

**ADVANCE SOCIAL SCIENCE ARCHIVE JOURNAL**
Available Online: https://assajournal.com
*Vol. 05 No. 01. Jan-March 2026*.Page#.6839-6847
Print ISSN: 3006-2497 Online ISSN: 3006-2500
Platform & Workflow by: Open Journal Systems
https://doi.org/10.5281/zenodo.22337166

# Cultural Beliefs, Traditional Healing, and Help Seeking Pathways for Psychosis in Pakistan

*A Medical Anthropology Informed Scoping Review*

**Azka Khan**
Department of Anthropology
PMAS-Arid Agriculture University, Rawalpindi, Pakistan
Email: azkakhan046@gmail.com
**Tauqeer Abdullah Khan***
Department of Anthropology
PMAS-Arid Agriculture University, Rawalpindi, Pakistan
*Corresponding Author Email: tauqeerniazi2016@gmail.com

**BACKGROUND**

*Psychosis is a mental illness that is more than just medically based because it is affected by culture, religion, family relations, social stigma, and tradition. In Pakistan, all of these aspects have a very large impact on how people perceive odd behavior, whether or not they choose to get help, and where they go first for help.*

***OBJECTIVES***

*The objective of this review is to analyze current literature on cultural and religious conceptions of psychosis, traditional healers, spirituality, family involvement, and social stigma. It will also explore access to mental health facilities by patients in Pakistan. This review is intended to find areas where better cooperation can be created between the biomedical sector and the community taking into account their cultural differences.*

***METHODS***

*This review paper includes five research studies on Pakistan from the working literature list which are Farooqi (2006), Zafar et al. (2008), Khan et al. (2023), Rathod et al. (2023). The results were grouped using several considerations such as context of the study, population of interest, methods of investigation, models that describe the problem, methods of healing, help seeking process, barriers and implication of the results. The absence of relevant information about search process, duplication, and screening and exclusion criteria from the working document made it impossible to include PRISMA-ScR flow diagram into this review.*

***RESULTS***

*The studies indicate that psychosis could be understood from different angles such as biomedical, psychosocial, religious and supernatural. Traditional treatment and faith healing might be practiced*

*before, along with or instead of psychiatric treatment. Several barriers such as influence of the family, stigma, and lack of knowledge, economic reasons, and poor accessibility of health services, structural problems and failures of referral might cause the delay in seeking help. However, it should be noted that cultural or religious aspects are not always a barrier for help seeking, sometimes they can be beneficial.*

***CONCLUSION***

*In Pakistan, help seeking for psychosis may be influenced by culture-specific considerations and may incorporate multiple traditional techniques. A good method of dealing with the problem should consist of both scientific treatment of mental disorders and the improvement of the communication between people who suffer from psychosis and their families. In addition, the method should define the procedure of referral to community and spiritual healers where applicable. More research needs to be done in order to see how the above approach operates in different circumstances (urban/rural).*

***Keywords****: psychosis; schizophrenia; cultural beliefs; traditional healing; stigma; help seeking; medical anthropology.*

**INTRODUCTION**

Psychosis is a category of mental illnesses that influence the way in which a person perceives the world around him/her and behaves. One of the most widespread reasons why a person experiences psychosis is schizophrenia. This disorder may cause problems in communicating with others, performing well at school or work, and enjoying life in general. Yet, the study of the societal response to psychosis involves much more than the knowledge of its symptoms. Psychosis and its sufferers interpret their experiences from a cultural perspective.

Medical Anthropology helps in understanding the process well. According to the Explanatory Models theory introduced by Kleinman, patients, family members, healers, and clinicians can have varying understandings about an illness. These can range from understanding the causation of an illness, the development of an illness, the seriousness of the illness, treatment, and possible outcomes. Differences in these perspectives can affect the point at which someone perceives a symptom in need of mental health care and the point at which someone deems a source for help appropriate.

