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Between Faith and Psychiatry: A Sociological Inquiry into the Use of Roqya for Mental Disorders

Laila El Boutahiri[1], Mohamed Fadil[2]

*Corespondence :
Email :
laila.elboutahiri@usmba.ac.ma

Authors Affiliation:

[1] University Sidi Mohamed Ben Abdellah, Morocco

[2] University Sidi Mohamed Ben Abdellah, Morocco

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Abstract

This paper aims to show the relationship between cultural and religious interpretations of mental disorders and the use of spiritual healing practices. The interest of this study lies in understanding how these interpretations can guide curative choice, especially in the Moroccan context, where modern medicine coexists with traditional and religious practices. Interrogating these explanations in the hospital context, where two completely distinct conceptions may come into conflict, is an essential and novel task. Through a qualitative approach and with the use of interviews conducted with families of patients hospitalized in a psychiatric hospital in the city of Fez, this work highlights the presence of supernatural conceptions of mental disorders in the participants, such as possession, the evil eye, and witchcraft. Thus, it is evident that these conceptions have led to the adoption of a healing practice based on Koranic recitations, known as Roqya. This research is not intended to be generalized due to the small sample size; its results represent the experiences of the participants interviewed within the context of the study. However, the significance of it lies in the fact that it stresses the importance of a medical approach that is open to cultural interpretations of mental disorders and aware of their impact on patients' choices.

INTRODUCTION

In Morocco, there is a multiplicity of therapeutic methods for dealing with mental disorders. Despite the official health system's interest in psychiatry, recourse to traditional and religious practices remains a consistent part of the quest for healing (El Barkaoui 2020; Belbachir et al. 2021).

Many people suffering from mental disorders in Morocco are turning to Roqya, a curative practice based on the recitation of Quranic verses and prayers and practised by people trained at different levels. People offer their services in more or less organized forms and at centers scattered throughout the neighborhoods of Moroccan cities (Loukili 2021). This form of healing, which has been widespread in recent decades, is influenced by a generation of Raqys whose ideology is particularly based on Salafi doctrine (the Salafiyya) (Touag 2012). This is a religious curative practice that seeks to adapt to modernity, presenting itself as opposed to other traditional practices, such as visits to saints and marabouts, which are strongly contested by orthodox Islam, particularly by followers of the Salafi doctrine (Cherak 2012; Loukili 2021).

Thus, explanations of mental disorders related to supernatural beliefs are shared in several Muslim societies, such as Indonesia (Sabu et.al, 2022). In the same vein, recourse to interpretations linked to the Djinns is common among Muslims in several countries, including European countries such as the United Kingdom (Dein and Illaiee 2013).

Schizophrenia is one of the mental disorders often interpreted as possession (Tajima－Pozo et al. 2011). Indeed, the schizophrenic disorder is accompanied in one of its phases by delusional ideas of different types, including mystical delusions; the patient may even believe that he has supernatural powers (Llorca 2004). This means that the entourage could interpret this disorder as possession.

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The present study takes as its starting point the problem of using religious practices (such as Roqya) in the event of a mental disorder. Paradoxically, this recourse persists despite the development of the Moroccan psychiatric care system. To this end, the study begins with the following question: How do supernatural interpretations of mental disorders influence the choice of a religious healing practice? The following hypothesis is put forward: the understanding of mental disorders through supernatural thinking leads to the use of Roqya as a curative practice.

To test this hypothesis, we conducted an intra-hospital study involving family members of patients. This study aims to explore and understand the interpretations attributed to mental disorders, and this by focusing particularly on supernatural interpretations in this regard and the role of the latter in the use of Roqya.

Interpretations of a disease are social representations produced by individuals and groups, or conceptions that are part of the socio-cultural context. Indeed, the latter broadly defines how actors interpret their environment (Jodelet 1984). The study of social representations related to illness has become increasingly crucial amid the transformation in therapeutic approaches to healthcare. This transformation is reflected in a shift from the patient's role as a body to be treated to that of an active participant in the care process (Jodelet, 2013).

This study focuses on personal interpretations of mental disorders and individual experiences with therapeutic alternatives, without providing broad socio-cultural analyses. The study has limitations, including a small sample size that does not represent the Moroccan population as a whole. The data collected pertain only to the experiences of the families interviewed and cannot be generalized to all families visiting the study site.

