

The Ruqyah Syar'Iyyah Spiritual Method As An Alternative For Depression Treatment

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Abstract: This paper aims for an in-depth discussion on the Islamic spiritual method, namely the ruqyah syari'yyah, an increasingly popular method used to treat depression. Ruqyah is spiritual treatment process based on the methods that are in line with other religious practices such as prayer and zikr (divine remembrance). The objective of the study is to identify the health level of research samples before the treatment, and after the ruqyah spiritual treatments. **Method:** Research in this study using qualitative methods that combine the use of interview and observation. The process of determining the degree of depression of the sample is through the beck depression inventory (BDI). **Result:** The study was carried out involving two samples depressed in serious degrees of depression that are marked as samples X and Y which received a score of 50 (extreme depression) and 42 (extreme depression). After ruqyah shar'iyah spiritual treatment given sample x and y respectively obtain a score of 15 (mild mood disorder) and 8 (normal). **Discussion and conclusion:** The finding of the study are expected to educate the public about the correct Ruqyah syar'iyah spiritual treatment methods, as well as to understand the development of alternative treatments that can produce therapeutic effects to people who get mental depression. [Kharkwal G, Mehrotra P, Rawat YS. **The Ruqyah Syar'iyah Spiritual Method As An Alternative For Depression Treatment.** (paper Code: 28967-life-20150705).

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1. Introduction

Therapeutic treatments based on the use of spiritual methods are gradually developing in various parts of the world (Krycka, 2000). These developments have led to the conviction that spiritual elements are capable of producing therapeutic effects on humans, especially to patients who suffer from mental problems (Krycka, 2000). Religion is a component that is often associated with spiritual elements (Al-Ghazali, 1987, Koenig, 2002, Khadher Ahmad, 2012). With the implementation and practices of religion, the spiritual element can be expressed and produce good therapeutic effects (Said Hawa, 1999; Koenig, 2001).

Koenig (2002) outlined several reasons why medical practitioners should emphasise on the need for religion in obtaining the spiritual welfare of mankind. The first reason is that most patients profess a religion, and thus the belief in religion can help in overcoming the problem (Jawziyyah, 1999). Secondly, religious beliefs influence decisions regarding treatment, especially when the patients are facing serious health problems (Haron Din, 2012; Wahid Bali, 2007; Amran Kasimi, 2009). The third reason is that religious belief activities can contribute to improved quality life and health (Jawziyyah, 1999). Next, most chronic patients require the doctors that are able to meet their spiritual needs through religion.

Finally, the doctors fulfilling the spiritual needs of the patients is not something new but rather an established practice in history when doctors or practitioners have linked between religion and medicine in the health care process. Therefore, when a medical practitioner ignores the spiritual elements through the religious practices, it is as if the abandonment of the overall health of the patient (Koenig, 2002). According to Kurtz and Ketcham (2002), the spiritual elements exist and it is a reality that is already recognized as the defining elements of human existence. We do not determine the spiritual element, but these elements define us (Kurtz and Ketcham, 2002). When we try to define the spiritual element we may not be able to define its limit, but in the process of understanding the spiritual we can understand ourselves (Kurtz and Ketcham, 2002). Therefore in Islam, the understanding of the spiritual elements must be referred to the religion, through the use of Al-Quran and Sunnah as the source. (Said Hawa, 1999). The Muslim scholar al-Ghazali (1987) describe the spiritual element as something to do with the 'ruh' (soul). The element of the ruh is *latifah* (tender) and delicate, and by it humans can grasp and understand. This element of ruh is something that is miraculous and comes from God and cannot be comprehend solely by the intellect of its reality. This tender and

delicate component has a relationship with aqal (mind), nafs (self) and the heart.

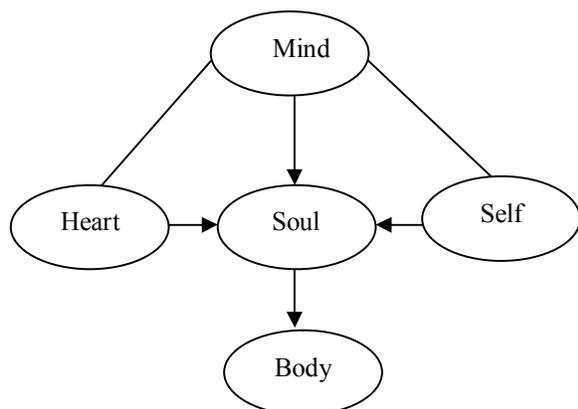


Diagram 1: The link between the Mind, Heart, and Self with the Soul According to Al-Ghazali (1993), Said Hawa (2010)

