

The Living Qur'an Jar as Qur'anic Psychospiritual Support for Inner Peace among Patients with Systemic Lupus Erythematosus

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Abstract: Systemic Lupus Erythematosus (SLE) is a chronic autoimmune disease that affects not only patients' physical conditions but also their psychological and spiritual well-being. Many patients experience anxiety, emotional instability, uncertainty, and a need to reinterpret illness within a meaningful framework. In the Islamic context, Qur'anic reflection may provide a source of spiritual reassurance and meaning-making for Muslim patients facing chronic illness. However, limited studies have examined how Qur'anic reflective practices are experienced by patients with SLE in their everyday efforts to attain inner peace. This study aims to explore the psychospiritual meanings constructed by Muslim women with SLE through their engagement with The Living Qur'an Jar as a medium of Qur'anic reflection. Using a qualitative phenomenological approach, this research involved five Muslim women diagnosed with SLE in Jember, East Java. Data were collected through in-depth interviews and field notes after participants engaged with The Living Qur'an Jar for seven days. The data were analysed using phenomenological thematic analysis to identify recurring patterns of meaning in participants' lived experiences. The findings show that participants interpreted Qur'anic reflection as a way to feel spiritually accompanied by Allah, regulate emotional distress, reinterpret illness through patience and trust in God, and transform reflective awareness into simple daily actions. Rather than functioning as a clinical therapy, The Living Qur'an Jar was experienced as a Qur'anic psychospiritual practice that supported participants in constructing meaning, emotional calm, and spiritual reassurance. This study contributes to discussions on the lived experience of Muslim patients with chronic illness by highlighting Qur'anic mindfulness as a reflective process of psychospiritual meaning-making.

Keywords: Al-Qur'an Therapy; Inner Peace; Living Qur'an; Qur'anic Mindfulness; Systemic Lupus Erythematosus; The Living Qur'an Jar

Abstrak: Systemic Lupus Erythematosus (SLE) merupakan penyakit autoimun kronis yang tidak hanya berdampak pada kondisi fisik pasien, tetapi juga pada kesejahteraan psikologis dan spiritual mereka. Banyak pasien mengalami kecemasan, ketidakstabilan emosi, ketidakpastian, serta

kebutuhan untuk memaknai ulang pengalaman sakit dalam kerangka yang lebih bermakna. Dalam konteks Islam, refleksi Qur'ani dapat menjadi sumber ketenangan spiritual dan pembentukan makna bagi pasien Muslim yang menghadapi penyakit kronis. Namun, kajian yang secara khusus membahas bagaimana praktik refleksi Qur'ani dialami oleh pasien SLE dalam upaya memperoleh ketenangan batin tersebut masih terbatas. Penelitian ini bertujuan mengeksplorasi makna psikospiritual yang dibangun oleh perempuan Muslim penyandang SLE dengan melalui keterlibatan mereka dengan The Living Qur'an Jar sebagai media refleksi Qur'ani. Penelitian ini menggunakan pendekatan kualitatif fenomenologis dengan melibatkan lima perempuan Muslim yang didiagnosis SLE di Jember, Jawa Timur khususnya pada grup "Taretan Kupu Jember". Data dikumpulkan melalui wawancara mendalam dan catatan lapangan setelah partisipan menggunakan The Living Qur'an Jar selama tujuh hari. Data dianalisis menggunakan metode Colaizzi fenomenologi untuk mengidentifikasi pola makna yang berulang dalam pengalaman hidup partisipan. Temuan penelitian menunjukkan bahwa partisipan memaknai refleksi Qur'ani sebagai cara untuk merasa ditemani secara spiritual oleh Allah, mengelola tekanan emosional, memaknai ulang sakit melalui kesabaran dan tawakal, serta menerjemahkan kesadaran reflektif ke dalam tindakan sederhana sehari-hari. The Living Qur'an Jar tidak diposisikan sebagai terapi klinis, melainkan sebagai praktik psikospiritual Qur'ani yang mendukung partisipan dalam membangun makna, ketenangan emosional, dan penguatan spiritual. Penelitian ini berkontribusi pada kajian pengalaman pasien Muslim dengan penyakit kronis dengan menempatkan Qur'anic mindfulness sebagai proses reflektif dalam pembentukan makna psikospiritual.

Kata Kunci: Ketenangan Jiwa; Living Qur'an; Systemic Lupus Erythematosus; Terapi Al-Qur'an; Mindfulness Qur'anic; The Living Qur'an Jar

Introduction

In Qur'an, there is an explanation about emphasizes its role as *syifa'* (a cure/healing), not only for the ailments of the heart but also as a source of tranquility for the souls of the believers. As stated in the word of Allah in Surah Yunus [10]:57,

يَا أَيُّهَا النَّاسُ قَدْ جَاءَكُمْ مَوْعِظَةٌ مِنْ رَبِّكُمْ وَشِفَاءٌ لِمَا فِي الصُّدُورِ ۖ وَهُدًى وَرَحْمَةٌ لِّلْمُؤْمِنِينَ

"O mankind, there has to come to you instruction from your Lord and healing for what is in the breasts and guidance and mercy for the believers."

This verse indicates that healing can be sought not only through medical aspects alone, but also by drawing closer to Allah through remembrance, supplication, and contemplation of His words. Thus, Qur'an-based healing can serve as both a complement and a reinforcement in facing illness, especially for those suffering from chronic conditions that require long-term patience.

