

## **The Need to Bridge Faith Healing and Modern Medicine**

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### **Abstract**

*Introduction:* Mental illness remains a major health concern in rural communities, where faith healing is often the primary approach to treatment. In many regions, mental disorders are attributed to supernatural causes rather than biomedical factors, leading to a reliance on spiritual healers. This study, conducted in Aloebaid village during the Gezira University Health Trip, explores rural perceptions of mental illness, the role of faith healers, and barriers to accessing psychiatric care.

*Methods:* A cross-sectional qualitative study was conducted using structured interviews with patients, faith healers, and family members, alongside direct observations of healing practices. The study examined common beliefs surrounding mental illness, the role of religious healing methods, and the challenges faced by individuals in seeking biomedical treatment.

*Results:* Findings indicated that faith healers, known as sheikhs, played a central role in treating mental illness through Quranic recitations, prayers, and ritualistic practices. Mental health conditions, including psychosis and obsessive-compulsive disorder, were commonly attributed to possession by spirits or divine punishment. Many patients were kept under restrictive conditions, including physical restraints, for extended periods. Stigma, lack of awareness, and limited access to psychiatric services contributed to the preference for faith-based treatment.

*Conclusion:* The study highlights the urgent need for culturally sensitive mental health education and stronger collaboration between healthcare providers and faith healers. Integrating biomedical treatment with culturally accepted spiritual approaches may improve access to mental healthcare in rural communities, ensuring a more holistic and effective intervention strategy.

### **Introduction**

Mental illness, also known as mental health disorders, encompasses a wide range of conditions that affect a person's emotions, thoughts, and behaviors. These disorders can vary in severity, from mild cases that cause distress to severe conditions that significantly impair daily functioning. Mental illnesses include depression, anxiety disorders, schizophrenia, bipolar disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), eating disorders, and substance use disorders. When left untreated, these conditions can lead to serious personal, social, and economic consequences, affecting an individual's relationships, work productivity, and overall quality of life.

The symptoms of mental illness can be diverse and may manifest in different ways depending on the disorder and the individual. Some common signs include excessive worry, persistent sadness, mood swings, social withdrawal, extreme changes in eating or sleeping habits, and difficulty concentrating. In severe cases, individuals may experience hallucinations, delusions, or suicidal thoughts. Early diagnosis and intervention are essential to improving mental health outcomes, and treatment options often include a combination of medication, psychotherapy (such as cognitive-behavioral therapy), and lifestyle modifications.

Despite the availability of effective treatments, mental health disorders remain highly stigmatized, particularly in regions where awareness and education on the subject are limited. Many individuals hesitate to seek professional help due to fear of judgment, cultural beliefs, or misconceptions about mental illness. This is particularly evident in many African and developing countries, where mental health services are often underfunded and inaccessible.

Faith healing is one of the most common alternative approaches to managing mental health conditions in various cultures. Rooted in religious and spiritual traditions, faith healing involves prayers, rituals, and physical gestures intended to invoke divine intervention for healing. Many people believe that mental illness results from supernatural forces, spiritual weakness, or divine punishment, leading them to seek guidance from religious leaders, traditional healers, or spiritual practitioners instead of medical professionals.

While faith and spirituality can play an important role in coping with mental illness by providing emotional support, hope, and a sense of belonging, over-reliance on faith healing can sometimes prevent individuals from accessing necessary medical care. Studies indicate that in many African countries, around 50% of individuals with mental health issues first consult traditional or religious healers before considering biomedical treatment. In some cases, faith healing may complement medical treatment, offering psychological relief and social support, but in other cases, it may result in delays in receiving evidence-based care, worsening mental health conditions.

To address these challenges, it is essential to integrate culturally sensitive mental health interventions that acknowledge both scientific and spiritual perspectives. Collaboration between healthcare providers, religious leaders, and traditional healers can help bridge the gap between faith-based beliefs and medical treatment. Increasing mental health education, improving access to psychiatric care, and reducing stigma can ensure that individuals receive the holistic support they need. By respecting cultural traditions while advocating for evidence-based care, societies can work toward more effective and inclusive mental health solutions.

