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Spiritual Resilience and Mental Health: A Qualitative Analysis of *Ruqyah Syar'iyah* as a Complementary Therapy for Depression

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Abstract

This study identifies the etiologic factors contributing to depressive disorders among patients and evaluates the systematic implementation of *ruqyah syar'iyah* at the Rumah Sehat Al-Hijamah (RSH) Clinic in Makassar. Adopting a qualitative framework through sociological and psychological guidance lenses, the study utilized semi-structured interviews, participatory observation, and comprehensive documentation involving certified therapists, clinical administrators, and patients. Data validity was established through methodological triangulation to ensure a rigorous analysis of the therapeutic process. The findings reveal that depressive symptoms are precipitated by a complex interplay of stressors, including familial conflict, chronic illness anxiety, occupational strain, metaphysical disturbances, interpersonal rejection, and socioeconomic instability. These factors induce protracted psychological distress, which frequently prompts patients to seek spiritual interventions as a primary or secondary recovery path. The therapeutic protocol at RSH Clinic follows a structured five-stage process: an initial diagnostic interview to assess symptom etiology, spiritual purification through wudu (ablution), the recitation of specific Qur'anic verses and prophetic supplications, reflexology to induce neuromuscular relaxation, and the administration of hijamah (cupping therapy) as a physiological detoxification measure. Ultimately, the results suggest that *ruqyah syar'iyah* functions as a holistic intervention by addressing the spiritual, psychological, and physiological dimensions of mental health. The integration of spiritual reinforcement and physical therapy promotes emotional homeostasis and cognitive resilience, positioning this practice as a viable complementary therapeutic modality for the management of depressive disorders within a spiritual-clinical context.

Keywords: Ruqyah Syar'iyah Therapy; Depression; Spiritual Healing; Islamic Psychotherapy; Holistic Treatment



خلاصة

تهدف هذه الدراسة إلى التعرف على العوامل المسببة للاكتئاب لدى المرضى وتحليل تطبيق علاج الرقية الشرعية في عيادة بيت الصحة الحجامه (RSH) بمدينة ماكاسار. استخدمت الدراسة المنهج الكيفي مع اعتماد المقاربة الإرشادية والاجتماعية. وتم جمع البيانات من خلال المقابلات والملاحظة والتوثيق، حيث شملت العينة المعالجين في العيادة والإداريين والمرضى الذين يخضعون للعلاج. وقد تم تحليل البيانات باستخدام أسلوب التثليث لضمان صحة النتائج. أظهرت نتائج الدراسة أن الاكتئاب لدى المرضى يتأثر بعدة عوامل رئيسية، منها المشكلات الأسرية، والخوف من الأمراض المزمنة، وضغوط العمل، والاضطرابات غير الطبية أو الروحية، وفشل العلاقات العاطفية، إضافة إلى المشكلات الاقتصادية. وغالباً ما تؤدي هذه العوامل إلى ضغوط نفسية مستمرة تدفع المرضى إلى البحث عن العلاج البديل من خلال العلاج الروحي. ويتم تطبيق علاج الرقية الشرعية في العيادة عبر عدة مراحل، تبدأ بالمقابلة الأولية لمعرفة خلفية المرض، ثم الطهارة بالوضوء، وقراءة آيات من القرآن الكريم والأدعية، إضافة إلى العلاج بالتدليك الانعكاسي لتحقيق الاسترخاء، وأخيراً العلاج بالحجامه كوسيلة علاجية مكمله. وتشير النتائج إلى أن علاج الرقية الشرعية يقدم منهجاً علاجياً شاملاً يجمع بين الجوانب الروحية وتشير النتائج إلى أن علاج الرقية الشرعية يقدم منهجاً علاجياً شاملاً يجمع بين الجوانب الروحية والنفسية والجسدية. ويساعد هذا الأسلوب المرضى على تحقيق الطمأنينة النفسية وتعزيز الإيمان وتحسين حالتهم النفسية تدريجياً.

