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EXPLORING PSYCHOSOCIAL DYNAMICS BETWEEN SPIRITUAL HEALERS & THEIR FOLLOWERS: A PHENOMENOLOGICAL STUDY

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Spiritual Healing, Authority, Vulnerability, Phenomenology, Healer–Follower Relationship

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ABSTRACT

The current study aimed to explore lived experiences of spiritual healers and their followers, within healer–follower relationships. Spiritual healing practices have long been significant component of the societies, providing individuals with guidance, emotional support, hope & perceived solutions to personal, health, and social challenges. The relationship amid spiritual healers and their followers is often characterized by trust, belief, authority, and shared spiritual experiences, making it important area of investigation in psychology, sociology & religious studies. Qualitative phenomenological research design was used. The interpretative phenomenological analysis was employed for data analysis. Findings revealed that spiritual authority was established over perceived divine sanction, ritual mastery, personal charisma, and community recognition. The spiritual healing provided the emotional reassurance, meaning, power asymmetries, economic exchanges and emotional dependency were also evident, increasing vulnerability to exploitation. The research offers insights for scholars, health professionals, sociologists, and policymakers interested in the intersection of spirituality, psychology, and community life. The study highlights spiritual healing as both culturally embedded coping mechanism & relational system shaped by faith and power.

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INTRODUCTION

The field of spiritual healing has profound effect on various cultural settings as a complement or alternative to biomedical paradigm. Spiritual practitioners have vital niche in numerous resource-limited or rural contexts; whether they fill existing gaps in under-resourced public health or mental health service gaps that are inaccessible or inaccessible to outside the mental healthcare systems and within area of faith and culture. They continuation and change of these practices are religious

and cultural, and continuity of people need of care, meaning, and hope despite suffering (Bradford, 2023). In South Asian culture, pirs, murshids, and rohani ilaj practitioners and other similar figures offer counseling services, rituals, and claim to act as intercessors on behalf of those seeking solution to complex life problems including chronic illnesses and infertility, relationship strife, poverty, and the perceived power of supernatural phenomena like black magic, or the evil eye (Khan & Saleem, 2023). In this linking, power of healers is often based on perceived spiritual gifts, family, charisma and healing process often goes beyond the physical solutions to include the social advice, ritual performance, and emotional support (Anwar, Okello, Sekagya & Mugisha, 2025; World Health Organization, 2013).

The spiritual healers are sought by followers as a last resort once biomedical or traditional remedies have been tried and failed, or as a first option once spiritual conceptions of illness are dominant. The connection amid spiritual healers and spiritual followers is a multi-dimensional and sensitive one. Healers can act as intermediaries, advisors and facilitated between visible and invisible worlds, in solving matters that are closely connected to existential anxieties, family relationships & communal superstitions. To most, the healer gives hope and power where there is none to be found in situations that seem overwhelming or insurmountable (Ahmad & Khan, 2023). Recent qualitative studies have shown that intervention of healers often fulfills unmet emotional and spiritual needs, create the feeling of belonging towards community, and provide explanatory models where biomedical explanations seem insufficient (Anwar, Okello, Sekagya & Mugisha, 2025). According to National Centre for Complementary and Integrative Health (NCCIH, 2022), about 38% of adult Americans use some type of complementary health modality such as the spiritual practices in their total health care, which thus highlights the nature of the widespread inclusion of the use of spiritual treatment in modern society.

However, the exploitation in these healing networks is increasingly popular issue, which is reported in modern news sources, health studies, and policy (Tarrida, Suárez & Cordero, 2025). It is reported that self-proclaimed or fake spiritual healers take advantage of hope and binding with haphazard treatment, charismatic control & money payments, presents, continuous work. The surveys conducted in 2024 in Zimbabwe indicated that some n'angas had excessive charges, sold useless medicines, and exploited patients to pay high prices to treatments that were ineffective. The lack of a formal regulation in most settings admits people who purport themselves to be healer without having the undergone training, ethical requirements and as such, it allows frauds and abuse (Koenig, & Carey, 2024). These concerns are supported by recent qualitative studies that have sprung up in Uganda in the diverse circumstances. The study was conducted in February 2025 and discussed the attitudes of traditional healers, faith healers & biomedical providers working in rural areas and determined that, although faith healers can offer complementary psychosocial support, traditional healers are not always using the essential practices that biomedical providers as well as communities do not view as credible.