## **Objectives**

To explore rural residents' approach to mental health problems – This study aims to understand how individuals in rural communities perceive and respond to mental health conditions. By

investigating their beliefs, attitudes, and coping mechanisms, we can gain insights into why many residents choose religious or traditional healing methods over biomedical treatments. To examine the role of the Muslim faith healer in mental health treatment – This objective focuses on analyzing the influence of faith-based healing practices within the community, particularly the role of the faith healer at the mosque. It seeks to understand the methods used, the types of mental health conditions treated, and how patients and their families perceive the effectiveness of these practices.

To assess the magnitude of mental health problems in the village, this study aims to determine the prevalence of mental health issues in the community, identifying common disorders such as depression, anxiety, and psychosis. Understanding the scope of the problem will help in evaluating whether current treatment options, including faith healing, are sufficient to meet the mental health needs of the population.

To evaluate the degree of belief in faith healing as a treatment for mental health disorders – This objective seeks to measure how strongly rural residents believe in the efficacy of religious healing practices in comparison to medical interventions. It will examine factors influencing these beliefs, such as cultural traditions, religious teachings, social influence, and personal experiences.

To identify barriers to seeking biomedical mental health care, by analyzing why individuals prefer seeking treatment from faith healers rather than healthcare professionals, this study will explore obstacles to psychiatric treatment.

To explore the potential for integrating faith healing with biomedical treatment, this objective seeks to identify possible ways to bridge the gap between religious healing practices and modern psychiatric care. By understanding community perspectives, the study may offer recommendations on how faith healers and medical personnel can improve mental health outcomes in rural settings.

## **Methods**

A cross-sectional study was conducted in Aloebaid village to explore the perceptions, beliefs, and practices of rural residents regarding mental health issues and faith healing. The study aimed to assess the magnitude of mental health problems, the degree of reliance on religious healing, and the barriers to accessing biomedical psychiatric care.

### *Study Setting and Participants*

The research was carried out during the Gezira University Health Trip as part of the psychiatric course for fourth-year medical students. The study took place in March 2021 and involved both religious healers (faith healers at the mosque) and patients seeking treatment for mental health issues. Participants included individuals receiving treatment from faith healers, family members,

and community members who were knowledgeable about mental health conditions within the village.

### *Study Design*

A qualitative research approach was used to gain an in-depth understanding of participants' experiences and beliefs regarding mental health and faith healing. The study design included structured qualitative interviews, which allowed for open-ended discussions while ensuring consistency in the data collection process.

### *Data Collection*

**Structured Qualitative Interviews:** Interviews were conducted with patients, faith healers, and family members. These interviews explored topics such as:

- Perceptions of mental illness,
- Reasons for seeking treatment from religious healers,
- Personal experiences with faith healing, and
- Beliefs about biomedical psychiatric treatment.

### **Observations**

Researchers observed interactions between faith healers and patients to better understand the treatment process and the types of interventions used.

### *Expert Involvement*

A therapist accompanied the research team to help interpret findings and provide professional insights into the observed practices and patient experiences.

### *Data Analysis*

- **Qualitative Analysis:** The collected data were analyzed to identify common patterns and themes in how mental health conditions are perceived and managed in the village.
- **Descriptive Statistics:** While the study primarily focused on qualitative analysis, some basic descriptive statistics were used to summarize the demographic characteristics of the participants.

### *Ethical Considerations*

- **Informed Consent:** All participants were informed about the study's purpose and gave verbal or written consent before taking part in interviews.
- **Confidentiality:** Participants' responses were anonymized to protect their privacy.
- **Cultural Sensitivity:** The study respected local beliefs and practices, ensuring that questions and interactions were conducted in a culturally appropriate manner.

## **Results**

The study revealed that the faith healer of Aloebaid village played a central role in treating both psychiatric and physical illnesses. The healer, known as the sheikh, was widely respected and believed to possess spiritual powers that could heal ailments caused by evil spirits, envy, or black magic. These beliefs were deeply rooted in cultural and religious traditions, and the sheikh's healing abilities were passed down through generations. The sheikh also held a significant position of authority in the village, influencing not only health practices but also local governance and decision-making.