In Pakistan, religious or supernatural beliefs often exist alongside biological or social approaches. It is common knowledge that people in the area will have beliefs like God's will, black magic, spirit, possession, moral evil, or spirit disturbances. But these should not be seen as ignorance or defiance towards treatment. With an anthropological approach, one can see how these beliefs can help us understand the mental distress. However, if these beliefs cause people to refuse proper treatment, then they can become barriers.

Current research in Pakistan demonstrates the importance of taking into account various care systems. For instance, research carried out in Karachi found that people suffering from psychosis and their caregivers use both formal and traditional methods of treatment. However, they face a number of problems including stigmatization, low levels of mental health literacy, limited availability of services, heavy caregiver burden, and referral difficulties. Recently qualitative study conducted in Peshawar demonstrated that moral and spiritual beliefs, stigma, and structural barriers can result in untreated psychosis for a long time (Khan et al., 2023).

At the same time, this literature review does not imply that traditional medicine is opposed to psychiatry. It emphasizes how people use different care systems and how mental health services can assist in helping-seeking behavior that occurs in specific cultural contexts.

The review addresses four questions:

- How are psychosis and its causes explained within Pakistani cultural and religious contexts?
- What role do traditional and faith-based healers play in help-seeking pathways?
- How do family influence, stigma, awareness, cost, and service availability shape access to biomedical care?
- What practical forms of culturally responsive collaboration and referral could improve early recognition and continuity of care?

**DESIGN OF THE REVIEW**

A scoping review was conducted to systemize and analyze the literature on such topics as culture, explanatory models, indigenous medicine, religion-related treatment, stigma, and help seeking behaviors concerning psychosis in Pakistan, based on a certain methodological framework.

**EVIDENCE BASE**

The updated paper includes five studies that directly pertain to the topic under consideration: Farooqi (2006), Zafar et al. (2008), Khan et al. (2023), and Rathod et al. (2023). These papers were written in Lahore, Karachi, and Peshawar and used both quantitative and qualitative methodologies.

**DATA CHARTING**

Data from each relevant study was gathered in distinct categories, such as the location, sample/participants, methodology/design, theoretical framework used, indigenous or spiritual healing used, seeking help process, barriers and implications. The results were categorized into themes covering various aspects.

**CLARITY IN REPORTING**

The original manuscript does not provide the names of the databases used, the search terms used, the date of search, the total number of records found, the number of duplicates deleted, the number of records screened, the number of records chosen for full text review, and the rationale for excluding records from full text review. All these details are required for generating an easily reproducible PRISMA-ScR report. Hence, there is no falsification of screening numbers or PRISMA flowchart information. The author needs to conduct the search and screening procedure before submitting the manuscript.

**TERMINOLOGY AND SCOPE**

The following terminology will be employed to analyze the source literature: traditional healer, spiritual healer, and faith healer. It is necessary to highlight the fact that the current review does not presuppose that all traditions and religions are destructive and does not imply that all biomedical practices are equally accessible. Instead, the aim is to discuss ways of making these methods safer. Five interconnected themes emerged from the reviewed literature.

Nevertheless, it is evident from the literature that there exist multiple ways of explaining and comprehending psychosis. A biomedical explanation does not negate any other way of thinking about the condition, including psychosocial, spiritual, supernatural, or sociological explanations, for instance.

In this regard, Zafar et al. (2008) found in their research that there existed multiple explanations for schizophrenia offered by the residents of Karachi, which included the will of God, superstitious beliefs, feeling lonely, and being unemployed. There was no attempt on the part of many people to seek psychiatric treatment as the best possible explanation of the disease. Rathod et al. (2023) came to a similar conclusion in their research.

However, from the perspective of medical anthropology, one must not simply dismiss these views .It is essential for clinicians to take the time to know what the patient and their family believes, what they perceive as the cause of their ailment, how the patient perceives his recovery process, and whom he has consulted for his treatment prior to visiting the clinician. The goal is to find common ground without developing mistrust.

Among the help seeking behaviors studied in the context of Pakistani culture are traditional and spiritual healing practices. In his study on 87 Muslim psychiatric patients in Lahore, Farooqi (2006) found out that these patients had first availed themselves of homeopathic treatment, naturopathic and/or Tibb treatments, Islamic faith healing and even sorcery before coming to the psychiatrist. Indeed, among the 17 schizophrenics involved in this study, 70% availed themselves of two or more types of traditional healing.

