

Haplos Ng Tradisyon: Exploring the Motivations of Clinically Diagnosed Patients in Adopting Folk Medicine

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ABSTRACT

The continued reliance on folk medicine among clinically diagnosed individuals remains underexplored, particularly in rural communities where cultural identity and spirituality influence health behavior. This study examined the lived experiences of clinically diagnosed individuals in Santander, Cebu who continue to adopt folk medicine despite access to biomedical care, using Colaizzi's (1978) phenomenological method through in-depth interviews. Findings produced nine interrelated themes across the three statements of the problem. Under motivations, three themes emerged: (1) Faith-Driven Motivation, (2) Perceived Inadequacy and Procedure-Related Fear in Conventional Care, and (3) Socially Influenced Trial and Validation, reflecting the emotional, spiritual, and social factors prompting individuals to seek folk healing. Under influences, three themes were identified: (1) Spiritual and Holistic Beliefs as the Foundation of Healing, (2) Social and Cultural Forces as Influential Drivers, and (3) Personal Experience and Inner Conviction as Reinforcing Influences, highlighting how belief systems, community norms, and personal histories sustain this practice. Under impacts, two themes surfaced: (1) Holistic Restoration of Well-being; Physical, Mental, Emotional, and Spiritual, and (2) Rejection of Folk Healing After Experiential Failure, depicting both the perceived benefits and limits of folk medicine. Overall, the findings underscore the need for culturally sensitive and integrative healthcare practices.

Keywords: folk medicine, phenomenology, spirituality, cultural beliefs, health-seeking behavior

INTRODUCTION

In the Philippines, despite advancements in biomedical healthcare, traditional healing practices continue to play a significant role in the health-seeking behaviors of many individuals. Practices such as those performed by *albulario*, *hilot*, and faith healers are deeply rooted in cultural beliefs and are often sought for their holistic approach to health, addressing not only physical ailments but also spiritual and emotional well-being (Cerio, 2020).

Among these practices is *haplos*, a gentle and intentional form of therapeutic touch commonly incorporated into healing rituals. Although specific literature focusing solely on *haplos* is limited, ethnographic and anthropological works on Filipino folk medicine consistently describe touch-based methods such as rubbing, stroking, and laying of hands as integral components of traditional healing (Crisol & Oledan, 2017; Cerio, 2020). In Filipino cultural tradition, *haplos*, gentle stroking or therapeutic touch, is not merely a form of relaxation, but a key component of indigenous healing practices that address physical, emotional, and spiritual well-being (Agustin et al., 2023; Behold Philippines, 2024). These tactile practices also resemble broader Southeast Asian healing traditions in which touch is viewed as a means of restoring balance, relieving tension, and harmonizing the body with natural or spiritual forces (Nichter, 2008).

Historically, prior to the widespread availability of Western medical facilities, healers using touch-based healing, such as those performing what is now known as *hilot*, served as primary health-care providers in many Filipino communities (Wellness Tourism Magazine, 2025). Healing by touch has been documented among precolonial Filipino communities, where traditional healers used massage, rubbing, and the laying of hands as part of their techniques to expel disturbances and re-establish bodily harmony (Crisol & Oledan, 2017). Over time, despite

colonial influences and modernization, such practices endured. The concept of healing through *haplos* has persisted because it resonates with deep-rooted cultural values of holistic care, familial and community support, and the belief in balance between body, spirit, and environment (Fajardo, 2013; Festive Pinoy, 2025).

Therefore, studying *haplos*, the therapeutic touch embedded in folk healing, becomes highly relevant today. It allows us to understand how culturally grounded practices continue to influence health-seeking behaviors, especially among clinically diagnosed individuals who may turn to traditional healing alongside or instead of biomedical care. Prior research has shown that touch-based and spiritually grounded healing practices remain actively used in many Filipino communities and continue to shape decisions about treatment despite the availability of modern medical services (Crisol & Oledan, 2017; Cerio, 2020; Rondilla et al., 2021).