The study observed that patients tend to hide visit to traditional healers as it is stigmatized and shameful, which is the sign of the hidden fears of legitimacy and possible harm (Anwar et al., 2025). These exploitative activities may intensify suffering of people & families, expose them to financial

and psychological abuse, and cause a break in community trust (Cordero, Tarrida, Narváez, María & Serna, 2023). The line between genuine spiritual treatment and manipulative, self-interested approaches is hard to be identified by followers of those teaching, especially when it is painted in framework of powerful stories about faith and salvation (Smyre, Tak, Dang, Curlin & Yoon, 2018). Recent research has emphasized the need to develop qualitative understanding of lived experience and relational processes of participants of spiritual healing, not just in generalized survey or purely critical descriptions (Khan & Saleem, 2023). Thus, limited research has so far explored the way in which authority is established in modern healing practices or how followers negotiate between the faith and skepticism and between dependence and independence or that how such a negotiation is mediated by other structural variables including gender, education, socioeconomic status, or access to health systems.

Research Objectives

1. To examine ways as spiritual healers, define authority, practices but relations with followers.
2. To learn the motivation, experience, and understanding of spiritual healing among followers.
3. To study relational, symbolic, and economic transactions between the healers, and followers.
4. To explore socio-cultural and structural issues impacting on engagement of spiritual healing.
5. To determine the way, followers found results as success, disappointment, or the dependency.

LITERATURE REVIEW

In most of the parts of the world, spiritual healing is considered a complementary practice to the mainstream healthcare, particularly where there is limited biomedical services or where cultural beliefs dictate health-seeking behaviors. A bibliometric analysis led by Akyuz (2025) confirmed that topic of spiritual healing is increasingly gaining popularity in the world in nursing research. Anwar, Okello, Sekagya and Mugisha (2025) explained the concept of religious, traditional, and folk healing approaches to mental health. Findings showed that partnership amid spiritual healers and biomedical practitioners has potential to expand mental health resources (Martins, Oliveira & Costa, 2022). In this connection, Patel and Semo (2024) discovered that the symptoms of depression and anxiety can be successfully improved with the help of interventions conducted by traditional healers. Sekagya, Mukasa and Okumu (2024) described social legitimacy of traditional spiritual healers, their presence in communities, and issues arising because of the modern health governance in the Ugandan setting. Storck, Wagner and Büssing (2023) examined the therapeutic experience of spiritual healing among the German patients demonstrating that trust and active interpersonal interaction of the healer and his or her followers play a major role in determining the individual healing experiences.

The healer-follower relationships are multifaceted as they demand strict phenomenological study that is deeply concerned with both genuine spiritual demands that followers want to fulfil as well as tangible threats of exploitation that such associations can potentially bring (Anwar et al., 2025). The followers often perceive spiritual healers as sources of wisdom, hope and emotional security, while healers derive social legitimacy and influence over their perceived spiritual authority and ability to address followers' needs (Brito, Damiano, Lucchetti & Peres, 2021). This article will thus seek to address this gap by comparing the stories of the spiritual healers and their followers using

phenomenological method to understanding. The general drive is to gain the deep comprehension of how authority, faith, vulnerability are compromised & performed in spiritual healing connections nowadays (Cordero, Tarrida, Narváez, María & Serna, 2023). The study gives voice to participants and provides subtle and highly contextual analysis to inform policy, community education, ethical practice. It is hoped that results be of significance not only in academia, social science & health but to practitioners, policymakers & communities who are trying to balance their respect to tradition & protection of exploitation

Zwingmann et al. (2020) discovered that there were consistent positive relations amid spirituality, health behaviors, and psychological well-being. Choi et al. (2021) set it in a cultural comparative perspective among East Asian region and elaborated how the spiritual and biomedical systems of healing were introduced into Confucian and Buddhist structures. They demonstrated the fact that spiritual healing is what keeps community in harmony and social support and is even embedded in cultural health discourses (Sharma & Devi, 2022; Singh & Verma, 2024). Lim and Chua (2024) reviewed traditional Malay spiritual healing in the Malaysia where Islamic and indigenous beliefs have been integrated in practice of ruqyah, faith healing approach (Doe & Smith, 2024). Schaefer et al. (2026) studied the role of spiritual healing with reference to treatment of children. People still use this method for treatment of their children from various illnesses. In Pakistan, Khan and Saleem (2023) examined ways in which role of pirs/murshids was influential & integrated social mediation with spiritual healing. They discovered that such spiritual actors have psychological and conflict-resolving roles particularly amid most marginalized rural groups& are showing hybrid therapeutic-social welfare services.