Systemic Lupus Erythematosus (SLE) is a type of chronic autoimmune disease that not only causes physical impacts such as inflammation and organ damage, but also brings psychological burdens including stress, anxiety, and depression to those affected (Karyani, 2025). Due to its wide range of symptoms that often resemble other illnesses, lupus is commonly referred to as the 'disease with a thousand faces,' with manifestations that may include extreme fatigue, butterfly-shaped facial rashes, joint pain, hair loss, as well as complications affecting the kidneys and heart. Consequently, both diagnosis and treatment processes often pose significant challenges for patients and healthcare providers (Karyani, 2025; Wahyuningsih, 2024). This complexity of symptoms not only complicates diagnosis and medical management but also exacerbates the psychological burden experienced by patients. Several studies have documented the high prevalence of depression among SLE patients. For instance, a study conducted by Eman M. Khedr et al. reported that patients were classified into two groups based on their BDI scores: a depression group consisting of 15 cases (46.9%) and a non-depression group consisting of 17 cases (53.1%) (Khedr, Gamal, Rashad, Yacoub, & Ahmed, 2021). Meanwhile, a recent systematic review and meta-analysis of 69 studies with a total population of 23,386 SLE patients found that the overall prevalence of depression reached 35% (Moustafa et al., 2020). This condition makes the mental health of SLE patients an important aspect that requires attention alongside medical treatment. An unstable psychological state can worsen patients' quality of life and may even aggravate the symptoms they experience (Wahyuningsih, 2024).

In Indonesia, based on a report by Prof. Handono Kalim and his team in Malang, the prevalence of lupus is estimated at 0.5% of the national population, which, when converted, means that approximately 1.3 million people are living with lupus (Kemenkes, 2024). This high number indicates that lupus is a real and urgent health issue that must be addressed not only from a medical perspective but also from psychological and spiritual dimensions. Therefore, a holistic approach is required one that does not solely focus on medical treatment but also pays attention to the mental and spiritual well-being of patients.

Research on Qur'anic therapy has shown significant effects on both the psychological and physiological aspects of patients. For instance, Simamora et al. (2021) found that Qur'anic *murottal* therapy significantly reduced pre-operative anxiety levels, although its application has remained limited to short-term medical contexts and has not yet addressed the needs of patients with chronic illnesses such as lupus, which require continuous support (Simamora & Daulay, 2021). Meanwhile, Datau (2022) shows that Qur'anic therapy can provide benefits for various illnesses (Datau, 2022). In Indonesia, Karyani and Sari (2025) developed an Islamic-based positive psychology psychotherapy program for female SLE patients, which successfully reduced depression levels (Karyani & Sari, 2025). Yet, this study did not

incorporate systematic Qur'anic mindfulness practices. Thus, it can be concluded that Islamic-based spiritual interventions for SLE patients remain highly limited.

The limitations of previous studies indicate a significant research gap, namely the absence of a Qur'anic-based therapeutic model specifically designed to support lupus patients through the Living Qur'an Jar. The Qur'an itself emphasizes its role as *shifa'* (healing) for diseases of the heart and inner distress (Qur'an, Surah Yunus [10]:57; Al-Isra' [17]:82). The innovation of the Living Qur'an Jar takes the form of a container (jar) filled with selected Qur'anic verses arranged by themes such as patience, tranquility, gratitude, or reliance on God (*tawakkal*). Patients or individuals using it are encouraged to randomly draw a verse, read it, reflect on its meaning, and internalize its message as a form of Qur'anic mindfulness practice. In this simple yet meaningful way, patients are reminded that every Qur'anic verse comes as a source of inner strength and spiritual comfort in facing both physical pain and psychological burdens.

It should be emphasized that this study is not a Living Qur'an research in the classical sense, namely, an ethnographic inquiry into communal religious traditions in the practice of the Qur'an across generations. Rather, it is more appropriately positioned as a case study of a psychospiritual intervention for SLE patients, using selected Qur'anic verses as therapeutic media. Accordingly, the focus is not on the broader socioreligious practices of communities, but on developing an individualized therapeutic model that integrates applicative Qur'anic exegesis with patients' mental health needs

This study offers a specific contribution to the development of a Qur'anic framework for coping with chronic illness, particularly among Muslim patients with Systemic Lupus Erythematosus (SLE). Rather than positioning Qur'anic verses merely as doctrinal texts or therapeutic claims, this research examines how patients engage with selected verses as a reflective medium for constructing psychospiritual meaning in the midst of illness. Academically, the study extends Living Qur'an scholarship by showing how Qur'anic reception operates in everyday health-related experiences, especially through practices of reflection, emotional regulation, patience, and trust in God. Socially, the study provides insight into how SLE patients negotiate anxiety, vulnerability, and uncertainty through Qur'anic reflection, thereby offering a culturally and religiously grounded model of spiritual support. Theologically, the study contextualizes the Qur'anic concept of *shifa'* not as a direct clinical cure, but as a source of inner reassurance, moral orientation, and meaning-making for those living with chronic illness. Practically, the Living Qur'an Jar can be understood as a simple Qur'anic reflective practice that may inform the development of complementary psychospiritual support tools for Muslim patients, while still requiring further clinical evaluation before being described as therapy.