Based on the above diagram, the Islamic scholar Said Al-Ghazali Ha'wa and have linked various human dimensions that affect the body which includes the dimensions of the mind, nafs, heart and spirit. The power and goodness of the body depends on the element of the which act to affect other three elements, namely the mind, self, and heart. If the soul is good then the mind, self and heart will also be good. Hence in Islam there is a spiritual treatment method used for treating the internal soul known as ruqyah shar'iyah for the intention of physical, mental, social and spiritual welfare. Thus, by means of ruqyah Syar'iyah, its therapeutic effects are used on mental depression which is related to the mind

component of the human internal soul(Dogan, 1997; Abdullah,1998 & Adib 2004).

This research aims to examine how the treatment based on Islamic spiritual treatment may become a fundamental rehabilitation process for patients who suffer from mental depression. The contribution of this study will be in two aspects, the first is to analyse the potential of spiritual care in treating depression and secondly, to evaluate the effectiveness of ruqyah shar'iyah treatment in mental depression and personality change.

2. Material and Methods

Research Design

This study employs qualitative approach focuses on the qualitative approaches which involve library research and field studies (inventories, observation and interviews). **Inventories:** This research were apply the Beck's Depression Inventory (BDI) to measure a patient's depression level. This inventory method will have a high reliability, which is Cronbach's alpha 0.83. Beck's depression inventory (BDI). Through this inventory, several depressive symptoms can be categorised and assessed according to their respective levels: extreme depression (BDI score 40-63); severe depression (BDI score 31-40); mild depression (BDI score 21-30); border clinical depression (BDI score 17-20); depression (BDI score 11-16); and Normal (BDI score 1-10). BDI has the data reliability and validity that reveals the internal consistency between 0.73-0.92 with alpha coefficients for the both depression and non-depression samples respectively at 0.86 and 0.81 (Beck et al., 1993).

Table 1: Beck's Inventory Distribution of Questions According to Symptoms of Depression

	Symptoms	Item	Items Involved
Physiology	Loss of appetite, disturbed sleep, weight loss, impaired physical health	16, 18, 19, 20	4
Affective	Frustration and sadness	1, 7	2
Cognitive	Regrets, loss of focus, despair, feeling punished, loss of interest, feeling bad, feeling betrayed, feeling suicidal, sense of failure, guilt	2, 3, 4, 5, 6, 8, 9, 12, 14,15	10
Personality	Tiredness, difficulty in making decision, crying, irritability	10, 11, 13, 17	4

Through observation, the implementation of this method is carried out during ruqyah treatment sessions conducted on patients who suffer from depression. This treatment was conducted by experienced Muslim practitioners in ruqyah syar'iyah spiritual treatment. Semi structure interviews were carried out before the treatment and after two weeks the treatment was conducted. The findings of the analysis were analysed through the deductive and inductive methods. **Observation:**

Observation method is a method implemented to see how the reaction sample on the treatment carried out. Through this approach, researchers can assess the diversity of reaction samples before, during and after treatment of ruqyah. Besides that, this observation method researchers can determine the depressive symptoms were observed physically as examples grief, suffering physical pain body, disappointment and others. **Interview** as noted in the data were collected from various sources. The main source of

data collection was from the semistructured interviews themselves.

Research Samples

The sampling techniques known as 'purposive sampling' will be used in this study in the process of data collection. The sample was selected from participants who came for the ruqyah syar'iyah spiritual treatment at the Islamic treatment centre after using allopathic treatment for a considerable period and have been confirmed by doctors to have depression. A total of 2 samples of patients were tested using this ruqyah shar'iyah method. One male patient and one female patient who were both Malay and Muslim were marked as sample X and the sample Y respectively. Both patients had been diagnosed by doctors to suffer from depression and given olanzapine 5mg to treat this problem. The female participant was a businesswoman who has been suffering from depression for 5 years and has to rely on the medication. The male sample on the other hand was a secondary school counselling teacher who has suffered from depression since a year ago. This study will examine the two samples that were tested with ruqyah spiritual treatment for the purpose of treating the depression problem.

Among the methods used by practitioners using ruqyah for depression sample are a) the practitioner their hands at the part of the body where the patient had informed was problematic. For patients of depression, the specific parts of the body that will be touched when the verses of ruqyah shar'iyah are recited are the head, back, neck, stomach and several other spots. The combination of the verses will also be recited upon water with the intention of asking Allah to cure the illness, of which the patient should drink. The patient would also be supplied with specific ruqyah verses to be recited by them on their own. In this phase, the observation made by the researchers is to assess the responses that occur when participants are treated. Immediately after the treatment session, the participants will be interviewed and given a set of ruqyah practices and verses that need to be practiced in their homes. The practitioner will then ask the participants to come again after two weeks for diagnosis and the second interview will be conducted. After the second interview the practitioner will determine whether the patient should seek medical follow-up or not depending on the degree of depression that has been measured as well as the responses to the treatment. **Analyse Data** Researcher used inductive, deductive and comparative analysis to analyse all the finding data collection.