These results need to be considered carefully; the study included a sample of persons suffering from mental illnesses from hospitals but found no evidence to support that 70% of patients suffering from schizophrenia in Pakistan use traditional healers. Furthermore, the information does not provide any indication that it is required to assess the number of families who turn to faith healers nationally.

As reported by Khan et al. (2023), people experiencing psychosis and their families can use traditional healing methods and conventional healthcare. It is crucial to state that neither patients nor their families perceive their problems through the lens of supernatural beliefs even after they turned to faith healers for assistance. The researchers identified strong morals and spirituality, stigma, and poor availability of services as some of the determinants of delayed presentation in some patients with psychosis.

In Pakistan, the role of families in the management process is very important. They are the ones who detect change in behavior, provide meaning to the symptoms, choose suitable healers or health professionals, facilitate access to health care facilities, pay for the treatment, administer drugs, and make decisions about disclosure of mental disorders to people other than the family members.

But then, stigma may interfere with such decisions. Fear of social judgment, discrimination, and problems related to marriage, job loss, or shame in relation to one's family name may hinder one from speaking about their mental disorders. This is due to the belief that openly discussing matters pertaining to mental health is always risky due to the moral and spiritual beliefs related to untreated psychosis.

Hence, the change in culture should take place at both the individual and familial level. Educating people about mental health issues should be done respectfully and realistically, considering the cultural significance of illnesses among the family members.

The literature review shows several interconnected factors resulting in delayed treatment instead of one sole cause. Such barriers include low awareness of the issue, the stigmatization by society, religious or cultural views, reliance on traditional or spiritual healers, inability to pay for treatment due

to its high price, lack of access to specialists, geographical and structural barriers, burdens placed on caregivers, and poor referral system.

Current national level researches point to these barriers as part of systemic problems concerning the gap in treatment. At the same time, a 2024 study found out that 90% of people suffering from mental illnesses do not receive any treatment. In its report of 2024-2025, the WHO mentions the treatment gap of 90% in some countries in the Eastern Mediterranean region, among which is Pakistan. Nonetheless, this regional problem should not be viewed as the estimation of WHO concerning Pakistan.

Furthermore, there is a lack of evidence regarding the commonly perceived idea that Pakistani families always delay their search for medical help because they seek advice from faith healers. Even though there are many studies pointing out such delays and prolonged care seeking practices, there are no verified data collected in nationally representative studies carried out for 2-5 years, as noted in this literature review.

It is expected that the interrelationship between traditional and biomedical medicine should be based on collaboration rather than conflict point out the necessity of the improvement of referral system and collaboration as two areas that should be focused and the essential role of traditional and spiritual healers in the initial phase of care seeking according to Khan et al. (2023).

It is not the case where collaboration means the substitution of spiritual care with scientific psychiatry. Instead, it would be wise to choose the strategy that consists in the diagnosis of mental disorders, proper communication, referral, and coordination of care. If traditional or spiritual healers agree to collaborate with mental health experts, they could be educated about mental disorders and be taught how to refer people to the corresponding institutions at the same time, while mental health experts will get the necessary training in cultural competence and communication skills.

**Table 1**:*Characteristics and Key Findings of Studies on Psychosis, Traditional Healing, and Help Seeking in Pakistan*

| Study | Setting | Sample | Design | Main focus | Key finding | Implication |
|---|---|---|---|---|---|---|
| Farooqi (2006) | Lahore | 87 psychiatric patients | Case history/self-report | Traditional healing | Multiple traditional practices; 70% of schizophrenia subgroup used multiple practices | Traditional healing is part of some psychiatric care pathways |
| Zafar et al. (2008) | Karachi | 404 participants | Cross-sectional survey | Explanations and help-seeking | Biomedical and non-biomedical explanations coexisted | Explanatory models can shape treatment preferences |
| Khan et al. (2023) | Karachi | 20 interviews + 2 FGDs | Qualitative | Biomedical/traditional pathways | Stigma, limited services, misinformation and weak referral | Referral and community integration warrant attention |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | mechanisms were barriers | |
| Rathod et al. (2023) | Lahore | 45 interviews | Qualitative | Patient, carer and clinician perspectives | Religious, supernatural and social explanations influenced experience and care | Cultural adaptation is important |