Research Methods

This study employs a phenomenological qualitative approach to understand the lived experiences of SLE patients in using The Living Qur'an Jar as a medium of Qur'anic reflection and psychospiritual support. This study aims to explore and describe the lived experiences of SLE patients in using The Living Qur'an Jar as a form of Qur'anic mindfulness, and to interpret the meaning of inner peace as experienced

by the participants. The participants of this study were five Muslim patients with Systemic Lupus Erythematosus (SLE) who are members of lupus survivor communities in Jember, East Java namely "*Taretan Kupu Jember*". Participants were selected based on the following criteria: having an official SLE diagnosis from an internal medicine specialist, being at least 18 years old, willing to engage in the Quranic reflection practice during the study period, and having a sufficiently stable psychological condition to engage in reflective processes. The number of participants is limited to around 5 to ensure the collected data remains in-depth and manageable. The research was conducted in a combined format, including limited face-to-face sessions (offline) and online support via WhatsApp or Google Meet, allowing flexibility and accommodating participants' physical conditions.

The research instruments consist of several media and data collection tools. The primary medium is *The Living Qur'an Jar*, a container filled with excerpts from the Qur'an, themed around patience, tranquility, gratitude, and reliance on God (*tawakal*). Each verse is accompanied by a reflection guide, including instructions for reading, contemplating, and writing about personal experiences after selecting a verse. In-depth interviews were conducted to explore participants' lived experiences, emotional responses, and spiritual meanings after engaging with *The Living Qur'an Jar*. Additionally, the researcher utilized field notes to enrich the research data. Data were analysed using Colaizzi's phenomenological method (Morrow, Rodriguez, & King, 2015). The analysis began by reading all interview transcripts repeatedly to gain a comprehensive understanding of participants' experiences. Significant statements related to illness, emotional struggle, Qur'anic reflection, and inner peace were then identified and extracted. These statements were formulated into meanings, grouped into thematic clusters, and organized into broader themes that represented the shared essence of participants' experiences. The researcher then developed an exhaustive description of how participants constructed psychospiritual meaning through Qur'anic reflection. To strengthen the credibility of the findings, the emerging themes and descriptions were reviewed in relation to the participants' narratives and field notes, ensuring that the final interpretation remained grounded in their lived experiences (Ningsih, 2025).

To enhance trustworthiness, the study employed data triangulation by comparing interview transcripts, participants' reflective notes, and field notes (Nurfajriani, Ilhami, Mahendra, Afgani, & Sirodj, 2024). The researcher also practiced reflexivity and bracketing to minimize the influence of prior assumptions on the interpretation of participants' experiences. Ethical considerations were observed, including obtaining informed consent from participants before the intervention (Faden & Beauchamp, 1986). Participants' identities were kept confidential, and the researcher used an empathetic approach to ensure participants felt comfortable throughout the process.

Result and Discussion

1. The Living Qur'an Jar as a Medium for Qur'anic Reflection and Psychospiritual Meaning-Making

The Living Qur'an Jar (Figure 1) is used in this study as a medium for Qur'anic reflection rather than as the primary object of product evaluation. It consists of selected Qur'anic excerpts related to patience, tranquility, gratitude, hope, and reliance on God (*tawakal*). Each excerpt invites participants to read, pause, reflect, and connect the meaning of the verse with their personal experiences of living with Systemic Lupus Erythematosus (SLE). This positioning is important because SLE is not only associated with physical symptoms but also with psychological burdens, including anxiety, depression, sleep disturbance, and reduced health-related quality of life (Chen et al., 2022; Zhao et al., 2023). Recent studies indicate that anxiety, depression, sleep quality, and disease symptoms significantly affect quality of life among SLE patients, while depression is also associated with pain, functional disability, disease activity, and poorer health-related quality of life.



Figure 1. The Living Quran Jar
(Source: Personal Documentation)

In this article, The Living Qur'an Jar is not positioned as a clinical therapy or as a stand-alone healing method. It is better understood as a medium that supports Qur'anic reflective practice. This distinction is important because the focus of the study is not to measure therapeutic effectiveness, but to understand how patients construct psychospiritual meaning through selected Qur'anic verses. This orientation is consistent with recent studies on chronic illness which show that patients often engage in meaning-making to reinterpret their illness, reconstruct their sense of self, and maintain psychological well-being (Clur & Barnard, 2025; Purc-Stephenson & Edwards, 2024).

From an interdisciplinary perspective, this process may be connected to the broader tradition of meaning-centered approaches. The present study does not equate Qur'anic reflection with clinical logotherapy or psychotherapy. Rather, meaning-centered literature is used as a conceptual bridge to clarify that participants' experiences involve more than the pursuit of calmness after reading a verse. Their

engagement with Qur'anic excerpts becomes part of a broader attempt to reinterpret illness, sustain hope, and preserve a sense of spiritual purpose. Recent systematic reviews also show that meaning-oriented interventions can improve spiritual well-being, meaning in life, anxiety, depression, and quality of life in patients facing serious illness, although such findings should not be directly generalized to this qualitative study without further clinical evaluation (Kim, Nam, & Hwang, 2024; Sun et al., 2024).

The reflective process facilitated by The Living Qur'an Jar also resonates with spiritual well-being who has been identified as an important dimension in chronic disease care because chronic illness often raises existential, emotional, and spiritual concerns that are not fully addressed by biomedical treatment alone (Tirgari et al., 2022). In the context of Muslim patients, Islamic spiritual care and Qur'anic recitation have also been discussed as supportive practices in healthcare settings, particularly in relation to emotional calm, spiritual reassurance, and non-pharmacological support (Rababa & Al-Sabbah, 2023). Therefore, Qur'anic reflection in this study is interpreted as a form of psychospiritual support, not as evidence of direct clinical healing.