3. Results

After the process of encoding and consensus, both samples were evaluated and analysed according

to three categories: (1) Participant's medical history; (2) Positive changes in symptoms of depression (3) Treatment. The particulars that have been recorded are as follow:

a) Participants' Medical History

Sample X

Sample X suffered severe pain in the back and abdomen and often experience numbness and severe itching on the body. The patient has sought modern treatment due to high blood pressure that was so extreme that it was unmeasurable, along with extreme low blood pressure and the addition of a brain tumour. Sample X has received modern treatment from various government and private specialist hospitals and clinics and was given sedative medication (Olanzapine) due to unstable emotions and hallucinations. The patient also often faint, cry for no reason and feel life is useless. This occurred in a span of 5 years, between 2009 until 2014.

In 2011, the medical officer at a private specialist hospital confirmed that patient had a tumour in the brain that need to be removed surgically. Thinking of the complications that were occurring, the patient decided not to undergo surgery but decided to seek treatment at several Islamic treatment centres.

Sample X:... "The pain I have been having was quite a while especially at the head, abdomen and back, I often faint regardless of the time. Apart from that the specialist doctor has confirmed that I have a growth in the brain and has advised me to have it removed as it has grown. The doctor explained that if it is removed it will affect my vision. The rate of my blood pressure has also reached a point where the instrument that measure blood pressure was unable to measure the rate of my blood."

Apart from physical problems, sample X also experience strong emotional disturbance. The description from sample X is as follows:

Sample X:... The drastic emotional changes that I have experienced happened since almost 3-4 years ago. It happened without me realising it, I was often depressed with the health report from doctors as I was very sick and my work productivity has decreased. Plus the troubling emotions and feelings. The situation was made worse by the hallucinations that often affect me."

Sample Y

Sample has suffered from vertigo and was supplied with vertigo medication to overcome dizziness and had undergone a blood test. Samples Y was a teacher and often had to be carried by students and teachers while teaching at school. Sampil Y claimed that he often see an alien creature at his home with an ugly face. He also claimed to have accidentally punched his wife's face and broke her upper lip due to the disturbance by the creature that

appeared with a scary and ugly face. He had lost weight, from 96 kg to 86 kg. Strangely even a full body check-up reveal nothing amiss, which led him to seek alternative treatments for his problems. Apart from physical problems, sample Y also suffered from depression. The description from Sample Y is as follows:

Sample Y: "Since a year ago I was experiencing drastic emotional changes, even while not doing anything I feel like dying, I cry without reason, I feel that living has no longer any use to me, I lost my appetite, less sexual desire, my body weight went down 10kg, from 96kg to 86kg and more..."

After examining the medical history of sample X and sample Y, the process of identifying the

symptoms of depression is continued to the second category, which is the positive changes from symptoms of depression.

b) Positive Changes in Symptoms of Depression

Sample X and Y has received treatment 3 times; depression symptoms which involve personality, physiology, cognitive and affective have decreased dramatically. According to Sample X and Y, both are felt a positive change from the symptoms that were mentioned during the interview with researchers. The depression scale that was recorded based on the items personality, affective, cognitive and physiology according to BDI is as follows:

Table 2: Implication Of Ruqyah Syar'iyah Treatment to The Patient

Type of Sampel	Before Ruqyah Treatment	The post-test 1: Two weeks after the first treatment	The post-test: Two weeks after the treatment of the post test one
Sampel X	50 (Major Depression)	32 (Mild Mood disorder)	15 (Mild depression)
Sampel Y	42 (Major Depression)	8 (Normal)	8 (Normal)

To conclude, both samples sense the change and the reduction of depressive symptoms after several treatment sessions of ruqyah syar'iyah. In fact according to Sample X, she is no longer taking olanzapine after a number of ruqyah shar'iyah treatment sessions. After examining the depression scale before and after the ruqyah syariyyah treatment, the process of understanding the implications of treatment is extended towards analysing the participants' response towards the treatments.

c) The Implications of the Ruqyah Treatment

Samples X and Y experienced changes in the physical and mental aspects after going through this treatment. The reduction in physical and mental pain was acknowledged by the participants. Their responses were recorded as below:

Sample X: "After several treatments, I felt very, very different... the extreme pain in my body is gone... I was surprised with the confirmation that the tumour in my brain was 100% gone... Subhanallah (Praise be to God)... The emotional distractions that I had felt such as feeling suicidal, sadness, disappointment with life, difficulty in sleeping, loss of appetite, hallucinations, often seeing things that should not have been seen have decreased dramatically. Apart from that I found that this ruqyah method is very efficient. My brain tumour is completely gone, my health has improved, my emotions are stable and I am no longer hallucinating and I feel very calm now compared to before. And several improvements that

can be done are that the practitioner should not press too strongly on the body, as it was painful."

