

# Review of: "“Healing is having faith in Allah, the healer, and the medicine”: An exploratory qualitative study of Islamic-based healing practices in Northern Ghana"

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Potential competing interests: No potential competing interests to declare.

The manuscript investigates “faith-based healing practices” in Ghana. [Based on the context chosen, I would rather call it “religion-based healing practices.”] I congratulate the authors for “mining” the area for data and attempting to delve deeper into the local praxis and meanings. Throughout the manuscript, the authors describe how individuals in unfavorable health conditions apply to an Imam [Islamic prayer] and go along with what he says in order to be cured. The research idea is quite interesting, and what grabbed my attention was the authors’ qualitative (and a bit ethnographic) approach to deeply understand the context.

Here are a few points I would advise the authors to consider in the rest of their research process:

The research question is not clear. Also, the theoretical framework is missing. The particular literature or theory to which this study contributes should be discussed. In its current form, the manuscript is too descriptive, missing a discussion on the theoretical constructs. The “thick” description that one might expect from this paper is missing. In addition, key terms, such as healing and Islamic healing, should be defined at the forefront of the research.

There are several parts throughout the manuscript where I was concerned about the ethical conduct, specifically regarding privacy. Informed consent from the Imam may not be sufficient since the study pertains to “patients” as well. Related to this concern, “participant observation” actually means participating in the event that you are observing. In order to talk about participant observation in this context, the authors would have to be treated and cured by one of these Imams, or else, execute the healing themselves. At the very least, they should have observed the actual “treatment” session for it to be called participative. The actual data resides in the interaction between the Imam and the patient, where the authors were not allowed to observe, for rightful reasons. In conclusion, the “ethnographer’s hand” is missing. How are the authors related to the place? What is their religion or their personal understanding of Islamic healing? These and several other questions should be answered in order to talk about a proper representation of the etic (in addition to the emic) perspective. In addition, the participants’ demographic data is not sufficient; the authors should provide a full description of the respondents’ backgrounds.

## **A Few Personal Notes:**

**Authors may choose not to read/consider this part because it includes my own perspective as a Muslim researcher:**

Of course, your faith can heal you, whatever you may believe. In my view of the world, Allah is the source of all energy and thus, healing. But the verses that are quoted in the manuscript are sacred, at least to certain people, so please do not let anyone interpret them subjectively to create a business. Asking someone else for help could well be interpreted as a type of shirk, as you mention. Which verse an Imam is saying, the sick person can say too, and ask for help from the One, from whom these words come originally. The fact that some people can be mediators is a very complex issue, not to be “scientifically” discussed in its current form, and not based on six interviews. You could instead focus on the meanings and practices within the interactive relationship between healers and patients, and how strongly this system is demanded in the region, and thus violated and abused, in some particular contexts, and how it might be different from medical treatment, from meditation, or any other form of “healing”. The authors' critical (etic) perspective is hardly noticed throughout the paper. Please try to avoid the impression that the “healing” as it is described in the manuscript is a valid and viable alternative to replace scientific medical intervention. *Allah* does not want some people to form a market for healing and make them force vulnerable individuals to “donate” to a plant! But the mysticism and the esotericism involved in the topic could attract the attention of many readers. The power and the giftedness of these healers as perceived by the “patient-customers” could be discussed from a socio-cultural perspective.

**Another personal note:**

The discussion on page 13 about “female modesty,” as you prefer to call it, is presented in the manuscript as a scientific conclusion. The Imam is making his own interpretation in that part, and it does not have to reflect the Islamic reality or the average thinking pot in the area. It sounds more like the Imam’s personal opinions, not data. So here is my personal opinion: It is probably a cultural predisposition of degrading women to a low position in society. There are no “Islamic normative regulations” asking women to stay at home and behave - there is no “female modesty” per se, but maybe “human modesty.” The fact that female patients were higher in number is NOT because they are more sinful but probably because they come to their borderlines due to this patriarchal oppression.

**Good luck in the rest of your research!**