The design of the jar, including the grouping of verses according to emotional themes, may help participants identify their inner condition and connect it with relevant Qur'anic messages. For example, verses related to patience may become meaningful when participants experience fatigue or frustration, while verses related to reliance on God may support them when facing uncertainty about their health condition. This mechanism indicates that structured Qur'anic reflection can assist patients in organizing emotions and forming spiritual interpretations of their lived experiences. Similar recent literature on chronic illness emphasizes that coping is not limited to symptom management, but also includes adaptive strategies, meaning reconstruction, and the search for existential coherence in the midst of long-term illness (Conduah, Essiaw, & Ofoe, 2025; Purc-Stephenson & Edwards, 2024)

Therefore, The Living Qur'an Jar should be understood as a medium of Qur'anic psychospiritual support. Its significance lies not in the object itself, nor in the figure who initiated it, but in the way patients use Qur'anic reflection to construct meaning, cultivate inner calm, and reinterpret illness through faith. This positioning preserves the academic focus of the study by shifting the discussion from product description to the lived experience of patients and their process of psychospiritual meaning-making.

2. The Implementation of the Living Qur'an Jar among Patients with Systemic Lupus Erythematosus as Qur'anic Mindfulness

In this study, the term Qur'anic mindfulness is used to distinguish this practice from conventional mindfulness. In psychological literature, mindfulness is commonly understood as the practice of intentionally bringing awareness to present-moment experiences with openness and non-judgmental acceptance (Bishop et al., 2004; Kabat-Zinn, 2016). Its focus is usually directed toward bodily sensations, breathing, thoughts, and emotions as they arise in the present moment. By contrast, Qur'anic mindfulness in this study refers to a theocentric and reflective form of awareness mediated through Qur'anic verses. It does not only invite participants to recognize their present emotional condition, but also encourages them to interpret that condition through Qur'anic meanings, remembrance of Allah, patience (*sabr*), reliance on God (*tawakal*), gratitude, and moral self-reflection.

Therefore, Qur'anic mindfulness should not be understood simply as "mindfulness based on the Qur'an." It is better understood as a process of psychospiritual meaning-making, in which participants read, contemplate, and relate Qur'anic messages to their lived experience of illness. This distinction is important because chronic illness often disrupts patients' assumptions, identity, and sense of purpose, prompting them to search for meaning and reinterpret their suffering within a broader existential or spiritual framework (Purc-Stephenson & Edwards, 2024). In this study, awareness is not value-neutral or purely psychological; it is shaped by the participant's relationship with Allah, their understanding of suffering, and their effort to locate illness within a spiritual horizon.

The implementation of The Living Qur'an Jar in this study demonstrates how Qur'anic mindfulness may operate as a medium of reflection for patients with Systemic Lupus Erythematosus (SLE). This focus is relevant because SLE is not only associated with physical symptoms, but also with anxiety, depression, sleep disturbance, and reduced health-related quality of life (Chen et al., 2022). Participants did not perceive The Living Qur'an Jar merely as a container of selected Qur'anic excerpts. Rather, they experienced it as a reflective medium that helped them remember Allah, recognize their emotional states, reinterpret their illness, and respond to difficult moments with patience and trust.

The Living Qur'an Jar is positioned in this study not as a clinical therapy or as a product being evaluated, but as a medium that facilitates Qur'anic reflective practice. Its use allows participants to engage with selected verses related to mercy, patience, hope, reliance on God, and emotional calm. This process is consistent with recent discussions on Islamic spiritual care, which show that spiritual practices, including Qur'anic recitation and reflection, may function as non-pharmacological support in healthcare contexts, although their clinical effectiveness still requires further empirical evaluation (Rababa & Al-Sabbah, 2023). Thus, the present study does not claim that The Living Qur'an Jar produces therapeutic healing, but examines how participants construct meaning and inner calm through Qur'anic reflection.

The procedure for using The Living Qur'an Jar was designed to remain simple and feasible for participants whose physical and emotional conditions may fluctuate due to SLE. Participants selected a verse, read it attentively, reflected on its meaning, and related the verse to their current life situation. This process emphasizes that inner calm does not arise automatically from the physical object or from the text alone. Rather, it emerges through an active reflective process in which participants connect revelation, emotion, illness experience, and spiritual interpretation.



Figure 2. The Steps for Using The Living Quran Jar (Author’s Illustration)

The simple procedure for using *The Living Quran Jar* allows participants to actively engage with the Qur’anic verses through several stages: beginning with randomly selecting a verse, reading it mindfully, reflecting on its meaning. Each stage is designed to be feasible under varying physical and emotional conditions, ensuring that the intervention does not add psychological burden. This mechanism emphasizes that inner calm and psychospiritual recovery do not arise automatically from the text itself, but rather through a reflective process that connects the revelation's message with personal experiences and current life circumstances.

The following table summarizes the findings from the study, based on interviews with Patient 1, who described their experience interacting with *The Living Quran Jar* over a period of seven days:

Table 1. Summary of Patients’ Interaction with TLQ Jar

Participant	Age	Frequency of Interaction with TLQ	Selected Verse	Insight	What to do
P1 (NF)	23	1 verse every seven days	(QS. Yusuf 87 (Do not despair of Allah’s mercy)	“Your failure is not the end. I am still writing the most beautiful story. Do not give up; I am still with you.”	Encourage someone by sending a message of support to a person who is struggling.
P2 (KS)	69	1 verse every seven days	QS. Ar-Rum: 60 (So be patient, indeed the promise of Allah is true)	“What you are waiting for will surely come; I am simply preparing you to be worthy of it.”	Exercise restraint and avoid making hasty decisions today.