METHODOLOGY

In the present study, we have adopted a qualitative method, the aim of which is to examine the research object by exploring actors' points of view (Poupart, 2011) and thus to grasp social reality through individual experiences. The qualitative method enables us to understand the phenomenon as perceived by the actors involved. Moreover, the user of this method participates in constructing meaning through their interaction with the participant (Imbert 2010). This is why studying interpretations of mental disorders requires qualitative methods, which enable us to understand the actors within a given context (Dumez 2011).

Research was carried out at the Hospital IBN AL HASSAN, specialized in psychiatry, part of the University Hospital Center HASSAN II in the Moroccan city of Fez.

A socio-demographic description of the participants is presented in Table 1. Participants included in the study were the families of patients hospitalized at Ibn Al Hassan Hospital in the wards (men's and women's). These families are more comfortable than those who attend other services, and they have time before the visit and can stay afterward. In this way, we excluded families in the emergency department and at the diagnostic center. No exclusion criteria were applied on the basis of age or socioeconomic status. All participants in the study were Muslims.

We used purposive sampling to select 10 families who visited the hospital to see their hospitalized relatives. Participants were selected based on their willingness to participate in the study. Recruitment was conducted on-site, with the approval of the relevant authorities, and continued until the saturation point was reached.

Gender	Women	90%

	Men	10%
Age Average		54
Range		27 – 65
Profession	Housewives	80%
	Company Worker	10%
	Peasant	10%

Table 1. Characteristics of participants ($n = 10$)

Gender	Women	40%
	Men	60%
Age Average		30
Range		21 – 54
Pathology or Symptoms	Schizophrenia	80%
	Bipolar Disorder	10%
	Depression	10%
	Crisis	30%

Table 2 : Characteristics of patients ($n = 10$) that participants mentioned

Data collection was conducted through semi – structured interviews, allowing participants to freely express the meanings they ascribe to their actions. This data collection tool requires little intervention on the part of the interviewer, who is equipped with a question guide (Pin 2023). Interviews were conducted in a quiet room within the hospital with patients' families after obtaining their consent. The interviews lasted 40 – 50 minutes each.

Regarding data processing, we have opted for thematic analysis. The latter embodies one of the flexible analysis techniques for qualitative data, which involves processing interviews in several stages: data familiarization, initial code generation, theme search, theme review, theme definition, and report production (Braun & Clarke, 2012). Moreover, thematic analysis is not limited to summarizing data; it also involves analyzing data in the context of the corpus as a whole (Paillй & Mucchielli, 2016).

The content of the interviews was transcribed word by word in Arabic (Moroccan dialect). We then conducted several readings to define the codes and generate themes by denoting the corresponding extracts in the corpus (Paillй & Mucchielli, 2016). We then drafted a French – language statement for each participant, faithful to the original content. This statement encompasses both the causal interpretations given by families regarding the mental disorders of their relatives and the religious therapeutic avenues they pursued before coming to the hospital, in parallel with medical treatment, or those they intend to consult after hospitalization.

This research was conducted in compliance with the principles of the Declaration of Helsinki. Additionally, it has been approved by the Ethics Committee for Biomedical Research of Oujda (project reference: 19/2024, approval date: July 26, 2024). In accordance with the ethics certificate, we obtained consent from all participants. Before any interview, we presented the research topic and the method to be used. We then explained that participation would be anonymous and that all data would be strictly confidential. To ensure the confidentiality of participants' data, we have assigned each participant a unique code (e.g., the first family we contacted: F1, the second: F2). The

data resulting from this research will be rigorously preserved before being destroyed after 5 years.

RESULTS

Supernatural interpretations

The study data revealed that the majority of participants interpreted the mental disorders of their relatives by evoking supernatural causes such as: possession (Lmess), witchcraft (Siher), evil eye (Alaayn), "Toukal" . For some participants, these interpretations are linked to other causes related to the patient experience. Participants mentioned family problems, psychological trauma, and drug use as causes of disorders in their sick relatives. The study also showed that for the majority of those who adopt or were adopting this kind of interpretation, the appropriate therapy was or still is Roqya. This is perceived as a practice capable of treating illnesses caused by supernatural agents.

Moreover, the data revealed that participants evoke supernatural interpretations when referring to the initial phase of their relatives' disorders. Most participants thought of the paranormal when the first symptoms appeared. These thoughts were encouraged by the severity of the patient's symptoms.