**DISCUSSION**

The literature review demonstrates that in Pakistan there are different ways through which people get help in case of mental disorders. Biomedical treatment is not the only one way since families actively participate in the care of sick individuals; religious and spiritual treatments are practiced as well. The importance of medical pluralism is in the fact that it brings about a new approach to thinking about mental health services in that it requires us to shift our attention from exploring reasons for rejection of psychiatry to seeing how patients seek help in the context of the current medical model, for instance, a family can start looking for help from a spiritual healer for a number of reasons such as accessibility, acceptability, affordability and familiarity with that particular kind of help, but later on they could look for help from a psychiatrist if symptoms have persisted.

Culture also plays a role in how one seeks help. For example, if a family sees mental illnesses as something spiritual and a problem in morals, they may not seek professional help. We need to understand this with empathy and patience. Communication must take into account the point of view of the patient regarding their illness and its value in seeking psychiatric consultation and treatment.

In addition to cultural influences, the review has pointed out that structural influences are involved in the problem. The mere presence of cultural beliefs is not enough to fully understand why people postpone seeking medical help. Other reasons, such as restricted access to health care facilities, the fragmentation of these facilities into several areas, costs, stigma, and the absence of integration between primary care facilities and other health care facilities, can serve as barriers to the utilization of biomedical care despite the will to get it. A new study conducted in Pakistan has confirmed that it is necessary to take into account both cultural and health system influences in order to solve this problem. From a medical anthropological viewpoint, poor health is always associated with social determinants. Various people, such as relatives, community leaders, traditional healers, and health care providers, impact the process of illness recognition and treatment.

It is especially crucial to distinguish between disease and illness when it comes to such issues. Disease involves the biological or psychological aspects of a particular issue, while illness includes personal interpretations, meanings, relations, and cultures that people associate with the disease itself. For instance, while doctors consider psychotic states to be medical issues in case of hallucinations and delusions, families interpret the same problem from the perspective of religion, magic, society, and morality.

Understanding frameworks could be an efficient approach to connect the dots. Doctors do not have to agree with all cultural explanations, but they have to understand them. It is important to identify

the causes people relate to the issue, their expectations of consequences, previous methods of treatment, religious views, worries of families, and contacts with traditional healers.

This approach will improve communication between the patient and the health professional and will make the experience less daunting for the patient since it involves no renunciation of cultural and religious values. This approach involves giving care taking into account the culture of the patient rather than ignoring or rejecting it. There should be community education on the early symptoms of psychosis, available treatments, and when immediate help from the psychiatrist is necessary. Education should be done using the local language without making fun of or belittling cultural and religious beliefs. Caregivers should be involved in the education process about the treatment and the formulation of the treatment plan.

Develop organized referral systems that will link patients to various forms of healthcare providers, such as primary health care services, community workers, mental health practitioners, traditional/spiritual healers as necessary. The referral procedure will always be done through the willing agreement of the patient and is always done formally with the utmost safety of the patient in mind.

Provide basic training on issues of mental illness for the community and spiritual healers regarding symptoms, referral procedures, and psychiatric help when possible. Train health care providers on how to ask questions concerning the patient's belief about his/her condition and previous treatment for the condition if any through traditional or religious healers. Increase the accessibility of mental health services not only within the conventional health facilities, but also through primary care services, community mental health initiatives, technology such as tele-medicine, and outreach programs.

It would require the inclusion of the family members, school authorities, local leaders, and respected community members to persuade more people towards seeking treatment and reducing the spread of misinformation. A research study would have to be carried out to see whether the involvement of spiritual or traditional healers increases patient referrals, as well as increasing the number of individuals starting treatment and sticking to it.