P3 (D)	28	1 verse every seven days	QS. At-Talaq: 3 (And whoever relies upon Allah, He will suffice him)	"I will not let you struggle alone. Your reliance is the gateway to My help."	Today, surrender all your affairs to Allah after doing your best. Do not panic.
P4 (H)	19	1 verse every seven days	QS. Al-Baqarah: 286 (Allah does not burden anyone except)	"Strength is not because you are capable, but because I assist you; you are not bearing it alone."	Write down one challenge you are currently facing, then surrender it in prayer to Allah.
P5 (Z)	25	1 verse every seven days	QS. Maryam: 26 (Eat, drink, and calm your heart)	"Do not be too hard on yourself. I know your fatigue. Calm down, everything will be alright"	Take 15 minutes today to calm yourself and reflect by living in the present, not in the future or the past

3. Participants' Experiences of Using The Living Quran Jar

The findings indicate that participants did not experience The Living Qur'an Jar merely as a collection of Qur'anic verse excerpts. Rather, they encountered it as a reflective medium through which emotional struggle, spiritual uncertainty, and the search for meaning were gradually negotiated. The participants' narratives show that inner peace did not appear instantly after reading a verse. It emerged through a process involving doubt, emotional tension, self-questioning, and reinterpretation of illness. From the data, four major themes emerged: feeling spiritually accompanied by Allah, regulating distress and creating emotional pause, reinterpreting illness through patience and trust, and translating reflection into daily action.

First, Feeling Spiritually Accompanied by Allah. Patient NF (P1, 23 years old) stated that Qur'anic verses helped her move beyond a narrow understanding of the Qur'an as a text containing only commands and prohibitions. Through reading, understanding, and reflecting on the selected verses, she felt that the Qur'an became a source of calm, strength, and guidance amid the uncertainty of living with SLE. However, this experience should not be read as a simple transition from distress to peace. NF's narrative also shows an underlying struggle with fear, vulnerability, and the need to feel that her suffering was not faced alone. Her statement that the Qur'an made her feel "not alone" indicates that the verse functioned as a mechanism of spiritual reassurance rather than as an immediate solution to illness (Interview with NF, February 2026).

This experience reflects a process of spiritual companionship, in which the participant interpreted the presence of Allah as a source of emotional containment. In phenomenological terms, illness can disturb a person's sense of bodily security and existential stability. For NF, Qur'anic reflection helped reorganize this disturbed experience by placing suffering within a relationship with Allah. The selected verse did not erase the physical reality of SLE, but it altered the meaning of that reality. Fear

and uncertainty were gradually reframed as experiences that could be endured with divine nearness, patience, and hope.

Patient KS (P2, 69 years old) also described Qur'anic reflection as a source of spiritual support in facing the limitations and uncertainty caused by illness. As an older participant, KS's experience suggests that SLE was not only encountered as a medical condition, but also as an existential experience involving bodily vulnerability, dependence, and the need for inner strength. Through Qur'anic reflection, she interpreted illness as something that could be faced with remembrance of Allah and spiritual surrender. The significance of this experience lies not in the claim that the verse removed suffering, but in the way Qur'anic reflection allowed KS to feel spiritually accompanied in a condition that could otherwise produce loneliness and helplessness (Interview with KS, (Interview with KS, April 2026).

Patient D (P3, 28 years old), who reflected on QS. At-Talaq [65]:3, "And whoever relies upon Allah, He will suffice him," interpreted the verse as reassurance that she did not have to carry her burdens alone. The concept of *tawakal* helped her regain confidence in facing daily challenges. Yet this reassurance was not passive resignation. D's experience suggests that *tawakal* worked as a spiritual framework for balancing effort and surrender. The verse helped her distinguish between what she could control and what had to be entrusted to Allah. In this sense, Qur'anic mindfulness functioned as a form of spiritual meaning-making that transformed helplessness into trust without denying the difficulty of illness (Interview with D, April 2026).

Second, Regulating Distress and Creating Emotional Pause. The second theme concerns the participants' experience of emotional regulation. The participants did not describe Qur'anic reflection as a magical disappearance of anxiety. Rather, the verses created a brief but meaningful pause between emotional distress and personal response. This pause allowed participants to become aware of their fear, fatigue, frustration, or sadness before interpreting these emotions through Qur'anic meanings.

Patient Z (P5, 25 years old) reported that interacting with The Living Qur'an Jar once a week gave her an opportunity to step back from the pressures of daily life. When she selected QS. Maryam [19]:26, "Eat, drink, and calm your heart," she interpreted the verse as a reminder not to be too hard on herself. Her response, "Do not be too hard on yourself. I know your fatigue. Calm down, everything will be alright," shows that the verse operated as a form of self-soothing. However, the important point is not merely that Z became calm. The deeper analytical point is that the verse helped her legitimize her fatigue. Instead of judging herself for being weak or emotionally unstable, she began to accept fatigue as part of her embodied experience with illness (Interview with Z, April 2026; WhatsApp communication with Z, April 2026).

This process may be understood as emotional regulation through sacred reflection. The Qur'anic verse did not function only as comforting language. It became a reflective device that interrupted emotional escalation and redirected attention toward calmness, self-compassion, and divine reassurance. For patients with chronic illness, such pauses are significant because emotional distress often intensifies when pain, uncertainty, and fear are experienced without interpretive support.

