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Role of Faith and Belief in Healing: A Psychological Review

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ABSTRACT

People's techniques for handling illness and their process of healing require their belief systems and religious affiliations and their personal faith. Faith healing refers to the practice of using spiritual or religious beliefs and rituals to restore health and cure ailments, often in the absence of conventional medical treatment. Faith healing practices exist in different religious traditions through their use of prayer and laying on of hands and anointing with oil and their need to call for divine help. The study investigates faith healing through its historical development and cultural practices and religious beliefs across different faith traditions to discover its current use in both religious and secular settings. The authors examine how three psychological and physiological processes which include the placebo effect and faith-driven optimism and community support can lead to people experiencing healing results. Additionally, ethical considerations are examined, particularly the balance between faith-based practices and the need for evidence-based medical care. Through this review, we aim to provide a comprehensive understanding of faith healing's place in modern healthcare and its implications for the interplay between belief, health, and well-being.

INTRODUCTION

Belief is a type of medical pluralism that religious practice can heal in addition to biomedical treatments for physical and mental illnesses (WHO, 2013), because of the problems that arise when the issues facing people are not addressed. Mental health concerns and mental healthcare services are important topics that pique the interest and intervention of key stakeholders. According to the World Health Organisation (2016), mental health is a state of well-being in which people can identify their strengths, show that they can handle life's stresses, and show that they have the capacity to work effectively and contribute adequately to their communities. Conversely, mental illnesses might include bipolar disorder, depression and, schizophrenia, epilepsy, mental retardation, drug use disorder, obsessive-compulsive disorder, panic disorder, insomnia, mental retardation, and behaviours associated with psychoactive substance use disorders, stress, and anxiety (Ofori-Atta *et al.*, 2010; Rensburg & Jassat, 2011; Thomas *et al.*, 2015; World Health Report, 2001).

The positive impacts of religious participation on mental health and well-being are supported by the body of existing and quickly growing research on religion and mental health. Higher levels of religious belief and church attendance are typically associated with better mental health (Koenig *et al.*, 2012). The idea that certain types of religion may be harmful to mental health is not diminished by this. The use of religion as a coping mechanism has grown in popularity during the last 20 years. Mental health positively correlates with positive religious coping, while bad religious coping typically has the opposite impact (Ano & Vasconcelles, 2005). Spiritual and religious rituals become increasingly important in fostering well-being when health starts to decline (Balboni *et al.* 2007).

The Dava-Dua paradigm enhances the primary healthcare services that are currently available. It gives patients access to contemporary healthcare without interfering with their spiritual and religious beliefs. If implementation issues are proactively resolved, it has the potential to scale up and replicate in settings where faith-healing is the primary treatment approach for mental illness (Shah *et al.*, 2021).

The widespread consensus among those receiving treatment in centres and from healers was that mental disease had a spiritual origin. Those who had experienced trauma in the past were more likely to report abuse at the facility and to exhibit more signs of PTSD. According to Lambert *et al.* (2020) the majority of healers showed willingness to cooperate with the official healthcare system. The majority of participants lost their ability to function normally. Healers considered shackling to be necessary for their treatment methods.

Research on patients' experiences with sickness and care is crucial for understanding how biomedical and Traditional Faith Healer (TFH) treatments interact especially when treating psychosis. The studies reveal that patients' perceptions and preferences together with their cultural beliefs need to be understood for designing integrated care models which combine the benefits of biological and Traditional Faith Healing therapies. Healthcare professionals can develop culturally appropriate treatment methods which lead to better access to services and greater treatment adherence which results in improved psychosis treatment outcomes when they understand how patients utilize both healthcare

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systems. Partnerships of this type enable mental health service expansion which provides complex patient care to diverse patient populations according to Ayinde and his colleagues in 2023.