الكلمات المفتاحية: الرقية الشرعية; الاكتئاب; العلاج الروحي; العلاج النفسي الإسلامي; العلاج الشمولي

Abstrak

Penelitian ini bertujuan untuk mengidentifikasi faktor-faktor penyebab depresi pada pasien serta menganalisis penerapan terapi *ruqyah syar'iyah* di Klinik Rumah Sehat Al-Hijamah (RSH) Makassar. Penelitian ini menggunakan pendekatan kualitatif dengan perspektif bimbingan dan pendekatan sosiologis. Pengumpulan data dilakukan melalui wawancara, observasi, dan dokumentasi dengan informan yang terdiri dari terapis, pengelola klinik, serta pasien yang

menjalani terapi. Analisis data dilakukan dengan teknik triangulasi untuk menjamin validitas temuan penelitian. Hasil penelitian menunjukkan bahwa depresi pada pasien dipengaruhi oleh berbagai faktor, antara lain konflik keluarga, ketakutan terhadap penyakit kronis, tekanan pekerjaan, gangguan non-medis atau spiritual, kegagalan hubungan asmara, serta masalah ekonomi. Faktor-faktor tersebut menimbulkan tekanan psikologis yang berkepanjangan sehingga mendorong pasien mencari pengobatan alternatif melalui terapi spiritual. Penerapan terapi *ruqyah syar'iyah* di klinik dilakukan melalui beberapa tahapan, yaitu wawancara awal untuk mengetahui latar belakang penyakit pasien, penyucian diri melalui wudhu, pembacaan ayat-ayat Al-Qur'an dan doa-doa tertentu, terapi pijat refleksi untuk memberikan relaksasi, serta terapi bekam sebagai metode pengobatan pendukung. Temuan penelitian menunjukkan bahwa terapi *ruqyah syar'iyah* memberikan pendekatan penyembuhan yang bersifat holistik dengan mengintegrasikan aspek spiritual, psikologis, dan fisik. Pendekatan ini membantu pasien memperoleh ketenangan batin, meningkatkan keimanan, serta memperbaiki kondisi psikologis pasien.

Kata Kunci: Terapi Ruqyah Syar'iyah; Depresi; Penyembuhan Spiritual; Psikoterapi Islam; Terapi Holistik

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A. Introduction

The increasing prevalence of mental health disorders in contemporary society has become one of the most significant global public health concerns of the twenty-first century. Rapid technological transformation, socioeconomic competition, urbanization, and the erosion of traditional social structures have contributed to the emergence of psychological disorders across various social groups. Depression, in particular, has become a dominant psychological condition affecting millions of individuals worldwide. The World Health Organization identifies depression as a leading cause of disability, characterized by persistent sadness, emotional instability, loss of motivation, cognitive disturbances, and impaired social functioning. In many developing societies, including Indonesia, mental health problems are often accompanied by cultural and spiritual interpretations that influence both the perception of illness and the methods of treatment pursued by patients.

Within the Indonesian Muslim community, psychological suffering is not always interpreted solely through biomedical or psychiatric frameworks. Many individuals perceive emotional distress as being closely related to spiritual imbalance, weakened religious commitment, social alienation, or metaphysical disturbances. Consequently, alternative healing approaches rooted in Islamic traditions continue to play an important

role in supporting psychological recovery. One of the most widely practiced forms of spiritual therapy is *ruqyah syar'iyah*, a method of healing based on the recitation of verses from the Qur'an, prophetic supplications, and spiritually guided therapeutic practices derived from Islamic teachings.

The growing popularity of *ruqyah syar'iyah* reflects a broader phenomenon in which modern societies seek holistic approaches to mental health treatment. Patients who experience depression frequently search for interventions capable of addressing emotional suffering while simultaneously restoring spiritual meaning and existential stability. In this context, *ruqyah syar'iyah* is not merely understood as a ritual of exorcism or spiritual purification, but as a therapeutic process integrating faith, emotional reassurance, physical relaxation, and social support. The therapeutic experience often strengthens the patient's perception of hope, divine protection, and psychological resilience.

The Islamic psychological tradition conceptualizes human beings as entities composed of interconnected spiritual, cognitive, emotional, and physical dimensions. Classical Islamic scholars explain that psychological imbalance occurs when harmony between the *qalb* (heart or spiritual center), *'aql* (intellect), and *nafs* (desire or emotional impulse) becomes disrupted. Depression, from this perspective, may emerge when the *nafs* dominates emotional behavior without adequate spiritual guidance from the *qalb* and rational regulation from the *'aql*. Therefore, recovery requires not only emotional intervention but also spiritual realignment and moral strengthening.