Patient H (P4, 19 years old) also described emotional turmoil in facing autoimmune illness. Her reflection on the message, "Strength is not because you are

capable, but because I assist you; you are not bearing it alone," suggests that she struggled with the pressure to remain strong. The verse did not simply tell her to be patient. It redefined strength as something supported by Allah rather than something produced solely by personal endurance. This distinction is important because patients with chronic illness may feel guilty when they cannot maintain emotional stability. Through Qur'anic reflection, H's weakness was not interpreted as failure, but as a condition in which divine support could be recognized (Interview with H, April 2026; WhatsApp videocall with H, April 2026).

Thus, the emotional regulation found in this study was not purely psychological. It was mediated by theological interpretation. Participants became calmer not merely because they paused, breathed, or reflected, but because the pause was filled with Qur'anic meanings that allowed them to reinterpret fear, fatigue, and weakness in relation to Allah.

Third, Reinterpreting Illness through Patience, Trust, and Hope. The third theme reveals that participants engaged in Qur'anic reflection to reinterpret their experiences of illness. Their responses extended beyond emotional comfort and involved a gradual reconstruction of meaning. Initially, some participants perceived systemic lupus erythematosus (SLE) as a disruption, a limitation, a source of uncertainty, and an emotional burden. However, through reflection on Qur'anic verses, illness was increasingly conceptualized not only as pain but also as a test, a process of spiritual learning, and an opportunity to reorder life priorities.

Patient D (P3, 28 years old) exemplifies this process. Her reflection on QS. At-Talaq [65]:3 enabled her to address indecision through the concept of *tawakal*. The verse did not prompt denial of the challenges of illness; rather, it supported her in reframing uncertainty as a condition manageable through effort and trust in Allah. This case demonstrates that Qur'anic reflection functioned as a form of cognitive reframing, facilitating a shift from feeling overwhelmed to achieving a more spiritually organized understanding of her circumstances (Interview with D, April 2026). Patient H (P4, 19 years old) also interpreted her suffering from a spiritual perspective. She regarded illness not only as an affliction but as an opportunity to draw closer to Allah and reassess her life priorities. Her experience suggests that Qur'anic reflection contributed to a reorganization of values. Pain and limitation prompted her to reconsider priorities, reflect on the nature of dependence on Allah, and approach daily life with heightened spiritual awareness (Interview with H, April 2026; WhatsApp videocall with H, April 2026).

Patient KS (P2, 69 years old) further illustrates how illness may be interpreted through the perspectives of patience and surrender. Her age and experience with illness indicate a complex form of vulnerability, in which physical limitations intersect with spiritual reflection on endurance, dependence, and acceptance. For KS, Qur'anic reflection did not yield immediate emotional peace but facilitated a gradual process of learning to live with illness through perseverance and faith in Allah (Interview with KS, April 2026).

This theme demonstrates that Qur'anic verses functioned as mechanisms for spiritual meaning-making. Participants did not simply receive these verses as abstract religious teachings; instead, they applied them to interpret concrete experiences of vulnerability, fear, treatment fatigue, and uncertainty. Consequently, Qur'anic

mindfulness emerged as a reflective process through which illness was integrated into a broader spiritual narrative.

Fourth, Translating Reflection into Concrete Daily Action. The fourth theme concerns the movement from reflection to action. Participants did not experience the selected verses merely as inner consolation. The reflective process often encouraged simple but concrete responses in daily life. This finding is important because it shows that Qur'anic mindfulness in this study was not passive contemplation. It involved a practical dimension in which participants attempted to embody the meanings they reflected upon.

For NF, the reflective prompt associated with her selected verse encouraged her to support another person who was struggling. This action suggests that Qur'anic reflection shifted her attention from her own suffering toward empathy for others (Interview with NF, February 2026). For D, the verse on reliance upon Allah was accompanied by the practical invitation to do her best and then surrender the outcome to Allah without panic. This shows that *tawakal* was not interpreted as passivity, but as a balanced movement between effort and surrender (Interview with D, April 2026). H was encouraged to write down one current challenge and surrender it in prayer, while Z was guided to take fifteen minutes to become still and focus on the present (Interview with H, April 2026; Interview with Z, April 2026).

These examples show that the Living Qur'an Jar facilitated what may be called an embodied spiritual response. Reflection was translated into prayer, restraint, self-soothing, support for others, and renewed intentionality. The participants' experiences, therefore, suggest that Qur'anic mindfulness involves two connected movements: inward awareness and outward response. Inwardly, participants became more aware of their emotional and spiritual condition. Outwardly, they attempted to respond through small acts that reflected patience, trust, compassion, and surrender.

Overall, the participants' experiences reveal that the Living Qur'an Jar functioned not as an object of therapeutic certainty but as a medium of Qur'anic reflection that supported emotional regulation, cognitive reframing, and spiritual meaning-making. The phenomenological significance of these findings lies in the complexity of the participants' experiences. They did not move directly from illness to peace, or from reading verses to healing. Rather, they moved through fear, doubt, fatigue, self-questioning, and gradual reinterpretation. Inner peace appeared as a process, not as an immediate outcome. This makes participants' experiences more credible and shows that, in this study, Qur'anic mindfulness should be understood as a reflective psychospiritual practice through which patients negotiate the meaning of illness in relation to Allah, themselves, and their daily lives.