Iraq has a high prevalence of faith healing, and FHs may outweigh psychiatrists in the treatment of mental diseases. To increase public awareness and facilitate the use and accessibility of mental health treatments for this susceptible population, sincere efforts are required. To increase public awareness and facilitate the use and accessibility of mental health treatments for this susceptible population, sincere efforts are required (Younis et. al., 2019). According to a different survey, 90% of tribal patients seek medical attention to recover quickly, whereas 82% of patients and their families think that traditional healers are easily accessible and 55% believe that allopathy is ineffective at treating mental illness. Traditional healers are therefore the first option for treatment (Kudi et. al., 2022).

The way people handle their illnesses and their path to recovery shows a strong connection to their religious beliefs and their faith practices. People use these elements to control their healing process while they suffer from pain which they experience in their own unique way. The research shows that Christian faith-based systems provide people with both emotional support and life direction and the ability to make their own decisions about their illness. Patients' coping mechanisms and interactions with healthcare systems are significantly influenced by religious activities like prayer, pastoral care and involvement in faith communities. The phenomenon exists beyond Christianity since multiple religious traditions maintain their own spiritual practices and belief systems that shape their health management and recovery. Understanding these religious and spiritual factors needs to happen because they influence treatment outcomes, patient adherence and overall health which helps develop culturally respectful healthcare approaches that treat the whole person. (Anderson 2003; Eves 2010; Garrity 2000; Hardin 2016).

People use religious activities, which include attending services and studying holy texts like the Bible and performing private prayers, as their main method to handle various moral and social and health difficulties which they face. The established practices provide emotional assistance to individuals while developing a framework which helps them understand their pain experience and their illness journey and they obtain vital sources of strength and life purpose and friendship (Pandey & Sharma, 2024). The religious activities provide spiritual comfort to participants while establishing communal bonds which act as essential support systems during times of personal and medical emergencies. The activities which people engage in provide them with a way to find peace and hope while they work on their mental and emotional health and these activities shape their understanding of healing and health. The research shows how coping strategies and religious beliefs work together to create resilience which leads to positive outcomes during difficult times (Kim *et al.*, 2019; Roger & Hatala, 2018).

Findings also emphasise the important role alternative care plays in the lives of people in Soweto. Many people base their health practices heavily on their faith in God, and drinking holy water and praying are popular ways to promote healing and well-being. Despite the availability of medical care, several participants in the study reported that they opted to forgo conventional medicine or hospital care in favour of spiritual practices as their main healing method. The intricate relationship between formal medical care and traditional spiritual practices is revealed by this change, which emphasises the impact of faith-based approaches in influencing health-seeking behaviours (Bosire et. al., 2022).

LITERATURE REVIEW

Jilka S, *et al.* (2025) conducted a study to focus on a collaborative model between Traditional Faith Healers (TFHs) and biomedical professionals in mental healthcare. To fulfilment of the study, they systematically reviewed of five electronic databases performed from inception to March 2023 under the guidance of local experts in Nigeria and Bangladesh. A total of six independent studies (eight articles) met the inclusion criteria, with research conducted in countries such as Ghana, Nigeria, India, Hong Kong, and South Africa. The literature identified two major collaborative approaches: (1) Western-based educational interventions designed for TFHs and (2) shared collaborative care models involving TFHs and biomedical professionals. Outcomes across the studies suggested that educational interventions contributed to reducing harmful healing practices, while collaborative care models improved psychiatric outcomes and increased referrals from TFHs to biomedical healthcare services. The literature further highlighted important mechanisms underlying successful collaboration, including trust-building, increased awareness of mental illness, and the promotion of human rights among TFHs. However, several barriers were identified at individual, relational, and service levels, such as mistrust toward TFHs, reluctance among biomedical practitioners to establish equal partnerships, and the absence of formal referral systems. They also suggested that research on collaborative mental healthcare models remains limited and is still at an early stage of development.