In the contemporary era, rapid technological acceleration and socio-economic competition have fundamentally altered cultural identities, often exceeding individual adaptive capacities. This 'modernity stress' frequently manifests as clinical depression, characterized by affective instability and a deficit in self-regulation. Within the Indonesian context, the role of the counselor formally recognized under Law No. 20 of 2003 extends beyond pedagogical duties to include spiritual guidance. This interdisciplinary role necessitates a synthesis of specialized religious knowledge and standardized counseling methodologies to facilitate holistic intervention¹.

The integration of Islamic principles within the guidance and counseling framework necessitates an analysis of psychological variables, including personality structures, attitudinal shifts, cognitive intelligence, and emotional regulation. In this paradigm, human behavior is conceptualized as the output of an interconnected psychological system comprising the *qalb* (affective-spiritual center), *'aql* (cognitive-intellective faculty), and *nafs* (appetitive-behavioral drives). Furthermore, for individuals adhering to the ontological foundation of *tawhid* (monotheism), labor is recontextualized as a manifestation of divine stewardship. Under this spiritual-

¹ "Http://Astryfauzia.Blogspot.Com/2013/12/Makalah-Konselor-Yang-Efektif-Dan_19.Html," n.d.

psychological construct, professional engagement and "hard work" are not merely socioeconomic activities but are categorized as 'ibadah (acts of worship), thereby providing a transcendental motivation for behavioral compliance and vocational persistence².

Human civilizational history is characterized by continuous sociocultural evolution, primarily driven by advancements in science and technology. Such progress significantly influences cultural identity and intercultural contact, especially with cultures originating from the Western world. This advancement is often characterized by intense competition in various fields, including economics, politics, and technology. Observing these developments, some individuals may feel unable to adapt to the demands of their time, resulting in frustration, stress, or prolonged depression due to their inability to keep pace with rapid progress. Consequently, disturbances may arise as individuals struggle to compete and adapt to their environment.

The readiness to integrate into shifting environments produces divergent outcomes. Proactive adaptation often serves as a catalyst for personal and professional development. Conversely, the inability to navigate rapid systemic changes may lead to cognitive dissonance and emotional instability. When individuals experience a deficit in adaptive resilience, the resulting psychological disturbances frequently manifest as internal conflict or social withdrawal, underscoring the critical link between technological acceleration and the prevalence of mental health disorders in modern society.

Psychological distress, manifesting as chronic frustration or depressive disorders, necessitates external therapeutic intervention to mitigate the debilitating impact of such conditions on daily functioning. Professional counseling is an essential resource in this context, providing structured guidance and evidence-based strategies that facilitate symptom resolution and the restoration of psychosocial equilibrium. By engaging in clinical intervention, individuals are better equipped to navigate the complexities of their condition and implement constructive life-management frameworks.

The symptomatology of depression is frequently externalized through multifaceted affective displays and physiological indicators. These include a broad spectrum of emotional states ranging from anxiety, apprehension, and pathological guilt to profound sadness and heightened emotional lability. While emotional fluctuations are a universal human experience, particularly during periods of acute internal conflict, they escalate into clinically significant disturbances when self-regulatory mechanisms fail. The inability to maintain emotional homeostasis often exacerbates the severity of

²["http://Bpi-Uinsuskariau3.Blogspot.Com/2010/10/Konsep-Manusia-Dalam-KaitannyaDengan_26.Html,"](http://Bpi-Uinsuskariau3.Blogspot.Com/2010/10/Konsep-Manusia-Dalam-KaitannyaDengan_26.Html) n.d.

the disorder, necessitating a systematic therapeutic approach to emotional regulation and cognitive restructuring³.

The management of depressive disorders necessitates multifaceted therapeutic interventions designed to mitigate affective instability. One such modality is spiritual-based therapy, derived from the primary Islamic sources: the Qur'an and the Sunnah. M. Solihin, in *Sufistic Therapy*, posits that spiritual interventions have gained significant clinical relevance in the contemporary era. A segment of the psychiatric community suggests that the integration of faith-based methodologies may accelerate recovery by bolstering patient self-efficacy and fostering a transcendental locus of control, wherein the Divine is perceived as the ultimate source of healing⁴.