The brutality associated with mental disorders is, therefore, one of the factors leading to the interpretation of the disorder by supernatural causes. The patient is thus regarded as a victim of supernatural forces when he suddenly exhibits abnormal behavior. The patient's entourage, therefore, interprets the sudden onset of seizures and hallucinations as manifestations of possession or witchcraft.

One participant is convinced that anyone with a relative suffering from a mental disorder must have thought it was witchcraft when the symptoms first appeared. She then explains:

> "*I think that at first, when the signs of the disease appear, no family can decide whether it's really a psychic problem, possession, or witchcraft. But after the patient commits a violent act, people begin to understand that it could be a disease...*" (F9)

Another participant mentioned the same idea:

> "*He started hallucinating and imagining things, he doubted the whole family, we thought about witchcraft because he was normal and suddenly he became weird, ..., we also thought about Hachich, but we didn't see anything....*" (F8)

Medical interpretations

The study also identified medical interpretations. Three participants were convinced of the medical origin of their relatives' disorders. One of these participants even prevented her son from consuming water and honey that he had collected from a Raqy. Thus, she explains her point of view:

> "*The Raqy told him that he was under a spell, and bought him honey and water, but I told him that no one would want to put a spell on him and that these are hallucinations, and I destroyed what he bought. I refused to let him consume it; he needed the doctor from the start but he wouldn't accept it*". (F4)

Another changed her mind after seeing her daughter's deteriorating condition following three Roqya sessions. A third said that no matter what explanations she put forward at the beginning, a medical consultation is necessary:

> "*At first I thought it was the evil eye, but as long as the doctor has prescribed medication, it means she's really ill, and we can never have the same knowledge as a doctor*". (F2)

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It's also worth noting that two of the three participants initially attributed the phenomena to supernatural causes but later changed their minds.

Composed interpretations

The study also showed that most participants remained convinced of supernatural origins despite having hospitalized their ill relatives. Despite the soothing effects of in−hospital medical treatment, the participants retain supernatural interpretations as an alternative. They are thus convinced that if it is witchcraft or possession, medicine cannot treat it, and so religious curative action is required as a precaution.

One of our interviewees articulated a dual interpretation, both supernatural and medical. Here's how this mother of a 25−year−old bipolar patient (hospitalized), who has benefited from Roqya sessions on several occasions, explains her position:

> "*After my son is discharged from hospital, I plan to take him to a competent Raqy if I can find one, because I know people who have illnesses like my son and have been able to heal permanently with the help of Roqya. If there is a possession, Roqya could cure him. Yes, I'm convinced that my son suffers from bipolar disorder, but at the same time, he may be possessed. If that's the case, we need to treat him at least for that, so he can get better ..., especially as after the first Roqya sessions my son's crisis slowed down, and he no longer talked about Djinn ...*" (F9)

Another participant (F3) (father of a 24−year−old patient) also shares this interpretation. Because of the vomiting, the patient presented with an accentuated crisis, which necessitated hospitalization. However, the father is convinced that his daughter has been a victim of witchcraft or possession since birth. On the day of the interview, the participant was satisfied with his daughter's recovery. However, he hasn't changed his mind about the disorder's origin. Consequently, he declared his intention to take his daughter to a Raqy after her discharge. he says:

> "*My daughter may be under a spell or possessed, she's been having crisis since she was a child, she may have been under a spell at birth...*", *after her discharge we can look for a Raqy so that my daughter feels good after Roqya...*". (F3)

Roqya as a curative practice for supernatural causes

The study revealed that, for the majority of participants who invoked supernatural explanations for their relatives' troubles, recourse to Roqya was necessary in their cases. Others indicated an intention to turn to a Raqy after their relatives had been discharged from the hospital. We can thus confirm the hypothesis of this study.

Most participants who had used Roqya reported beneficial effects on their relatives' condition, with patients becoming calmer and more at peace, according to their families. However, other participants noted the worsening condition of their relatives after using Roqya.