Rationale of Study

Nevertheless, despite this rise in research on topic of spiritual healing, it is important to note that there is still a lot of gaps in the phenomenology of the phenomenon in a non-Western setting. The majority of studies on subject at international scale are dedicated to results, performance, or mental impacts but hardly describe variations of banality of relations & symbolism between a healer and follower. In the same way, the indigenous studies have reported rituals and practices about shrines, legitimation of rituals within the culture, but have hardly examined the lives of both sides as well as consequently, there is no explanation of issues of power, trust, dependability, and vulnerability. A qualitative study is therefore needed to facilitate a better understanding of the process of power cultivation by the spiritual healers, the interpretation and meaning attached to different types of healing by their followers, in addition to role played by socio-economic and cultural environments in such relationships.

These dynamics are also practically relevant to investigate. The people in general with the social, psychological or medical issues that lack access towards formal healthcare services have accessed spiritual healing in abundance especially in regions where there are no or limited access to such services. The research may also guide subsequent mental health practices, communal education, and policy regulations on the relational, symbolic, and economic aspect of healer-follower relations thereby safeguarding those at risk but remaining conscious of the cultural role of spiritual healing. This discussion consequently plays a critical role in reconciling the disparity between traditional

spirituality and existing psychological diverse understandings. In this connection, despite the social significance of these relationships, underlying psychosocial diverse processes through which such relationships develop, are maintained, and influence followers' perceptions and experiences remain insufficiently explored.

Theoretical Framework

The existing various theories supports the present study. The Charismatic Authority and Religious Entrepreneurs (Weber 1947); Symbolic Interactionism (Blumer, 1969); Power/Knowledge as well as Vulnerability (Foucault, 1980) and Exchange Theory and Ritual Economy (Hann & Gudeman, 1990) give a strong platform on which the development of spiritual authority, meaning-making practices during the healing rituals, the motives and experiences of the followers, the relational interaction processes, along with wider socio-cultural factors shape spiritual healing practices in various situations.

RESEARCH METHODOLOGY

This paper took qualitative phenomenological design to gain an insight into lived experiences of spiritual healers and their followers. Such a strategy will enable an exploration of perceptions of healer in relation to his/her authority and practices and followers in terms of their involvement and required results.

Sample & Sampling Strategy

The sampling was conducted by the use of snowballing in the current study. The total sample size (N=17) consisted of spiritual healers (n=7) and followers (n=10) of the various regions as located in Lahore, Pakistan.

Inclusion Criteria

- ✓ Healers must be self-declared spiritual practitioners with established following, claiming to offer spiritual, mystical, supernatural healing.
- ✓ Followers must have personally engaged with the participating healers for significant period and be willing to share their experiences.
- ✓ The participants must be able to provide the informed consent and communicate effectively in the language of interview in study.

Exclusion Criteria

- ✓ The participants in the current research study unwilling to offer the informed consent in study.
- ✓ Individuals with cognitive, communicative or psychological impairments that would prevent meaningful participation.
- ✓ The followers who have only had brief, or superficial engagement with the healer's practice.

Table 1 Descriptive Statistics of Demographic Information

ID	Age	Education	MS	MI	FS	Other Relevant Info
H1	45	Graduate	Married	80,000	Joint	Claims to treat infertility and black magic; has 2 apprentices
H2	50	Intermediate	Married	100,000	Joint	Focuses on financial and relationship issues; uses rituals and prayers

H3	38	Religious Training	Single	60,000	Nuclear	Specializes in spiritual counseling and energy healing
H4	55	Graduate	Married	120,000	Joint	Experienced healer for chronic illness and family disputes
H5	40	Intermediate	Married	50,000	Joint	Uses Quranic recitations and amulets; small local following
H6	60	Religious Training	Single	30,000	Nuclear	Claims to remove jinn/evil eye; older followers mainly
H7	35	Graduate	Married	90,000	Joint	Focus on marital counseling and mystical healing

MS=marital status, MI=monthly income, FS=family system

Research Procedure

The healers who had a presence in the community, claimed the ability to heal, and were willing to participate were identified. Followers were recruited over referrals from healers or participants who had already been interviewed. Interviews were done in places that would be comfortable for the participants and that offered privacy and fewer disturbances. At start of interviews, participants oriented on what would be discussed, with informed consent sought. In this linking, throughout data gathering in current study, researcher kept reflexive memos of observations, possible biases and insights that occurred.