4. The Living Quran Jar as a Medium of Living Quran and Quranic Psychospiritual Mindfulness

The findings of this study can be interpreted through an integrated conceptual framework that encompasses Living Qur'an practice, mindfulness, *tadabbur*, *syifa'*, Qur'anic reflection, and emotional regulation (Srouf & Keyes, 2026; Zakiyah, 2025). These concepts do not operate separately. These elements function as interconnected components of a psychospiritual process in which reflective awareness, religious meaning, and spiritual coping shape how patients respond to chronic illness

(Pargament, Koenig, Tarakeshwar, & Hahn, 2004; Park, 2010; Purc-Stephenson & Edwards, 2024). Participants encountered the Qur'an as a living text; selected verses facilitated mindful awareness; *tadabbur* deepened interpretation; Qur'anic reflection reframed illness experiences; and this reframing contributed to emotional regulation. Within this process, *syifa'* was not experienced as a direct biomedical intervention, but rather as inner reassurance, emotional stability, and spiritual meaning-making. This integrated perspective aligns with research that positions Qur'anic engagement as a lived, reflective, and spiritually formative practice, rather than solely a textual activity (Srouf & Keyes, 2026; Zakiyah, 2025).

From the perspective of Living Qur'an practice, the Living Qur'an Jar served as a medium that facilitated the transition of the Qur'an from textual recitation to lived experience. Participants engaged with the Qur'an not merely as a written text or doctrinal source, but by relating selected verses to their specific experiences of fatigue, anxiety, uncertainty, pain, and hope. The Qur'an became "living" through the process of receiving, reflecting upon, and embodying its meanings in daily responses to illness, rather than through the physical act of placing verses in a jar. Thus, the Living Qur'an Jar represents a contemporary and individualized form of Living Qur'an practice, in which Qur'anic verses are integrated into patients' emotional, cognitive, and spiritual coping strategies for chronic illness (Hidayat & Masyhur, 2025; Muhyi et al., 2025; Rafiq, 2021).

The first mechanism identified is mindful pausing. Psychologically, mindfulness is defined as deliberate awareness of present experience, enabling individuals to observe thoughts, emotions, and bodily sensations without succumbing to automatic reactions (Cahyono, Septin Maisharah, Kasim, Hutapea, & Syarif, 2025). Bishop et al. describe mindfulness as comprising two components: regulation of attention to remain present and an orientation toward experience characterized by openness, curiosity, and acceptance (Wrahatnolo, 2026). In this study, selecting, reading, and pausing a Qur'anic verse created a brief interruption in participants' emotional flow. When experiencing anxiety, fatigue, or overwhelm, the verse facilitated a pause, allowing participants to recognize their emotional state and avoid immediate reactive responses such as panic, despair, or self-blame. Mindfulness thus functioned as an attentional mechanism, shifting participants from automatic emotional reactions to reflective awareness.

Qur'anic mindfulness is distinct from secular mindfulness in that the awareness it cultivates is neither value-neutral nor solely introspective. Participants' attention was directed both to the present moment and to Allah, as well as the meanings of revelation. Their awareness was informed by practices such as *dhikr*, *sabr*, *tawakal*, gratitude, and the belief that suffering can be interpreted within the framework of divine wisdom. Consequently, Qur'anic mindfulness is not merely the addition of Qur'anic verses to mindfulness practice; it is a theocentric form of awareness in which present experience is understood through a relationship with Allah. The emotional pause facilitated by mindfulness acquires spiritual significance through remembrance, reflection, and surrender to God. This interpretation is consistent with Zakiyah's assertion that Qur'anic spiritual mindfulness entails full consciousness of Allah's presence and will in life's circumstances (Zakiyah, 2025) and aligns with perspectives that Islamic mindfulness is shaped by devotion, remembrance, and

spiritual submission to God, in addition to inward observation (Naja, 2025; Srouf & Keyes, 2026).

The second mechanism is *tadabbur*, which extends mindful awareness into deeper Qur'anic reflection. While mindfulness enables participants to recognize their current emotional state, *tadabbur* facilitates interpretation of that state through the meanings of Qur'anic verses. In Islamic thought, *tadabbur* involves reflective engagement with scripture, moving beyond literal reading to allow verses to influence consciousness, self-understanding, and life interpretation (Saputri, Sahira, & Ahmad, 2025; Sholahudin, Al Farisi, & Supriadi, 2025; Suhartawan, 2025). In this study, participants did not simply read verses about patience, hope, or reliance on Allah; they actively related these verses to their illness experiences. Fatigue was understood through divine compassion, uncertainty through *tawakal*, fear through hope, and suffering through patience. *Tadabbur* thus functioned as an interpretive mechanism, connecting revelation to lived illness. Mindfulness fosters present-moment awareness, while *tadabbur* deepens this awareness by orienting it toward divine meaning (Mardiani, 2025).

The third mechanism is cognitive and spiritual reframing. Through *tadabbur*, participants began to reinterpret SLE not only as a source of pain, limitation, and uncertainty, but also as a test, a reminder, and a path toward deeper dependence on Allah. This does not mean that the participants denied their suffering or romanticized illness. Rather, Qur'anic reflection helped them reframe suffering so that it no longer appeared meaningless. The selected verses provided a religious vocabulary through which participants could name their struggles, reorganize their emotions, and situate illness within a broader spiritual narrative. In this sense, Qur'anic reflection served as a mechanism of psychospiritual meaning-making, helping participants move from emotional confusion toward a more coherent understanding of illness.