> "*Neighbors offered to do Roqya for her, ..., after Roqya my mother became calmer and felt better, even the consultations here decreased we no longer needed ...*". (F5)
>
> "*At first, I thought it was witchcraft, so I took him to a Raqy and he even washed his body with Marqy water, but without any improvement... on the contrary, he started committing violent acts and destroyed furniture at home, which led to his hospitalization after the police intervened*". (F10)

Among our interviews, we highlight a distinguished interview of a participant who spoke of two experiences she had with a mental disorder. The first was her 23−year−old son's schizophrenia (hospitalized), and the second concerned her own experience of

being diagnosed with an anxiety disorder. The participant attributes her healing to Roqya and prayer. She only came to the consultations to get the doctor's prescription, which enabled her to buy the medication to soothe her headaches and treat her insomnia. She is in fact totally convinced that her disorder is due to possession:

> "*I beat them (she's talking about the Djinns) with Roqya and my faith, it's Allah who created them and he's the only one who can master them ... I think that even if the person comes for a consultation, he shouldn't stop the auto Roqya, and if he can't read the Koran on his own, he should ask a Raqy, as in my case*". (F6)

As for her son, he refuses Roqya, but she intends to try again to convince him.

Despite patients' hospitalization, we have found that some of their relatives are convinced of the need to resort to Roqya after discharge from the hospital, while continuing to take their medication:

> "*We follow what the doctors say, but at the same time if we hear that there is a competent Raqy or Fqih we take our daughter to him. After she's discharged, we can look for a Raqy because my daughter feels good after Roqya...*". (F3)
>
> "*Me and my brothers are thinking of taking our brother to a Raqy after he gets out of hospital, he talks to a woman all the time, maybe he's possessed... we have to wait until he's calmer, as long as he's agitated like this it's impossible, he's also violent... if it's not the police who brought him here maybe the best thing is for him to visit a Raqy*". (F7)

We have also found that some patients have come to hospital through police intervention after a violent act at home or on the street. For the families of these patients, the decision to go to the hospital was delayed until worsening symptoms imposed it.

The study also revealed additional justifications for the use of the Rqoya beyond supernatural interpretations. Some participants spoke of the drowsiness induced by psychiatric drugs, which prevents patients from carrying out their normal tasks, eventually prompting them to stop treatment and turn to Roqya. (F5) daughter of a 48−year−old patient explains:

> "*After my mother's last hospitalization, the doctor prescribed her some medication, and we noticed that she became very exhausted, she didn't do anything at home and when I accompanied her to the market I could see that she wasn't counting her change properly..., I decided on my own to stop the treatment, she didn't have any crisis especially as we started Roqya at the same time...*". (F5)

Viewing through Kleinman's explanatory model, the reliance on ruqyah demonstrates a culturally rooted way of understanding mental illness, its origins, and suitable treatments. Kleinman notes that illness experiences are influenced not just by biology but also by cultural beliefs about causes and healing methods (Kleinman 1980). In this context, supernatural ideas like possession or witchcraft provide a consistent explanatory model that justifies ruqyah as an essential therapeutic approach. Meanwhile, psychiatric treatment is often seen as targeting symptoms rather than underlying causes. The concurrent use of hospitalization and ruqyah reflects medical pluralism, in which biomedical and religious healing systems coexist and serve distinct social and symbolic roles.

From Geertz's interpretive perspective, ruqyah functions as a religious symbol that reestablishes meaning and moral order during periods of profound uncertainty. As Geertz suggests, religion provides symbolic systems that shape emotions and motivations by rendering suffering intelligible within a sacred cosmology (Geertz 1973). Qur'anic recitation, prayer, and mentions of divine authority in participants' stories illustrate how ruqyah transforms mental distress into a spiritually meaningful state, even when biomedical results are uncertain or unfavorable. Here, the effectiveness of ruqyah is

judged symbolically rather than through clinical measures. Additionally, drawing on Durkheim's sociology of religion, ruqyah can be understood as a collective religious act that strengthens shared beliefs and social bonds amid disruptive illness (Durkheim 1912/1995). The involvement of family, neighbors, and religious experts highlights the influence of collective religious meanings in shaping interpretations of deviance and suffering. Overall, these viewpoints suggest that ruqyah should be viewed not merely as an alternative therapy but as a socially rooted religious practice situated at the intersection of cultural meanings, explanatory frameworks, and collective moral values.

DISCUSSION

Mental disorders are interpreted away from medicine.

The present study dealt with causal interpretations of mental disorders linked to supernatural beliefs and tried to understand how these interpretations can lead to the choice of religious therapy. The choice of a religious therapeutic path, such as Roqya, is most often a result of non−medical interpretations of the mental disorder, more specifically those caused by a supernatural agent.