Table 2 Semi-Structure Interview Protocol

Participant Type	Main Question	Specific Questions	Clarifying / Probing Questions
Healer	Can you describe your practice as a spiritual healer?	- How did you start this practice? - What types of issues do you usually help with? - How would define your role in community?	- Can you give an example of a typical session? - How do you respond if a follower's issue seems outside your ability to heal?
Healer	How do you perceive your authority or legitimacy as a healer?	- What makes people trust you? - Do you follow any lineage, training, or mentorship?	- Can you describe a situation where a follower questioned your methods? - How do convince new followers of your credibility?
Healer	How do you interact with your followers during sessions?	- Do you use specific rituals, prayers, or practices? - What guidance or advice do you provide beyond rituals?	- How do you manage followers who expect immediate results? - Can you describe your emotional response when helping a distressed follower?
Healer	What exchanges take place between you and your followers?	- Do followers provide money, gifts, or labor? - How are these exchanges communicated or agreed upon?	- Have there been disagreements or misunderstandings about fees or contributions? - How do you maintain fairness in these exchanges?
Follower	What motivated you to seek help from this healer?	- Did anyone recommend the healer to you? - Did you try other options before approaching the healer?	- How did you feel before your first visit? - What expectations did you have about the outcome?
Follower	How would you describe your experience during sessions?	- What practices or rituals did the healer use? - How did these sessions make you feel emotionally and physically?	- Can you recall a specific session that had a strong impact on you? - Were there moments of doubt or discomfort?
Follower	How do you perceive the healer's authority or legitimacy?	- What makes you trust the healer? - How do you know if the healer's guidance is effective?	- Have you ever questioned the healer's abilities? - Did anyone close to you influence your trust?
Follower	How do you interpret the outcomes of spiritual healing?	- Did you experience improvement in your issue? - How do you explain results that were unexpected or unsatisfactory?	- Did you continue following the healer after partial improvement? - Do you share your experiences with others, and how?
Both	What broader social or cultural factors influence your engagement?	- Does education, economic status, or family opinion play a role? - How do religious beliefs shape your participation in healing?	- Have you observed others in your community seeking similar help? - Do you feel societal judgment or support for these practices?

Additional Questions

For Healers:

- ✓ How do you respond when followers or community express skepticism about your practices?
- ✓ How do you decide boundaries of your involvement in follower's personal or family matters?
- ✓ Have you ever repudiated to treat someone, and, what influenced that decision in treating?
- ✓ How do you handle the different cases wherein the followers report with no improvement?
- ✓ Do you believe that the healing is always possible or are there limitations to your practice?

For Followers:

- ✓ What makes you feel more harmless while you sharing the personal issues with the healer?
- ✓ Have there been moments when you felt uneasy, pressured, and uncertain during sessions?
- ✓ Do you feel more dependent on the healer for the ongoing guidance and decision-making?
- ✓ Have you ever felt obligated to offer more than what was requested (money, gifts, or labor)?
- ✓ Do you believe followers are taken advantage of personally felt exploited or manipulated?

For Both Healers and Followers:

- ✓ How does family, peers, or community opinions affect the participation in spiritual healing?
- ✓ Are there societal norms and expectations that outlines the healers-followers relationship?
- ✓ How has your experience influenced beliefs about spirituality, healing or role of authority?
- ✓ What advice would you give someone considering spiritual healing in the diverse contexts?

Interviews

The primary tool of data collection was semi-structured interviews. The healers participated in 60-90 minutes interviewing biography, authority, healing practices, relationship dynamics as well as economic or symbolic transactions. Interviews with the followers, lasted 45-60 minutes and covered motivations in seeking the spiritual healing, sessions experiences, explanation of results and healer authority perceptions, were conducted. In this connection, all interviews were audio-recorded, with the informed consent, where feasible, it was supplemented with field notes as well as contextual observations. In interviews, there was opportunity to elaborate at will of the participant in terms of clarification & probing questions when it is needed to find out nuances, emotional depth and way meaning is made.