Recent studies have highlighted the continued reliance on traditional medicine among Filipinos, attributing this to factors such as cultural beliefs, affordability, and accessibility. For instance, a study in Camarines Sur documented various folk healing practices including *haplos* addressing distinct illnesses, emphasizing the community's rich intangible resources in healthcare management (Cerio, 2020). Similarly, research in Surigao City revealed the use of ethnomedicinal plants among indigenous populations, underscoring the significance of traditional knowledge in health maintenance (Odtojan & Malicay, 2023).

However, there exists a knowledge gap concerning the motivations of individuals who, despite receiving clinical diagnoses, continue to adopt traditional healing practices. While general reasons for the use of folk medicine have been explored, the specific factors influencing clinically-diagnosed patients to seek traditional remedies remain under-researched, specifically in Santander, Cebu. Understanding these motivations is crucial, as it can inform culturally sensitive healthcare approaches and bridge the gap between traditional and modern medical systems.

This study explored the factors that motivate clinically-diagnosed individuals to adopt folk medicine and examine how these motivations influence their health-related decisions. By investigating the underlying reasons behind their preference for traditional healing methods, this research also sought to understand the impact of such choices on their personal health and well-being. Ultimately, the study intends to generate insights that can inform the development of a relevant proposal or intervention based on the findings, contributing to a deeper understanding of health-seeking behaviors within the Philippine context.

METHODOLOGY

Research Design

This research employed a qualitative approach specifically transcendental phenomenology. This approach is particularly suitable for exploring the lived experiences and inner motivations of individuals, specifically, clinically-diagnosed patients who adopt folk medicine despite access to biomedical care. Transcendental phenomenology focuses on understanding the essence of experiences by bracketing or setting aside the researchers' own assumptions, thereby allowing the voices and meanings of the participants to emerge more clearly (Moustakas, 1994).

Research Participants

The respondents of this study consist of 10 individuals who have been clinically diagnosed and actively choose to adopt folk medicine as part of their health-seeking behavior. Participants were selected using purposive sampling, a non-probability sampling method appropriate for qualitative research, especially phenomenological studies that prioritize depth over breadth.

The respondents consisted of individuals aged 27 to 50 years old, representing both young and middle-aged

adults. This age range shows that the decision to seek folk healing was not limited to a specific life stage but was shared among individuals from different backgrounds and experiences. Regardless of age, all respondents had

been medically diagnosed before turning to folk medicine, which suggests that their engagement with traditional healing was a considered decision following clinical consultation and assessment.

The respondents were composed of 6 females, 4 males and were diagnosed with a variety of medical conditions, including enlarged left thyroid lobe with solid mass (R1), splenomegaly (R2), gallbladder polyps (R3), and complete mechanical small bowel obstruction secondary to strangulated ileum (R4). Others were diagnosed with transient ischemic attack (R5), urinary tract infection (R6), mild fatty liver (R7), endometrial polyps (R8), bilateral solid breast nodules categorized as BI-RADS 4A (R9), and chronic infarct or old lacunar infarct with small vessel ischemic changes (R10). The range of these conditions indicates that folk healing was sought by individuals experiencing both mild and severe illnesses, showing that traditional medicine is viewed as a possible form of treatment for a wide spectrum of health concerns.

To be included in the study, (1) Participants must be 18 years of age or older, (2) must have been formally diagnosed by a licensed medical professional, (3) must have engaged in folk healing practices or treatments, and (4) must be residents of Santander, Cebu. Additionally, participants (5) must be willing and able to clearly articulate their experiences in an interview setting and (6) must voluntarily provide informed consent to participate in the study, including consent to audio recording for research purposes.

This selection ensured that participants have direct, personal experience with the phenomenon under investigation and are capable of contributing rich, meaningful narratives.

Research Setting

This study was conducted in Santander, Cebu, a rural municipality located at the southernmost tip of the Philippines' Cebu province. Santander is known for its enduring practice of folk medicine, where traditional healing remains a significant and respected aspect of the community's health beliefs and cultural identity (Amper, 2013). The setting offers a rich context for examining the motivations behind the continued adoption of traditional healing, particularly among individuals who have been clinically diagnosed. Data collection took place primarily within the homes of these individuals, allowing for an in-depth and culturally grounded exploration of their health-seeking behaviors and belief systems.