The study showed a high degree of correspondence between the two factors: supernatural interpretations and the use of Roqya. For the majority of Moroccans, the world is full of Djinns capable of harming humans, especially in specific places and at particular times, and capable of causing mental disorders. Many Moroccans perceive affected people as possessed (Moundib 2015).

A significant proportion of participants thought that the patient's unacceptable behavior, such as stopping praying, could be the cause of the Djinns' attack. Djinn possession is one of the oldest explanations for both bodily and mental disorders. In Islamic societies, Djinns are often invoked by individuals whose faith is weak; these individuals can protect themselves by fulfilling their Islamic obligations (Dein and Illaiee 2013). Religious therapists like the Raqys also believe that abandoning prayer can lead to possession (Cherak 2019).

Belief in the Djinn's ability to possess humans and reveal himself to them is common among Moroccans and is also prevalent in popular Islam. However, within orthodoxy, there are two opinions among the ulema: one that affirms these beliefs (Ibn Taymiyya) and the other that rejects them (Ibn Hazm). The group of Ulemas opposing the claim that the Djinn can whisper to humans and influence their behavior, but cannot possess them.

In orthodox Islam, Djinn are perceived as creatures that belong to a parallel world, and belief in their existence is therefore one of the religious obligations (Bouachrine 2021). Additionally, many religions other than Islam share similar beliefs. Since antiquity, almost all cultures and faiths have incorporated spirit−related beliefs and healing rituals (Thomason 2008).

Today, supernatural beliefs remain prevalent across many cultures. In Cameroon, for example, mental disorders are linked to all that is supernatural and fall within the magico−religious register (Mbassa Menick 2010). In Haiti, too, mental disorders are explained in a magico−religious context, with Haitians most often turning to priests gifted with mystical powers who use their knowledge to cast out demons and free the sufferers (Ronald 2019).

On another level, the results showed that participants make no distinction between the supernatural causes they believe to be at the root of their relatives' affliction, with

witchcraft and possession being the most frequently mentioned, most often together. Indeed, some participants even believe that witchcraft can turn into possession.

The symptoms of certain mental disorders, such as schizophrenia, manifested by mystico−religious delusions, most often lead to the belief that possession is involved. The results of our study show that the relatives of schizophrenic and bipolar patients relied on the delusions of their ill relatives to think about possession or witchcraft. One participant believes that the reduction in Djinn−related delusions among her son after the Roqya testifies to its effectiveness. One study has shown that schizophrenic patients have supernatural beliefs that they consider to be the cause of their symptoms (Kate et al. 2012).

Beyond possession, our study found supernatural beliefs associated with the belief that the other causes evil. Participants spoke mainly of the evil eye, "Toukal", and witchcraft as the causes of the disorders observed in their relatives. Explaining disorders through the lens of victimization could be a relief for families. A Moroccan study has shown that the primary explanations for mental disorders presented by families are witchcraft and Toukal, «premeditated intoxication or a kind of poisoning of mineral, vegetable, or animal origin that one person implicitly makes another ingest for reasons such as jealousy, revenge, desire for dominance, envy, or other» (Belbachir et al. 2021). Referring to these cultural interpretations, we return to Herzlich's (1984) concept of social representations, which finds that numerous interpretations indeed accompany illness. For her, it's a social phenomenon, not just a medical fact (Herzlich 1984).

It's important to emphasize that the fact of seeing supernatural interpretations of mental disorders among participants within a hospital represents a very significant element. This testifies firstly to the strength of religious and cultural beliefs linked to illness, and secondly to the persistence of a relationship that links modern medicine to the spiritual and supernatural, despite efforts to dissolve this relationship.

Similarly, it's essential to emphasize that neglecting or rejecting these interpretations in the hospital environment does not necessarily lead to its demise. This idea is confirmed by the testimony of one participant (F6: talks about both her own illness and that of her son), who expresses great caution in admitting her beliefs about possession to doctors, for fear that they won't understand her opinion or that they'll make fun of her. As a result, she pretends to understand the medical explanation to get the prescription medication that soothes her headaches. In reality, modern medicine has been overtaken by the phenomenon of illness, which cannot be fully explained by scientific knowledge (Herzlich 1984).