Data Collection

The semi-structured interviews served as the means of data collection because they guided the participants to share their experiences in their own words giving the flexibility of seeking out new themes that might arise in the study. The sample size was seven spiritual healers and ten followers of spiritual healers who were interviewed. In this connection, the interviews with healers took 60-90 minutes, and the interview covered areas, healing practices, sources of authority, rituals carried out, connections with followers, and economic or symbolic exchange of goods. Therefore, the interviews with followers took between 45-60 minutes and discussed reasons why they wanted to seek healing, their experience in the healing session, their perception of healing session results, how they view healer authority.

All the interviews were recorded on audio with the consent of the participants and enabled by field notes capturing the nonverbal information, contextual details of study and reflections of researcher.

The interviews took place in locations that the participants would like to be and where they would enjoy their privacy without the disruptions. In this linking, the flexibility was ensured to give the participants room to expound their ideas with clarification and probing questions helping to bring about nuances, emotions and processes of making meanings. Additionally, memos to the reflex were retained in the process of data collection, observations, insights, and potential biases were noted down. This enabled the data collection process to be open and stringent. Consequently, whenever feasible, it was accompanied by observation with the complete consent of both the healers and their followers to provide some contextual insight into the practice of healing as well as into the healing diverse interactions.

Ethical Considerations

Given the sensitivity of the topic, ethical considerations were foregrounded at each stage, with particular attention paid to potential vulnerability of participants. As such, all participants were informed at the outset regarding the purpose of the study, that their participation was voluntary, and that they might withdraw at any time. They were also informed about the steps taken to ensure the anonymity and confidentiality: all the names used here are pseudonyms, and identifying details were stored securely. In this connection, participants were well-supported through interviews, and counseling referrals were made available should discussions have elicited distress. In this regard, the ethical approval was gained from university research ethics committee before commencement of data collection.

RESULTS OF STUDY

Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009) was used to analyze data with the focus upon how the participants lived and the meanings they place on it. The process included: Transcription: All the interviews were transcribed word-to-word so as to be accurate and as to maintain the voice of participants. Initial Coding: Identification & coding of important statements, expressions, and stories were made. Codes were descriptive in nature by basing on the words and meanings of participants. Theme Development: Codes were grouped into larger themes covering patterns in the data, both the perspectives of the healers and the follower. Reviewing and Refining Themes: Themes were checked against coherence and consistency and confirmed that they were a product of data & reflected nature of what participants were going through. Interpretation: Themes were examined in research terms of the theoretical models including the charismatic authority, symbolic interactionism, power/knowledge and ritual economy to correlate personal experiences with psychosocial and cultural context. The themes were organized, coding was managed, as well as themes were compared. Trustworthiness was upheld by member-checking, providing rich, thick descriptions, keeping an audit trail, and reflexive journaling to document researcher's positionality and potential biases.

Table 3 Themes Extracted from the Data

Superordinate Themes	Themes	Sub-Themes
Authority and Legitimacy	Construction of Spiritual Authority	Healer charisma and personal magnetism; Perceived divine sanction; Community recognition
	Claiming Expertise	Ritual mastery; Specialized knowledge; Healing lineage or apprenticeship

	Legitimacy in Followers' Eyes	Trust-building; Demonstrated results; Reputation and referrals
Motivations for Engagement	Seeking Relief from Distress	Physical illness; Psychological distress; Family or marital problems
	Social and Cultural Influences	Recommendations from family/friends; Cultural belief in spiritual remedies; Religious affiliation
	Hope and Expectations	Desire for supernatural intervention; Expectation of quick results; Search for emotional support
Rituals and Healing Practices	Methods and Techniques	Prayers, amulets, and talismans; Quranic recitations; Energy manipulation or mystical practices
	Symbolic and Emotional Meaning	Ritual as comfort; Psychological reassurance; Sense of connection to the divine
	Engagement Patterns	Frequency of visits; Group vs. individual sessions; Participation in additional rituals or labor
Relational Dynamics	Power and Dependence	Follower reliance; Emotional investment; Healer-follower hierarchy
	Reciprocity and Exchange	Monetary payment; Labor or service exchange; Emotional support to healer
	Trust and Skepticism	Initial doubt and verification; Loyalty over time; Negotiation of belief and disbelief
Perceived Outcomes	Healing Success and Improvement	Physical relief; Psychological comfort; Improved family/social relationships
	Disappointment and Continued Dependency	Unmet expectations; Frustration; Persistence of reliance on healer
	Meaning-Making	Interpretation of results; Attribution to supernatural forces; Re-evaluation of healer's authority
Socio-Cultural and Structural Factors	Economic and Educational Context	Socio-economic vulnerability; Limited access to formal healthcare; Literacy and awareness levels
	Gender and Family Roles	Influence of marital status; Women's vulnerability and decision-making; Family support or pressure
	Community and Cultural Norms	Acceptance of spiritual healing; Stigma of formal medical help; Cultural perpetuation of healer authority