The application of ruqyah shar'iyah is contingent upon two primary clinical and spiritual parameters. From the patient's perspective, successful intervention requires a sincere reorientation toward Allah SWT and a cognitive commitment to the belief that Qur'anic discourse serves as a source of mercy and restoration for the faithful. From the practitioner's perspective, the modality involves the systematic recitation of ta'awwudh (supplications for protection) and the Divine Names. As noted by Isman Nasution, when administered by practitioners adhering to ethical and spiritual standards, ruqyah shar'iyah sourced from the Noble Qur'an and authentic prophetic traditions functions as a comprehensive healing framework that addresses the metaphysical and psychological dimensions of the individual⁵.

The presence of Klinik Rumah Sehat Al-Hijamah (RSH) Makassar is an example of a clinic that assists patients with mental health disorders, particularly those experiencing depression. The clinic was established by Muhammad Abu Syifa in 2003. Its services include ruqyah shar'iyah therapy for spirit-related disturbances and depression, personal and family consultations, psychiatric services, faith development training, emotional therapy, cupping therapy (al-hijamah), herbal medicine, and other creative health products⁶.

Given the multifarious etiologies of depression and the expansive clinical responsibilities of practitioners who function concurrently as counselors and spiritual educators (da'i) it is imperative that these professionals possess advanced competencies in both clinical psychology and theological discourse. Such proficiency is essential for the effective dissemination of Islamic therapeutic principles. Zakiyah Daradjat

³ "See Baihaqi Dkk, *Konsep Dasar Dan Gangguan-Gangguan* (Bandung: Refika Aditama, 2005).h. 107," n.d.

⁴ "See Solihin, *Terapi Sufistik* (Cet. Ke 1: Bandung:CV. Pustaka Setia, 2004), h. 36.," n.d.

⁵ "Said Bin Ali Bin Wahf Al- Qohtoni, *Do'a Do'a Dan Penyembuhan Dengan Ruqyah Dari Al-Qur'an Dan As-Sunnah*. (Solo : Pustaka Amanah, 1997).h. 75," n.d.

⁶ "Profil Klinik Rumah Sehat Al-Hijamah (RSH) Makassar, h. 5," n.d.

emphasizes that Islamic psychotherapy must adhere to standardized protocols. These mechanisms necessitate a comprehensive diagnostic foundation, encompassing the pathology of the illness, the classification of specific disorders, and the identification of behavioral variables influenced by the patient's unique psychological profile⁷.

A practitioner serving this dual role must integrate a fundamental understanding of depressive symptomatology with faith-based interventions to facilitate spiritual and psychological restoration. Religious guidance efforts carried out by nurses include Qur'anic reading and writing instruction, guidance in performing prayer (shalat), and religious lectures conducted twice weekly.

Depression cannot be separated from the broader sociocultural environment in which individuals live. Psychological disorders are frequently influenced by social expectations, cultural pressures, economic uncertainty, and interpersonal relationships. In many modern societies, individuals are expected to maintain high levels of productivity, emotional control, and financial stability despite experiencing intense psychological burdens. Such expectations often generate chronic stress that gradually develops into emotional exhaustion and depressive disorders.

In the Indonesian context, family remains one of the most influential social institutions affecting psychological wellbeing. Family relationships function not only as emotional support systems but also as determinants of identity, security, and social belonging. Consequently, family conflict often creates deep emotional disturbances that significantly affect mental health. Marital disputes, domestic violence, lack of communication, and emotional neglect may weaken psychological resilience and contribute to feelings of helplessness and despair.

Several patients interviewed in this study described prolonged emotional suffering caused by unresolved family problems. In some cases, economic difficulties intensified domestic conflict and created a cycle of stress that affected both spouses and children. Emotional instability arising from family tension frequently caused patients to withdraw socially, lose motivation, and experience persistent sadness. These findings demonstrate that depression among patients is closely connected to relational instability within the family structure.