Joshi, V. (2025) studied to identify the need and significance of traditional healing practices in India at present time by using the content analysis method. He analysed the scope of integration of traditional healing practices with the western medicine model to generate more holistic treatment approaches which are culturally sensitive and relevant to Indian people in psychological context. He concluded that traditional healing practices play an important role in providing access to healthcare in India. Moreover, efficacy of western models for different sections of the Indian population, the country is far too

diverse and enrich in tradition, culture and philosophies to rely on the western model of psychotherapy alone. Therefore, it is important to learn from Indian philosophical roots and integrate more culturally relevant and relatable structures within psychotherapy in order to ensure best practices and holistic care in the field of psychological treatment practices.

Jain, N. (2025) analysed a case record of service users from July 2008 to March 2018, indicated that presence of various mental disorders including schizophrenia, anxiety, depression, psychosomatic disorders, epilepsy, bipolar disorder, intellectual disability, substance abuse, and other related condition. The researchers noted that the majority of referrals came from friends and family followed by faith healers coming from the dargah. Other sources, such as community medical camps, awareness campaigns, healthcare professionals, and educators, also provided some referrals. These recommendations demonstrate that the program has been effective in reaching a large number of people. But over time, researchers also noticed a decline in the number of referrals from faith healers.

Niranjan, V., *et al.* (2024) assessed the clinical and socio-cultural factors associated with faith healing practices among psychiatric patients and explored the perceived effects of these practices on 100 patients who had previously consulted faith healers for their mental health problems. Findings of the study revealed that most participants were young males, with psychotic and mood disorders being the most common diagnoses. A majority of the patients approached faith healers as their first source of treatment, mainly due to advice from family and friends and beliefs in supernatural or religious causes of illness. Common faith healing practices included the use of talismans, sacred ash, prasad, and holy water. Although a small proportion of participants reported some improvement following faith healing, most did not experience significant benefits. They highlighted a strong influence of socio-cultural and religious beliefs on help-seeking behaviour and emphasized the need for mental health professionals to understand and sensitively address faith healing practices within diverse cultural contexts.

Ufomba *et al.* (2023) concluded that religion significantly impacts the safety and welfare of pregnant women, influencing health outcomes. To reduce maternal mortality, healthcare providers must consider patients' religious and spiritual beliefs. They further suggested that collaborative efforts between healthcare professionals and faith healers are essential, allowing faith healers to contribute to health promotion without compromising their spiritual roles. This approach fosters mutual understanding and integrates faith-based practices with scientific care. By respecting these beliefs, healthcare can become more culturally sensitive and effective.

The first medical contact which a patient establishes with medical treatment determines their main direction for seeking mental health treatment. The mental health care system of a country provides information about service utilization by patients which helps in finding the reasons for treatment of psychiatric conditions being postponed. More than half of the Indian population started their mental health treatment by visiting traditional healers which matches the treatment pattern seen in many sub-Indian areas. The investigated patients who needed psychiatric treatment showed two main reasons for their delayed consultation which required public awareness and education to address (Kudi & Lata, 2023).

Saha S. *et al.* (2021) conducted an intervention-based study on collaboration of modern medicine and traditional faith-healing for the treatment of mental illness by using multi-method research approach. Finding indicated that collaboration of modern psychiatry medicine and faith-based treatment practices certainly benefit patients with otherwise limited reach to mental health care thereby protect human right of patients. They further concluded that Dava-Dua model compliments existing primary health services. It gives an access to modern medicine without compromising patients' spiritual and religious practices. Through the ABC principles of attaining spiritual-existential well-being (SEW), the Faith-Hope-Love model can be comprehended. First of all, it highlights (a) the necessity of change, motivating people to identify the aspects of their lives that need to be changed. Second, it emphasises (b) faith in the potential for a better future, based on divine providence, which offers guidance and hope. Lastly, the paradigm promotes (c) commitment, in which people work towards meaningful life goals and make daily progress. This method promotes resiliency and a feeling of direction, which enhances spiritual health in general (Wong, 2023).

Nielsen *et al.* (2021) conducted a study in Odisha (India). Their result revealed that a significant percentage of patients and their families reported that faith healing was comforting, reassuring, and more socially acceptable. It is crucial for practicing mental health professionals to be sensitive to these belief systems and faith healing practices.