DISCUSSION

In current phenomenological research, that involves semi-structured interviews of seven spiritual healers & ten followers of Lahore, Pakistan, on IPA, lived experiences, which construct relationship between healer and followers, are evident, and the interrelationship between the construction of authority, relational dynamics, cultural motives, as well as meaning-making processes are complex in the circumstances of the vulnerability and perceived healing results. The major findings have shown that the legitimacy is articulated by the healers in terms of the perceived divine sanction, personal charisma, mastery of rituals-as in case of recitations of the Quran, amulets, manipulation of energy-and referrals of the communities (Khan & Saleem, 2023). In this connection, this is very close to the Weberian charismatic authority structure of 1947 wherein the informal entrepreneurs bypass or avoid institutional validation through the masterful appeal of magnetism accompanied by assertion of supernaturally endowed gifts. In this linking, this is unveiled in the accounts of the direct selection by the Allah and the results of the experimentation which resulted in trust amongst the participants.

These are justified by fact that people who follow are joint family systems with a moderate income by mean of PKR 30,000-120,000 per month and limited formal education based on the reputation and successes at the initial stage, so they prolong indigenous Pakistani studies of social mediation

by pirs, like the case of Khan and Saleem (2023) who studied the social mediation of the pirs in Lahore characterized by an urban-rural blend of spiritual healers and modern counseling practices. The participation motives become multidimensional reactions to untreated sicknesses, matrimonial disputes, infertility, anxieties of black magic, as well as psychological disorders, frequently pursued biomedical failure, the habit that is upheld by the shrine's studies in Sindh: economic pressures and unreachable healthcare establish ritual engagement, including dhamaal exorcism and emotive release dances (Benyah, 2023). The family and religious identification are also among the powerful factors influencing first visit to the shrines, where hope of the immediate supernatural intervention generates a sense of reassurance and connection with the divine in rituals, reminiscent of symbolic interactionism proposed by Blumer (1969), in which the meaning is negotiated between the healers and the adherents in mutual performance that replaces physiological solutions towards validating psychosocial coping,

This was supported by Storck et al. (2023) in their argument of relational trust in German spiritual healing settings and is placed in dynamics of interaction marks include regular shrine attendance, group therapies, and ways of work, including shrine upkeep, which are indicators of the exchange theory and the exchange economy of monetary gifts, giving, or serving one another that establish the hierarchies but, at the same time, disclose sites of power imbalances: the emotional stakes of the followers create dependency, particularly in women in their attempt to negotiate the gender roles, reminiscent of Foucault (1980) in his power-knowledge nexus of vulnerability discourse that the socio-economic context of low liter. The subsequent perceived after-effects in this combination of the successes-physical relief, family harmony and includes broader psychological as well as social dimensions, psychological comfort-with disappointments explained by supernatural attributions healer perseverance, resulting in loyalty despite not meeting expectations, & indicating efficacy as illustrated by cross-cultural outcomes of folk healing of psychosocial aids despite risk of inefficacy (Anwar et al., 2025).

This duality challenges the outcomes-focused debates of efficacy in the global literature (Patel & Semo, 2024) but goes further in deepening idiomatic depth of IPA by showcasing how participants of Lahore negotiate skepticism via rituals of verification & community standards to fill a vacuum left in non-Western phenomenological descriptions healer-follower parallelism where literature on indigenous studies was focused upon rituals than relationship vulnerabilities. The socio-cultural amplifiers-the strain of joint families to seek persistence, cultural maintenance of power of pir and gaps in urban health-positioning spiritual healing as adaptive pluralism, biomedicine, but boosts possibilities of exploitation in low-awareness situations, resonating with charisma of unregulated spiritual health, draining money into pockets of desperate. Tentatively, results build on synthesized picture of this paper: charismatic power is not static, far beyond the ideal type of Weber, and with economic payoffs on board; symbolic co-construction takes care of persistence of efficacy insights despite ambiguity of empirical evidence; & faith mediates vulnerability with structural injustices, necessitating growth of new models of these processes to South Asian countries, including shrine economies of Pakistan.