- All the efforts have been concentrated on the bigger cities such as Lahore, Karachi, and Peshawar, with no evidence being found from the less-developed regions.
- Also, there is an absence of studies that involve people undergoing psychosis, the caregivers, spiritual or traditional healers, religious figures, and psychiatrists.
- There is no adequate research conducted into the safety and organization of the process when a person resorts to both alternative healing (including spiritual) and biomedical practitioners.
- Additional studies must be done in order to investigate how religion and culture can have a positive impact on an individual’s health through providing him/her with meaning, stress relief, social support, and trust.
- It is crucial for longitudinal studies to be carried out in order to understand how the process develops and what impact different variables like gender, income level, family relations, religion, stigmatization, and service access have on it.

**LIMITATIONS**

The following are some of the limitations associated with this review. First of all, the number of studies used in the review is limited and there are differences between them in terms of design and context. The majority of studies analyzed are those dealing with specific urban and provincial regions and therefore can be generalized to the whole population of Pakistan.

Another limitation is connected with the statistics regarding delay in seeking help and visiting faith healers. Even though the literature stresses the significance of such approach for seeking help, it does not give enough grounds for stating that most Pakistani people seek help from faith healers first and that the average period between problem occurrence and its treatment is two to five years. Due to this reason, the specific statistics mentioned above were omitted.

Finally, since the original search logs and PRISMA screening process are unavailable, no invented screening numbers or PRISMA flow diagram has been provided in this essay, as it would be necessary if the author carried out a replicable search, as per the requirements of the target journal, especially when the fulfillment of all PRISMA-ScR criteria is desired.

**CONCLUSION**

Help seeking for people suffering from psychosis in Pakistan is highly dependent on the cultural and social environment of the country. It can be seen from the literature that both the biomedical and non-biomedical approaches, including religious, spiritual, supernatural, psychosocial, and traditional approaches, are represented. Families can receive help from different health care systems.

It would be unfair to consider culture to be the reason for delay in diagnosis. It is important to take into consideration several factors that play a role, such as stigma, worries of the family, lack of information on mental health issues, the cost of therapy, a shortage of mental health experts, the location of the individual, and the accessibility of adequate treatment services.

The future of mental health care is not about abandoning evidence-based interventions for cultural or traditional practices, but rather ensuring better connections and flow of information between various spheres of healthcare. Being aware of the issue and respectful to families, as well as involving community and spiritual leaders together with medical evaluations, can make a big difference.

Further studies in medical anthropology in Pakistan must consider these approaches within diverse communities throughout the country and explore how collaborative approaches rooted in culture can be utilized without compromising the rights and safety of patients.

**REFERENCES**

Farooqi, Y. N. (2006). Traditional healing practices sought by Muslim psychiatric patients in Lahore, Pakistan. International Journal of Disability, Development and Education, 53(4), 401–415. https://doi.org/10.1080/10349120601008530

Khan, Z., Qureshi, O., Pasha, A., Majid, O., Saleem, S., Fearon, P., & Shaikh, M. (2023). Exploring biomedical and traditional care pathways for people with psychosis in Karachi, Pakistan. Frontiers in Psychiatry, 14, 1086910. https://doi.org/10.3389/fpsyt.2023.1086910

Rathod, S., Javed, A., Iqbal, R., Al-Sudani, A., Vaswani-Bye, A., Haider, I., & Phiri, P. (2023). Results of a qualitative study of patient, carer and clinician views on the experience of caring for individuals with psychosis in Pakistan. The Cognitive Behaviour Therapist, 16, e17.

Zafar, S. N., Syed, R., Tehseen, S., Gowani, S. A., Waqar, S., Zubair, A., Yousaf, W., Zubairi, A. J., & Naqvi, H. (2008). Perceptions about the cause of schizophrenia and the subsequent help seeking behavior in a Pakistani population: Results of a cross-sectional survey. BMC Psychiatry, 8, 56.

World Health Organization. (2025). WHO results report 2024–2025: Pakistan. WHO Eastern Mediterranean Region.