Kohrt *et al.* (2020) finding suggested that many individuals with mental illnesses would prefer to seek help from faith healers or other trustworthy non-professional counsellors as a last resort rather than mental health professionals. The stigma associated with mental illness and misunderstandings about the origins of mental illness in Arab customs and culture are among the many reasons for this. The literature shows that Arabs use faith healers for mental health problems because they view these healers as essential support systems and public health authorities should stop seeing these healers as barriers to optimal treatment.

Bhattacharya and Singh (2018) case study demonstrates how many concerns about the management of epilepsy remain unresolved despite the substantial advancements in medical science. It is quite typical to be dissatisfied with the allopathic therapy of epilepsy. People continue to turn to faith healers for epilepsy therapy due to the disease's complexity, the high cost of contemporary medications, drug side effects, effective but rigorous

treatment methods, and uncertain results. But these are still unrecognised and unrecorded.

People typically came for a variety of reasons, such as supernatural possessions, unemployment, family issues, etc. These healers used a variety of methods to address the issues, such as bestowing charms and amulets, offering personal sacrifices like "baddha" (Nischay/Praan), and many more. The study concludes that faith healers frequently served as the initial point of contact because of the community's strong faith in them (Sharma et. al., 2020). The results and discussion generated a primary topic and sub-themes that revealed the psycho-therapeutic elements in these healing systems within the phenomenological framework. In order to demonstrate the significance and applicability of clinical accommodation, the study suggested that faith-healing traditions must be incorporated into mainstream psychiatric therapy (Paliwal et. al., 2021).

Shields, L., Chauhan, A., and Bunders, J. (2016) conducted 16 interviews to study the outcome of a collaborative program between faith based and allopathic mental health practitioners in India. They suggest that integrated collaboration can help reduce treatment gaps and improve accessibility to care. Obtained result highlighted that successful collaboration depends on trust, rapport-building, and open communication between practitioners. The findings further revealed positive outcomes such as improvement in mental health, restoration of livelihood, and holistic client care by respecting both medical and spiritual belief systems. The study supports that collaboration between faith-based and allopathic mental health practitioners is feasible and beneficial, especially for underserved populations.

Schoonover, J. *et al.* (2014) aimed to determine the perspective of patients, families and community members on faith healing for mental illness, including efficacy and process and type of received intervention. For this purpose, they interviewed 49 individuals from Dhiraj general hospital in Vadodara, India. After qualitative analysis they concluded that faith healing continues to be an incredibly common first-line approach in Gujarat, even though many clients showed dissatisfaction with their experiences with traditional healers. Since faith healers hold a significance position within communities and are frequently consulted, collaboration between faith healers and medical professionals could offer significant benefits for mental health care. Such cooperation may improve access to treatment and reduce the burden of mental illness on individuals and their communities.

This review article explores the interconnected role of medicine (Dava) and prayer (Dua) in the healing process. It focusses how faith, emotional resilience, and medical treatment together contribute to physical and psychological well-being. It also highlights the cultural and psychological perspective on holistic healing and the integration religiosity or spirituality in healthcare practices.

MATERIALS AND METHODS

This narrative review employed a qualitative approach to synthesize existing literature on faith healing and its intersection with health, religion, and well-being. Relevant articles, books, and scholarly reports were identified through systematic searches in electronic databases, including PubMed, PsycINFO, Scopus, and Google Scholar. Search terms included combinations of "faith healing," "spiritual healing," "religious rituals," "alternative medicine," "psychological mechanisms," and "health and well-being." The requirements for inclusion needed studies that examined faith healing across different religious and cultural practices. The research excluded any publications which used languages other than English and any studies that focused solely on traditional medical practices without including religious or spiritual content. Through thematic analysis of selected literature researchers identified the historical and cultural and theological roots of faith healing which currently maintains its practice with potential mechanisms and ethical considerations. The research team achieved complete understanding of how faith healing impacts health and how it connects between belief systems and human wellbeing through their qualitative research synthesis.

