and psychological resilience.

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