Economic pressure also emerged as a dominant factor contributing to psychological distress. Financial insecurity often produces feelings of anxiety, hopelessness, and fear regarding the future. Individuals who lose employment opportunities or experience business failure may perceive themselves as socially unsuccessful, particularly within communities where economic achievement is associated with dignity and self-worth. Such perceptions frequently intensify depressive symptoms and reduce self-confidence.

⁷ "Zakiyah Daradjat, *Membina Nilai-Nilai Moral Di Indonesia* (Cet. VI; Jakarta: Bulan Bintang, 1977), h. 103.," n.d.

The findings of this study indicate that several patients experienced depression after encountering severe financial crises. The inability to meet family needs generated emotional pressure that eventually affected their psychological stability. However, participation in spiritual therapy appeared to help patients reinterpret their suffering within a religious framework emphasizing patience, gratitude, and trust in divine providence. This cognitive and spiritual reframing process contributed to the restoration of emotional balance.

Another important factor identified in this study involves health-related anxiety. Patients diagnosed with chronic illnesses often experience excessive fear regarding physical decline, death, and social dependence. Such anxiety may evolve into depressive disorders when patients perceive their condition as irreversible or hopeless. The psychological burden becomes even more severe when patients receive negative information from family members or social circles concerning their illness prognosis.

Within the RSH Clinic, spiritual counseling and *ruqyah syar'iyah* therapy are employed to reduce feelings of despair and strengthen emotional resilience among patients suffering from chronic diseases. The therapeutic process encourages patients to maintain hope, increase religious devotion, and reinterpret illness as part of a spiritual test requiring patience and faith. This approach appears to foster emotional calmness and reduce excessive anxiety associated with long-term illness.

The role of spirituality in mental health recovery is particularly significant in societies where religious identity forms a central component of daily life. For many Muslim patients, emotional healing is inseparable from spiritual fulfillment. Religious practices such as prayer, Qur'anic recitation, remembrance of God (*dhikr*), and supplication provide emotional comfort and existential meaning during periods of psychological distress. These practices reinforce the perception that suffering possesses spiritual value and that recovery remains possible through divine assistance.

The concept of metaphysical disturbance also occupies an important place within the experiences of some patients. In Islamic belief systems, unseen entities and spiritual influences are recognized as part of metaphysical reality. Consequently, certain individuals interpret unusual emotional disturbances, excessive fear, or disorganized behavior as ind

The purpose of this study is to identify the factors causing depression among patients and to examine the interventions implemented by counselors (*da'i*) in guiding patients with depression at the Regional Special Hospital (RSKD) of South Sulawesi Province.

B. Research Method

This study employs a qualitative descriptive approach to explore the intersection of spiritual therapy and mental health. Data collection was conducted over a six-month period, spanning from January 15, 2023, to June 20, 2023. The data were bifurcated

into two distinct categories: primary data, consisting of empirical evidence obtained through semi-structured interviews with 8 RSH Clinic practitioners and 8 patients, as well as 5 participatory observations of therapy sessions; and secondary data, comprising contextual information derived from clinical records and official documentation regarding the clinic's operational standards.

C. Results and Discussion

1. Factors Causing Depression in Patients

Depression is a psychological disorder that may arise due to emotional, social, or spiritual pressures. Based on research findings on patients undergoing therapy at the Rumah Sehat Al-Hijamah (RSH) Clinic, several dominant factors were identified as causes of depression that eventually led patients to seek alternative treatment through *ruqyah syar'iyah* therapy. These factors include family problems, fear of illness, work pressure, non-medical disturbances, romantic relationship failure, and economic problems.

a. Family Factors

Family problems are one of the primary causes of depression among patients who visit the Rumah Sehat Al-Hijamah Clinic. The head of the clinic, Ustaz Salman, explained that many patients come with severe mental pressure caused by family conflicts, such as marital disputes, lack of responsibility from a spouse, and weak social support within the family⁸.