We also found that some participants shifted their representations of mental disorders from the supernatural to the medical setting after consultation and the failure of religious therapies. As Herzlich pointed out, representations are highly dynamic; they are not fixed and can evolve through individual experience (Brasseur 2022). Other participants, by contrast, have maintained a balanced interpretation between the supernatural and the medical. They are convinced of medical explanations, but still believe that the patient may be possessed or under a spell, in addition to being psychiatrically affected. Based on these complex beliefs, participants adopt the view that recourse to religious curative measures is vital as a precautionary measure.

The families' change of mind regarding the etiological discourse is thus explained by the beneficial effects of psychiatric recourse on the patients' condition. These families stated that the condition of their relatives before hospitalization presented a particular danger for them and their neighbors. Moreover, some patients have been rushed to the hospital by the police following a violent act. This finding leads to the conclusion that

families are beginning to consider the medical explanation as part of their etiological discourse, observing the positive effects of psychiatric treatment.

The results of this study also confirm the importance for psychiatrists, first of all, to listen to and understand the various religious, cultural, and supernatural explanations for mental disorders. Secondly, to encourage patients and their families to express their own conceptions of disorders and their use or non—use of religious therapies. The therapeutic alliance between the caregiver and the cared—for, grounded in trust (especially in matters of spirituality), would constitute the first step toward improved psychiatric care (Champion, 2013). In this vein, Huguelet (2014) highlights the importance of addressing the religious dimension with the patient in a phenomenological approach aimed at understanding the patient's experience while maintaining a neutral stance (Huguelet, 2014).

Roqya: a practice that heals from the Djinn

We mentioned that for most of the participants who presented supernatural causes for mental disorders, the use of Roqya was the most appropriate treatment for these causes. The decision to resort to a Raqy is made concurrently with the phase during which families adopt supernatural explanations. In most cases, this is at the stage when symptoms first appear. This phase made it difficult for the family to identify the origin of the disorder, especially as the brutality of the onset of psychosis characterized it. Most thought of supernatural causes at this stage. For others, recourse to Roqya is planned for after hospitalization. Among the reasons in this category: fear of developing a dependency on medication (F6). In fact, it is also possible that the use of traditional and religious therapeutic alternatives is the result of patients' desire to reduce the risks associated with medication (Fainzang 2022).

The use of Roqya by families is therefore a practice that may occur at any stage of the therapeutic process. This action can be taken at the onset of the disorder, in parallel with psychiatric treatment, or as a final step in the therapeutic process. However, in other studies, Raqys is used as the final step in a patient's therapeutic regimen, after several methods have been tried, including medical treatment (Cherak 2019; Afifuddin and Nooraini 2016).

The majority of participants reported a beneficial effect of Roqya on their relatives' condition. This effect is self—assessed, based on the patient's sense of well—being after Roqya or on the time lag between crises. The onset of the situation that led to the patients' hospitalization indicates a worsening condition from a medical perspective. This suggests that beliefs in the benefits of Roqya continue to persist.

Roqya is not only recommended for its effects on the symptoms of a mental disorder, but also as a practice that brings the patient closer to God. When Roqya takes place in the house, the entire family benefits from its soothing effects. We are thus faced with a multifaceted function of this practice, which extends beyond healing to encompass broader dimensions. This includes religious guidance and the expulsion of demons from the house. The Raqys have advised some patients to reconnect with God and pray regularly. In this way, the Raqy can serve as a social regulator, helping patients overcome social difficulties and intervening in the management of family conflicts (Touag 2012). What's more, for some Raqys, healing is conditional on strict compliance with his directives and the fulfillment of religious duties (Cherak 2019).

Although our study did not find beneficial effects of Roqya in patients with disorders, some studies have reported positive results. A case study of a patient suffering from a

major depressive disorder was highlighted: the patient was able to accept psychiatric help and felt independent after Roqya and auto−Roqya (Razali et al. 2018). The results of another study revealed an improvement in patients after Roqya sessions, reflected in a reduction in physical pain and mental suffering (Afifuddin and Nooraini 2016).

Not only are cultural and religious beliefs responsible for the use of religious curative practices, but the chronic nature of most mental disorders may also be at the root of the decision to follow a religious therapeutic itinerary. The latter offers the hope of a cure, while the medical view is that most mental disorders are chronic. One of the participants expressed her willingness to reconsult a Raqy with a view to her son's definitive recovery. This outcome emerged during data collection, and we were able to interpret its meaning for the participant during the analysis.