Result Summary of Narrative Review

Theme	Key Findings	References
Healing beliefs and Collaborative Care	Traditional faith healers and biomedical collaboration improved mental healthcare, reduced harmful practices and increased referrals. Trust supported collaboration, while mistrust and lack of referrals remained barriers.	Jilka, S., *et al.*, 2025; Shields, L., Chauhan, A., and Bunders, J. (2016)
Integration of Traditional and Western Healing	Integrating traditional healing with Western psychotherapy promotes culturally relevant, holistic mental healthcare in India. Traditional practices improve accessibility and strengthen culturally sensitive psychological treatment.	Joshi, V., 2025; Paliwal *et al.*, 2021
Faith Healers and Mental Health Referrals	Faith healers and family members played an important role in referring clients with mental disorders for treatment. The program improved community outreach, although referrals from faith healers declined overtime.	Jain, N., 2025; Niranjan, V., *et al.* 2024

Integration with Healthcare	Faith healing complements formal healthcare; traditional healers collaborate with health systems; improves accessibility and cultural sensitivity	Shah *et al.*, 2021; Lambert *et al.*, 2020; Ayinde *et al.*, 2023; Ufomba *et al.*, 2023
Cultural & Religious Influence	Spiritual beliefs guide health-seeking behavior; faith healers often first contact; dissatisfaction with conventional medicine reinforces reliance on faith-based care	Kudi & Lata, 2023; Kohrt *et al.*, 2020; Bhattacharya & Singh, 2018; Nielsen *et al.*, 2021; Sharma *et al.*, 2020; Younis *et al.*, 2019; Kudi *et al.*, 2022
Psychological & Social Mechanisms	Religious practices provide coping, resilience, emotional support, and purpose; faith-based models enhance spiritual well-being and adherence	Pandey & Sharma, 2024; Kim *et al.*, 2019; Roger & Hatala, 2018; Wong, 2023; Anderson, 2003; Eves, 2010; Garrity, 2000; Hardin, 2016
Community Dynamics & Practices	Prayer, holy water, charms, rituals; fosters community cohesion and social support	Bosire *et al.*, 2022; Sharma *et al.*, 2020; Pandey & Sharma, 2024; Kudi *et al.*, 2022
Mental Health Applications	Faith healing delays psychiatric care but has psycho-therapeutic elements; integration can improve outcomes	Kudi & Lata, 2023; Kohrt *et al.*, 2020; Lambert *et al.*, 2020; Paliwal *et al.*, 2021
Implications for Practice	Understanding religious beliefs is critical for culturally sensitive care; combining faith-based and biomedical approaches improves engagement and outcomes	Ayinde *et al.*, 2023; Anderson *et al.*, 2003; Shah *et al.*, 2021; Bosire *et al.*, 2022; Ufomba *et al.*, 2023

RESULTS AND DISCUSSION

In the practice of faith healing, which has its roots in spiritual or religious beliefs, it asserts that physical, emotional, or mental illnesses can be cured by divine intervention. It has been an enduring tradition across the cultures and religions, where rituals like appeal, laying on of hands, or anointing with oil are believed to invoke healing powers. Faith healing is still debatable, particularly when it takes the place of medical treatment, despite the fact that it can have major psychological and emotional advantages by providing consolation, hope, and a sense of community (Siddiqui, 2020). The emotional support offered by faith healing can alleviate stress, anxiety, and depression, often due to the placebo effect and the sense of peace derived from belief in divine healing. It does have some drawbacks, though; if people just use faith healing to treat severe medical illnesses, their symptoms could get worse (Rajan *et al.*, 2016).

Mental health should be prioritised and not left to local faith healers. It is advised that the public be made conscious of several psychiatric disorders, their presentations, and potential causes, as the majority of faith healer visits were made by uneducated people from rural backgrounds. Villages should have community-based approaches to address mental health issues and dispel stigmas and misconceptions about mental health (Amin, R. *et al.* 2021).