### **Faith Healing Practices and Community Perception**

People from Aloebaid and surrounding villages traveled long distances to seek treatment from the sheikh, reinforcing his reputation as a healer. Treatment methods included recitation of the Quran, prayer, and spiritual rituals aimed at driving out malevolent spirits believed to cause mental illness. Some patients received periodic treatments and returned home, while others, particularly those with severe symptoms, stayed with the faith healer for extended periods.

A striking finding was that some patients were kept in poor conditions, with minimal hygiene, inadequate nutrition, and limited mobility. In severe cases, patients were physically restrained—either locked in rooms or tied to beds—especially if they exhibited aggressive behavior. This was seen as a necessary measure to protect both the patient and their family members.

### **Patient Narratives and Case Observations**

#### *Case of a Man with Obsessive-Compulsive Disorder (OCD)*

One of the interviewed patients was a man who had previously worked in Saudi Arabia but developed severe obsessive-compulsive disorder (OCD), leading to job loss and forced return to Sudan. Despite his wish to seek medical treatment, his family disapproved, believing his condition was caused by supernatural forces. As a result, he turned to the faith healer for spiritual healing, undergoing Quranic therapy and prayer rituals instead of receiving psychiatric care.

#### *Case of a Teenage Girl with Psychosis*

Another notable case involved a teenage girl who began talking to herself and displaying aggression toward her family. She would throw objects, attempt to harm her parents and siblings, and eventually stop speaking altogether. Her family sought treatment from the sheikh each time she had an episode, believing his interventions improved her condition. However, despite temporary improvements, her symptoms recurred, leading to school dropout and a lifelong dependence on faith healing. A similar pattern was observed in her cousins, suggesting a possible genetic component to her condition, which was instead attributed to black magic affecting the entire family.

### *Prevalence of Mood Disorders and Cyclical Relapses*

Several patients suffered from mood disorders, including major depression and bipolar disorder, and were required to stay with the faith healer for months at a time. Families reported that their relatives showed improvement after treatment but experienced frequent relapses, leading them to return for further spiritual healing. However, these cycles of improvement and relapse were consistent with the natural course of psychiatric illnesses, rather than the efficacy of faith healing.

### *Educational Background and Stigma Toward Medical Treatment*

The study found that the majority of patients who sought faith healing were uneducated or had limited formal education. Mental illness was rarely recognized as a medical condition, and psychiatric disorders were often interpreted as spiritual afflictions or family curses. Many families strongly opposed seeking biomedical treatment, fearing that visiting a psychiatrist would bring shame or imply that the patient was possessed or insane.

### **Conclusion**

The results of this study highlight a deep-rooted belief in faith healing as a primary method of treating mental illness in rural areas like Aloebaid village. Patients and their families view spiritual healing as legitimate and often superior to biomedical treatment, primarily due to cultural beliefs, stigma surrounding mental illness, lack of mental health awareness, and poor healthcare access.

While faith healing provides a sense of hope and temporary relief, the absence of proper medical interventions results in chronic relapses, worsening symptoms, and significant social consequences for affected individuals. These findings emphasize the need for integrated approaches that respect cultural beliefs while introducing biomedical mental health care in rural settings. Social innovation is crucial to bridge the gap between traditional healing practices and modern biomedical care, ensuring that mental health treatments are culturally sensitive while improving access to effective medical interventions. By fostering collaborative solutions that respect local traditions, we can create sustainable systems that address the long-term needs of mental health patients in underserved communities.

**Conflicts of Interest:** I, the undersigned author, confirm that this manuscript has been read and approved by me. I affirm that I meet the criteria for authorship as outlined in the guidelines, and I believe the manuscript represents honest and accurate work. No part of this manuscript has been fabricated or plagiarized, and I stand by the integrity and validity of the research presented.

**Declaration of Interest Statement:** The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

**Consent for publication:** Consent for the publication of any individual data was sought from study participants.

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