In practice, results endorse notion of culturally sensitive intervention-controlled training of healers, biomedical-spiritual referrals in accordance with the WHO (2013) traditional medicine approach, and educational efforts in community with regard to red flags, increasing payments-to minimize harm & maximize benefits, especially in group of rural migrants in Lahore, who experience mental health vacuum, where 8/10 disorders in sample (e.g., somatic symptoms, persistent depression) were corresponding to profile of supernatural healing There are some limitations to the generalizability of these results: snowball sampling (N=17) risks selection bias against more accessible practitioners; urban setting of Lahore avoids the issue of rural-specific variations in shrines; and self-reports can underreport exploitation due to social desirability but was mitigated by using member-checking and reflexivity. The future study could involve the longitudinal outcomes evaluation, urban-rural comparisons, or randomized partnerships to test the integrated model of care, thereby not only overcoming divide between phenomenology and policy but considering cultural resilience without harming the equity.

CONCLUSION

This phenomenological exploration of the lived practices by spiritual healers and their clients in Lahore, Pakistan, illustrates the spiritual healing as strong cultural institution. It links existential distress towards unmet biomedical demands and supernatural etiological perceptions, and sustains the authority of the healers through charisma, ritual reciprocity, and trust of the community, and exposes them to dependency and exploitation at the intersection of socio-economic inequity. In this connection, such insights confirm that the spiritual healing is an adaptive pluralism in which the followers seek to negotiate selective success, repackaged disappointments and unwavering loyalty, in the tune of shrine-based dynamics. In this connection, the rituals like Quranic recitations and dhamaal, offer emotional catharsis and group solidarity missing in the official structures (Ahmad & Khan, 2023).

The conclusions have applied implications in the form of policy innovation by introducing the controlled healer-biomedical partnerships in line with the recommendations of WHO (2013), the community education to tackle the susceptibility of women, and incremental charges as warning signals and combined mental health referrals that leverage the resilience of the spiritual coping by developing low-literacy cohorts to depression and somatic diseases. In this connection, the respect of the cultural legitimacy & reduction of harm, such steps would promote health equity in resource stratified Pakistan, where spiritual practices still play useful roles as a supplement to ineffective public services. This study has dyed great psychosocial status of spiritual healing, not superstition but a testament to human agency in distress, thus inviting scholars, clinicians and policy-makers to create the so-called synergies of traditions that would safeguard the faithful without pathologizing the faith.

Limitations

- ✓ The small purposive sample (N=17) over snowball sample in the study constrains idiographic richness and representativeness outside the networks of Lahore that are accessible in the current study.

- ✓ The urban-based emphasis limits the generalizability towards the rural Pakistani shrine settings that have the different socio-economic motivations as required towards the desired outcomes.
- ✓ The self-reports (v) Retrospective self-reports are vulnerable towards social desirability and underreporting (exploitation) in a culture that practices deference towards the spiritual authority.

Suggestions

- ✓ The multi-regional cohort longitudinal mixed-methods follow-ups of recovery patterns and addiction.
- ✓ The comparative IPA of South Asian spiritual traditions to perfect non-Western vulnerability models.
- ✓ The intervention trials of regulated healer-biomedical partnerships of the mental health equity.

Implications

These implications are complex and tend toward the persistence of the cultural and psychosocial importance of spiritual healing in the Pakistani society especially in urban areas such as Lahore where formal healthcare disparities still exist. The results support the role of spiritual healing as a significant health-seeking behavior, which is highly embedded in religious & communal practices, providing not only relief of physical, emotional resources but social solidarity and meaning-making of people with chronic illness, infertility, mental distress. This necessitates use of culturally aware health care practices, involve integration of spiritual practitioners into broader health systems in regulated partnerships that guarantee respectful interactions and curbing issue of exploitation. In this regard, the implications of this study on mental health practitioners & policy makers are that they should appreciate psychosocial roles of spiritual healing and leverage on its community trust and ritual efficacy in promoting accessibility of mental health and patient-centered care among the marginalized groups. This model is a logical extension, and enhancement of WHO approach on traditional medicine that promotes hybrid models that would balance biomedical with indigenous forms of healing and promote holistic well-being as well as health equity over wide socio-cultural spectrum of Pakistan.

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