One patient, Bunga (29 years old), stated that she experienced severe psychological pressure because her husband failed to provide financial support and even resorted to violence when she questioned his responsibility. This situation created prolonged emotional stress, eventually leading to severe stress and depression. This phenomenon indicates that family conflict can be a major risk factor for mental health disorders. When individuals do not receive emotional support from their family environment, psychological pressure may develop into serious depressive disorders.

b. Fear of Illness

Health-related anxiety, or the fear of chronic pathology, constitutes a significant psychological burden. Patients diagnosed with long-term illnesses, such as brain cancer, report acute distress exacerbated by negative prognosis communication from social circles. This often results in "existential despair" and a preoccupation with mortality. Longitudinal observation suggests that the integration of *ruqyah* therapy, alongside prescribed spiritual disciplines such as ritual prayer (*salat*), the recitation of *istighfar* (seeking forgiveness), and voluntary fasting facilitates emotional wellbeing.

⁸ "Salman, Ustaz. 2023. Interviewed by the Authors. Head of Rumah Sehat Al-Hijamah Clinic.,” n.d.

This spiritual framework appears to enhance the patient's "sense of hope," thereby supporting psychological resilience during medical crises.

c. Occupational Factors

In the contemporary socioeconomic landscape, vocational performance is frequently inextricably linked to self-actualization. Consequently, professional failure or sudden loss of income serves as a potent trigger for protracted stress. Data indicates that business bankruptcy and involuntary unemployment, particularly when coupled with extensive familial financial obligations, induce high levels of generalized anxiety.

Economic pressure and large family responsibilities can lead individuals to experience excessive anxiety. According to Muh. Mansyur Muharram, heavy work pressure can cause psychological stress that may eventually develop into depression if not properly managed⁹.

d. Non-Medical Disturbances

A subset of the patient population attributes their depressive symptoms to non-medical or metaphysical disturbances. Within the Islamic epistemological framework, the influence of unseen entities on human psychology is a recognized theological concept. Patients adhering to this worldview perceive their psychological malaise as a spiritual affliction, necessitating a specialized metaphysical intervention to restore mental and spiritual equilibrium.

One patient admitted frequently talking to herself as if communicating with unseen beings and experiencing excessive fear. This condition caused severe mental distress, leading the patient to seek treatment through *ruqyah syar'iyah* therapy. According to the ruqyah practitioner Abu Syifa, ruqyah therapy is conducted to help overcome spiritual disturbances believed to affect a person's psychological condition¹⁰

e. Romantic Relationship Factors

Failures in romantic or domestic relationships constitute a significant psychosocial trigger for depressive episodes. The fundamental human drive for social belonging and intimate attachment is a core component of psychological well-being; consequently, the dissolution of these bonds often precipitates intense emotional strain. Case studies indicate that relationship termination or the subsequent marriage of a former partner to another individual can induce severe affective distress.

According to Dian Marwanto, failure in emotional relationships can cause severe psychological stress when individuals are unable to manage their emotions

⁹ "Al-Bukhari, Muhammad Ibn Ismail. 2002. Sahih Al-Bukhari. Beirut: Dar Al-Kutub Al-Ilmiyyah," n.d.

¹⁰ "Ibn Qayyim Al-Jawziyyah. 2003. At-Tibb an-Nabawi (Prophetic Medicine). Cairo: Dar Al-Hadith.," n.d.

effectively¹¹. In some cases, such emotional pressure may even trigger extreme actions, including suicide attempts or aggressive behavior toward others

f. Socioeconomic Volatility and Financial Stressors

Economic instability remains a pervasive determinant of psychological morbidity. The inability to secure basic household necessities, coupled with sudden loss of income, often leads to protracted cortisol-driven stress responses. One patient named Lukman experienced depression after the kiosk where he conducted his business burned down, causing him to lose his source of income. This condition prevented him from meeting his family's needs and caused severe psychological pressure. However, after undergoing ruqyah therapy and receiving spiritual support, the patient was able to recover and gradually return to work to support his family.