By analyzing the results of our study, we highlighted the role of Roqya in families' quest for meaning amid their suffering. Regardless of how their relatives' illnesses evolve, families seem to find relief in resorting to this practice, which they see as a religious ritual that dispels any harm committed or suffered. At a deeper level of analysis, we observed that it wasn't only the patient who benefited from Roqya, but the whole family as well. The suffering caused by mental disorders to the families of an affected patient was very clear during the interviews. To overcome this suffering, participants need a sense of meaning, which they find in their practice. Religion is often used as a defense mechanism against suffering, allowing individuals to find meaning in it (Koeinig 2009). Interpreting one's suffering independently of the psychiatric point of view has helped some patients to distance themselves from their internment experiences and find a healing meaning (Begut 2011).

The findings suggest that the relationship between biomedical psychiatry and ruqyah within the hospital setting is not entirely opposed. Instead, it shows a pragmatic reconciliation influenced by families' beliefs and institutional factors. Psychiatric hospitalization mainly targets managing acute symptoms like agitation, violence, or psychosis, while ruqyah is seen as addressing the spiritual causes of the disorder. This division allows families to pursue medical treatment without abandoning their supernatural explanations. Therefore, hospitalization is viewed not as rejecting religious healing but as a necessary measure to stabilize the patient, either before or alongside ruqyah. This approach reflects a negotiated therapeutic pathway where biomedical care ensures safety and symptom management, and ruqyah provides spiritual meaning, reassurance, and moral balance.

Within hospitals, this balance acts as an unspoken "middle ground,' avoiding direct clashes between medical authority and religious beliefs. Families typically follow medical instructions while hospitalized but may delay or return to ruqyah after leaving, or practice auto−ruqyah and prayer privately without interference. This coexistence keeps religious practices outside formal medicine without contradicting it. From a sociological view, it shows how hospitals can serve as pragmatic pluralistic spaces where biomedical rationality maintains clinical authority, yet patients' religious beliefs are neither dismissed nor fully medicalized. This delicate balance fosters trust between families and healthcare providers and reduces opposition to psychiatric treatment, allowing both medical and religious systems to operate side−by−side peacefully.

Conclusion

Based on the study of interpretations of mental disorders, this research aimed to understand the decision to resort to Roqya in the quest for healing. Using a qualitative

method, we interviewed approximately ten family members of patients hospitalized at Ibn Al Hassan Hospital.

The present study has highlighted the presence of supernatural interpretations of mental disorders in the etiological discourse of patients' families. It also showed a strong correlation between the presence of these interpretations and the use of Roqya as an Islamic religious healing practice. Certain illnesses are the most commonly represented as possession, most notably schizophrenia and bipolar disorder, given their symptomatological manifestations.

The study also revealed the presence among some participants of social representations of mental disorders that had moved from supernatural interpretations to those linked to medical knowledge. For others, interpretations balance between the medical and the paranormal. This last observation led us to conclude that psychiatry needs to encourage patients and their families to discuss their beliefs with their doctor.

We have also shown through this work that recourse to Roqya as a curative religious practice is a decision that results from the presence of supernatural beliefs and interpretations linked to mental disorders. However, other justifications for this decision emerged during the research. These include the chronic nature of most mental disorders. The hope of achieving a definitive cure thus motivates the decision to turn to Roqya. Added to these justifications are fears about the effects of psychiatric medications.

Although for most of our participants the decision to resort to Roqya accompanied the onset of symptoms, the overall analysis of the interviews shows that this decision can be taken at any stage of the therapeutic itinerary.

Despite the beneficial effects reported by most participants, hospitalization suggests that no improvement from a medical standpoint has been demonstrated. This indicates that families personally assess the progress of their relatives despite psychiatric medical advice.

Given these findings, mental health institutions should develop culturally sensitive policies acknowledging the importance of religious beliefs in how patients and families perceive mental illness. Instead of opposing practices like ruqyah, hospitals might take a practical stance by allowing non−institutional religious activities—such as prayer or auto−ruqyah—alongside psychiatric treatment, as long as these do not hinder clinical care or patient safety. Implementing such policies could build greater trust between healthcare providers and families, reduce resistance to hospitalization, and foster more effective engagement with mental health services in diverse religious settings.

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