The fourth mechanism is emotional regulation. Participants' emotional calm did not result automatically from the jar or the mere presence of Qur'anic text. Instead, it developed through a sequence of reflective processes: pausing, reading, contemplation, relating verses to personal experience, and responding with prayer, restraint, surrender, or acts of kindness. For example, a verse about Allah's mercy could alleviate despair by reframing failure as ongoing divine care; a verse about *tawakal* could reduce panic by distinguishing human effort from divine outcomes; and a verse about patience could mitigate impulsive reactions by providing a temporal and spiritual perspective on suffering. Thus, emotional regulation in this study is best understood as an outcome of Qur'anic meaning-making, rather than simple psychological relaxation (Rababa & Al-Sabbah, 2023). This mechanism also clarifies the meaning of the Qur'an as *syifa'* within the context of this study. The participants' experiences do not support the assertion that Qur'anic verses functioned as a biomedical cure for SLE. Instead, *syifa'* manifested in a psychospiritual sense: the verses helped soothe inner distress, reduce existential loneliness, strengthen patience, and restore spiritual orientation (Rababa & Al-Sabbah, 2023; Tirgari et al., 2022). Previous systematic and scoping reviews on Qur'anic reading, memorization, and recitation have indicated potential benefits such as reduced anxiety, depression, and stress, as well as improved quality of life and physiological condition (Ghiasi & Keramat, 2018; Moulaei, Haghdoost, Bahaadinbeigy, & Dinari, 2023). These findings

do not suggest that the Qur'an replaces medical treatment, but they support the view that meaningful engagement with the Qur'an may contribute to psychological and spiritual dimensions of health. The present findings are consistent with this perspective. What appeared to calm the participants was not mere sound repetition, but a reflective encounter between the verse, the self, and the lived reality of illness. In other words, the effect emerged through focused attention, emotional regulation, and the formation of religious meaning.

Viewed through this integrated framework, the Living Qur'an Jar serves as a medium that initiates a sequence of Qur'anic psychospiritual processes. First, it presents the Qur'an in a form accessible in daily life. Second, it creates a mindful pause, enabling participants to become aware of their emotional condition. Third, it invites *tadabbur*, allowing participants to connect the selected verse with their lived experience. Fourth, it facilitates cognitive and spiritual reframing, through which illness is interpreted in terms of patience, trust, hope, and divine companionship. Fifth, this reframing supports emotional regulation by helping participants respond to distress with prayer, restraint, self-soothing, surrender, and meaningful action.

This interpretation strengthens the study's position within the field of Living Qur'an research. The main significance of The Living Qur'an Jar lies not in the object itself, but in the way it mediates the encounter between Qur'anic text and lived illness. The jar becomes academically relevant because it shows how Qur'anic verses are received, interpreted, and embodied by Muslim patients facing chronic illness. Thus, the findings do not merely show that participants felt calmer after reading verses. They show how Qur'anic mindfulness works as a layered process of attention, reflection, meaning-making, and emotional regulation.

In the Indonesian context, this interpretation is also supported by previous findings on spirituality and lupus. Karyani's research on female patients with Systemic Lupus Erythematosus found that Islam-based positive psychology training reduced depression in the intervention group (Karyani, 2025). Although that study did not specifically conceptualize Qur'anic mindfulness, it is still relevant because it shows that psychospiritual approaches grounded in Islam can play a meaningful role in supporting lupus patients. The present study extends that insight by showing, at the level of lived experience, how Qur'anic verses may function as a medium of reflection, reassurance, and emotional grounding for individuals living with chronic illness. Thus, religion and spirituality should not be treated as peripheral aspects of the illness experience, but as important psychological resources through which patients may regulate emotion, reconstruct meaning, and sustain inner peace (Karyani, 2025).

Overall, the conceptual mechanism found in this study may be summarized as follows: Living Qur'an practice provides the medium; mindfulness creates reflective awareness; *tadabbur* generates Qur'anic interpretation; Qur'anic reflection enables spiritual meaning-making; *syifa'* is experienced as inner reassurance; and emotional regulation emerges through the patient's renewed interpretation of illness before Allah. This integrated mechanism shows that Qur'anic mindfulness is not a loose combination of religious reading and psychological calmness. It is a structured psychospiritual process through which patients become aware of distress, interpret it

through revelation, and respond to illness with patience, trust, and spiritually grounded action.

Conclusion

This study concludes that the *Living Qur'an Jar* serves as a Qur'anic psychospiritual support medium, helping Muslim patients with Systemic Lupus Erythematosus develop inner peace through reflective engagement with selected Qur'anic verses. The findings show that inner peace does not emerge instantly, but develops gradually through mindful pausing, *tadabbur*, emotional regulation, spiritual meaning-making, and daily actions shaped by patience, hope, gratitude, and trust in Allah. These findings indicate that the research problem has been addressed and the research objectives have been achieved, as the participants experienced the *Living Qur'an Jar* not as a medical cure or stand-alone therapy, but as a meaningful reflective practice that helped them feel spiritually accompanied, manage distress, reinterpret illness, and translate Qur'anic reflection into prayer, self-soothing, restraint, surrender, and empathy toward others.

Academically, this study expands Living Qur'an research into the context of chronic illness, while practically it offers insight for Muslim patients, caregivers, healthcare professionals, and Islamic counselors in developing culturally and religiously grounded psychospiritual support. This study remains limited by its qualitative, phenomenological design, small sample size, specific focus on Muslim SLE patients, and the absence of clinical measurement of psychological or medical outcomes. Future research should involve larger and more diverse participants, apply longitudinal and mixed-method designs, and include clinical evaluation to assess the effects of Qur'anic mindfulness-based support on anxiety, depression, quality of life, and spiritual well-being. Practically, policymakers and healthcare institutions are encouraged to consider ethical, voluntary, and medically complementary Qur'anic psychospiritual support in chronic illness care through collaboration among healthcare professionals, religious counselors, patient communities, and mental health practitioners.

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