2. Stages of Implementing *Ruqyah Syar'iyah* Therapy

The *ruqyah syar'iyah* therapy at the Rumah Sehat Al-Hijamah Clinic is conducted through several systematic stages. This approach integrates spiritual, psychological, and physical aspects in the patient's healing process.

a. Medical Interview

The first stage of ruqyah therapy is an interview with the patient to understand the background of the illness. This interview aims to identify the causes of the disorder experienced by the patient, whether psychological or spiritual. According to Abu Syifa, the information obtained from patients is essential for determining the appropriate ruqyah method before therapy begins¹².

b. Performing Ablution (Wudu)

The next stage is spiritual purification through ablution (wudu). In the practice of ruqyah syar'iyah, ablution is considered part of the spiritual preparation before therapy begins. Patients are required to be in a state of ritual purity as a form of spiritual readiness to receive the therapy.

c. Recitation of Qur'anic Verses

The core stage of ruqyah therapy involves the recitation of specific verses of the Qur'an and supplications. The verses commonly recited include Surah Al-Fatihah, Ayat al-Kursi, Surah Al-Baqarah, Surah Yasin, and protective chapters such as Al-Ikhlas, Al-Falaq, and An-Nas. According to Ibn al-Qayyim, the Qur'an possesses healing

¹¹ "Marwanto, Dian. 2018. Psikologi Hubungan Interpersonal Dan Kesehatan Mental. Yogyakarta: Pustaka Pelajar," n.d.

¹² "Muharram, Muh. Mansyur. 2017. Stres Kerja Dan Dampaknya Terhadap Kesehatan Mental. Makassar: Alauddin University Press," n.d.

power that affects not only the physical aspect but also the spiritual dimension of human beings¹³.

d. Reflexology Massage

In addition to the recitation of Qur'anic verses, patients are also given reflexology massage therapy on certain nerve points. This therapy aims to improve blood circulation and promote bodily relaxation, allowing patients to feel calmer.

e. Cupping Therapy (Hijamah)

The concluding phase of the therapeutic protocol involves hijamah, or wet cupping therapy. This procedure is a minor surgical intervention characterized by the localized evacuation of "stagnant" or "impure" blood from the dermal layers using specialized vacuum-suction instrumentation and superficial incisions. Within the framework of Islamic medicine, hijamah is classified as a highly recommended preventative and curative modality. This practice is grounded in hadith literature, which identifies cupping as one of the primary mechanisms of healing¹⁴.

D. Conclusion

This study demonstrates that depression among patients at the Rumah Sehat Al-Hijamah (RSH) Clinic in Makassar emerges from a multidimensional interaction of psychosocial, economic, spiritual, and emotional stressors. Family conflict, chronic illness anxiety, occupational instability, romantic relationship failure, socioeconomic hardship, and perceived metaphysical disturbances collectively contribute to prolonged psychological distress and emotional instability. These findings indicate that depressive experiences within the Indonesian Muslim context cannot be understood solely through biomedical paradigms, but must also be interpreted through sociocultural and spiritual frameworks that shape patients' perceptions of suffering and recovery.

The findings further reveal that *ruqyah syar'iyah* therapy functions as a holistic complementary therapeutic modality by integrating spiritual reinforcement, psychological intervention, and physical treatment into a unified healing process. The therapeutic stages including diagnostic interviews, ablution (wudu), recitation of Qur'anic verses, reflexology massage, and hijamah (cupping therapy) operate not merely as ritual practices, but as interconnected mechanisms that facilitate emotional regulation, cognitive reassurance, spiritual resilience, and physiological relaxation. In this regard, the study suggests that *ruqyah syar'iyah* may serve a function comparable to spiritually integrated psychotherapy, particularly in strengthening patients' coping

¹³ "Salman, Ustaz. 2023. Interview by the Author. Head of Rumah Sehat Al-Hijamah Clinic."

¹⁴ "Hadith Narrated by Imam Bukhari Regarding the Recommendation of Treatment through Hijamah (Cupping Therapy).," n.d.

mechanisms, restoring inner tranquility, and enhancing their sense of existential meaning.

This study also contributes to the growing discourse on Islamic psychotherapy by highlighting the relevance of culturally grounded healing systems in contemporary mental health treatment. Within the spiritual-clinical setting of RSH Clinic, depression is approached not only as an individual psychological disorder, but also as a disruption involving the *qalb* (spiritual-affective center), *‘aql* (cognitive faculty), and *nafs* (emotional-behavioral drives). Such an integrative perspective broadens current understandings of mental health intervention in Muslim societies and emphasizes the importance of culturally responsive counseling models.

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