By raising awareness and understanding of localized and diverse faith practices within Indigenous groups, this article provides strategies to reduce clinical bias and harm. By delegitimising Indigenous worldviews and religious practices, practitioners can respect the preferences of Indigenous peoples, recognise the importance of Indigenous faith practices for wellbeing, and develop a reflexive awareness of how an internalised settler colonial mindset can lead to bias and sustain historical oppression (Radhakrishnan, 2020). The findings demonstrated how Indigenous spiritual and religious activities were frequently devalued in favour of Western European religions, particularly Christianity, due to settler colonial power imbalances. By ingeniously fusing Western European and tribal religious traditions to advance wellness, participants fought against this oppression (McKinley, 2024).

Clinicians should adopt a holistic, person-cantered approach that addresses bodily, psychosocial, spiritual, and emotional needs. This approach helps patients find meaning in their experiences, build resilience, and foster healing. It promotes comprehensive care that supports overall well-being. Ultimately, it enhances the patient's sense of empowerment and recovery (Namisango *et al.*, 2023).

The scientific evidence proves that faith healing does not provide effective treatment for physical diseases therefore it cannot function as a substitute for conventional medical treatment. The practice holds significant value for various cultures because it helps people build their religious beliefs while creating stronger social connections and providing them with healing benefits. The combination of medical treatment with spiritual healing through established ethical standards and informed decision-making methods provides patients with a better route to recovery according to (Saha *et al.*, 2021).

Faith healing provides people with comfort and support together with a community but it fails to address the complex nature of mental health conditions that need research-backed mental health treatments which include therapy and medication and counselling. The majority of societies which practice faith healing believe that mental health disorders such as anxiety and depression and trauma should be treated as spiritual or moral issues instead of medical conditions which require psychiatric treatment. The belief that people can solve their emotional and psychological issues through prayer or religious activities exists because people refuse to acknowledge mental

health problems (Radhakrishnan, 2020). People avoid going to doctors because they want medical treatment because their perception of mental health problems creates a negative social stigma which different cultural and religious traditions make worse. Faith-healing groups need more mental health education and awareness according to the research findings of (Sharma *et al.*, 2020). People who want to maintain their spiritual beliefs while managing mental health issues need to establish a balance between their spiritual and psychological well-being. Professional mental health treatment alongside spiritual guidance creates an integrative method which leads to complete recovery and improved mental health. Faith healers continue to receive patients who need treatment despite the availability of psychiatric solutions.

The results affect the way psychiatrists conduct their work in the field. The researchers emphasize the need to teach patients and their caregivers about the common misconceptions that exist regarding the causes and treatment methods for psychiatric diseases (Bhaskar *et al.*, 2023).

CONCLUSION

The review article investigates how faith and medicine combine to create healing through the medicine and prayer (Dava-Dua) paradigm. The practice involves combining medical treatment through Dava with prayer through Dua. Many South Asian communities practice this method because they use both spiritual and medical therapy when they face health problems. The review provides evidence that faith and science can exist together because they should not be considered opposing forces. People use religious rituals and prayer to find hope and strength and comfort during their time of illness. The emotional and psychological supports help people heal because they reduce stress and create positive thinking which leads to better medical treatment results.

The Findings demonstrate that faith helps people heal because it creates a recovery mindset which enables them to recover from their medical condition. Healthcare providers who recognize and respect their patients' spiritual needs can deliver better and more humane medical treatment. The goal exists to study how religion and medicine can function together without one replacing the other. The article demonstrates that healthcare requires a complete view which recognizes people as more than physical bodies by understanding their complete being which includes their faith and emotional state and cultural background.

Implementation of the study

The study can be implemented in community, counselling and healthcare settings to promote holistic wellbeing. Integrating religious or spiritual support with medical treatment may enhance clients' coping abilities, emotional stability, and recovery outcomes. It also promotes healthcare professionals to recognize the significance of faith, culture beliefs and psychological supports in patient care.

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