For Sample Y: "Alhamdulillah (Thank God) with Allah's permission, I can feel very significant change. I have experienced extraordinary physical and emotional changes. The pain in parts of my body, especially on the on the head and stomach have been reduced. My emotions are more stable now and I am feeling calmness like used to from a year ago before I started having those emotional disturbances. During the treatment, especially when the practitioner was touching the painful parts and reciting the ruqyah verses, I felt as though there was a power that was helping me to heal. The painful parts have decreased in pain and irritation of the body that I was experiencing had significantly reduced. Another thing is that when I sincerely practice the practices recommended by the practitioner, I really felt the tranquillity and I was no longer feeling the dizziness and stomach pain that used to interfere with my life".

Conclusively, both sample X and Y acknowledged the physical and emotional changes after undergoing the ruqyah shar'iyah treatments.

4. Discussions

Through this research, it is revealed that ruqyah syhar'iyah treatment method can be used as an alternative treatment to provide relief to the mental health, particularly depression. The results show a significant inter-relation between religious activity

(ruqyah shar'iyah) and the internal and spiritual elements to provide relief to patients with depression. As such the development of spiritual element through stimulation towards religious element has been recognized to be effective as a therapeutic element by previous studies. Among them are the studies by Carrie M. York (2011). The research revealed that element of ruqyah shar'iyah provide a therapeutic effect to the two counsellors who were suffering from ureter infection and extreme sadness due to the death of loved ones.

The model by Jones (2004) on the impact of religion on the health stated that. a) Practical religious practices are able to produce a therapeutic effect on health. The activities are prayers, self-examination, and meditating, b) Religion is also able to prevent people from engaging in unhealthy activities which can affect health, c) For those who practice the religion, it will increase social support and will be able to produce a positive reaction from the physical and psychological aspects, compared to those who are not practicing. The study conducted by Jones was further confirmed by research conducted by Koenig (2001) through the Bio-Psycho-Social Health Model. In this model, three related elements were presented which provide a therapeutic effect 1) Belief in religion, 2) Religious practices and 3) Society. This model explained that obeying religious instructions, as well as practicing the religion with sincere faith will produce therapeutic effects to the society in various aspects. Koenig's Model is as follows:

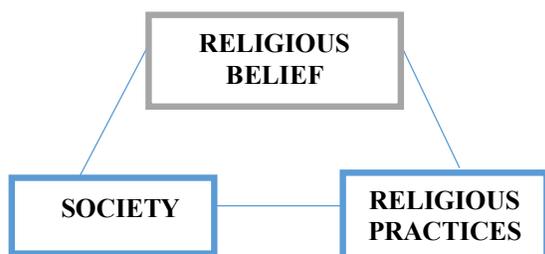


Diagram 2: Adapted from the Influence of Religious Belief and Bio-Psycho-Social Health

Studies by Carrie M. York (2011), Jones (2004) and Koenig (2001) support this study where it reveals that religious activities used to treat patients with depression produce positive results. This is apparent from Sample X and Y who experience decrease in their depression scale, which was at an alarming level prior to treatment. This study is also further supported by Ganzini et al (1998). According to the research, belief in religion at the highest level of faith can provide positive clinical effect on patients, in terms of personality and actions. It is also able to minimize the risk of getting sick (Lammer, et al,

2000) and at the same time can aid patients in reducing emotional stress and anxiety. This study also expose a potential alternative for people seeking treatment, and to prevent involvement with treatments that are against Islam such as black magic. The positive changes in terms of the physical and psychology after practicing the verses and acts of ruqyah syar'iyah have also enable the patients to be a healthy member of the society.

In conclusion, ruqyah syar'iyah as practiced by Muslim practitioners with the aim of treating depression has the potential to become a new alternative to the modern treatment, be it locally or globally. The use of correct treatment methods that are based on trust in Allah as the healer is a strong foundation for recovery in this therapeutic treatment especially to the mental people.

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