Research Instruments

This study utilized the following materials and instruments to gather in-depth information from clinically diagnosed patients who adopt to folk medicine in Pasil, Santander, Cebu:

Interview Questionnaire

The primary instrument for data collection was a semi-structured interview questionnaire. The interview questionnaire guide was reviewed and validated by subject matter experts (SMEs) to ensure its relevance, comprehensiveness, and alignment with the research objectives.

Local Language Translation

Local language versions of the interview guide were provided if necessary. This ensures that participants understand and can comfortably express their experiences and perspectives in their native language, maximizing the depth and richness of the data collected.

Camera/Recorder for Audio/Video Recording

To ensure accurate transcription and analysis of the interview data, all interviews were audio and video recorded. Audio recordings were used to capture participants' responses clearly, facilitating concise transcription. Video recordings served as documentation, providing a visual record of the interviews. Prior to the interviews, all participants were provided informed consent for both audio and video recording.

Data Collection

The data collection process was unfolded in three key phases: pre-gathering, actual gathering, and post-gathering to ensure an ethical, respectful, and systematic approach in exploring the lived experiences of clinically diagnosed individuals who adopt folk medicine. Each phase was designed to support the research objectives while prioritizing participant well-being and cultural sensitivity.

In the pre-gathering phase, the researchers were first to secure ethical clearance from the university's ethics review board and coordinated with local officials, folk healers and health workers in different barangays of Santander, Cebu. These community partnerships assist in identifying potential participants through purposive sampling. Initial meetings were conducted to screen participants and build rapport. During these visits, the researchers clearly explain the study's purpose, procedures, and ethical considerations, including confidentiality and the voluntary nature of participation. Informed consent forms were provided and collected at this stage, and trust-building interactions helped establish a respectful and supportive environment for forthcoming interviews.

The actual gathering phase was focused on conducting in-depth, semi-structured interviews with the selected participants. Interviews were scheduled at times and in settings that are comfortable and convenient for the participants, often in their homes or a private space within the community. Each session will last approximately 45 to 90 minutes and will be guided by open-ended questions designed to draw out personal narratives and motivations related to their use of folk medicine. To preserve the integrity of the data, all interviews were audio and video recorded with prior consent.

Additionally, the researchers took field notes to document non-verbal cues and contextual observations that might enrich the interpretation of the participants' stories. Throughout this phase, the well-being of the participants remained a priority, with researchers offering breaks when needed and reassuring participants of their right to pause or withdraw from the interview at any time.

In the post-gathering phase, the collected data were prepared for analysis. Audio recordings were transcribed verbatim and translated into English, ensuring that the meaning and tone of participants' responses are accurately preserved. Transcripts were anonymized and securely stored. The researchers began analyzing the data using Colaizzi's Method of Phenomenological Analysis, which includes extracting significant statements, formulating meanings, and clustering these into themes. This process was grounded in the principles of transcendental phenomenology, including the practice of bracketing, to ensure that the findings reflect the participants' perspectives rather than the researchers' biases. To enhance credibility, selected participants were invited for member checking, where they will review and confirm whether the interpretations resonate with their actual experiences. This step ensured that the data interpretation remains faithful to the voices and lived realities of the participants.

Through these three interconnected phases, the study aimed to generate authentic, nuanced insights into the motivations of clinically diagnosed individuals who turn to folk medicine, grounded in a respectful and methodologically rigorous data collection process.

Data Analysis

To analyze the qualitative data gathered in this study, the researchers employed Colaizzi's Method of Phenomenological Analysis, a systematic approach developed by Paul Colaizzi (1978) and widely used in phenomenological research for its rigor and faithfulness to participant narratives. Although originally rooted in descriptive phenomenology, Colaizzi's method aligns well with the principles of Transcendental Phenomenology, as proposed by Edmund Husserl and further developed by Clark Moustakas (1994). The method is particularly suitable for this research, which seeks to explore the essence of motivations among clinically-diagnosed individuals who continue to adopt folk medicine, because it provides a structured means of capturing and interpreting the lived experiences of the participants while maintaining the integrity of their personal meanings.

In adherence to the transcendental phenomenological perspective, the researchers practiced epoché, or bracketing, by consciously setting aside their own assumptions and biases throughout the analytic process. This ensures that the findings reflect only the participants' perspectives and not the researchers' interpretations. The analytic process begins with the researchers reading and rereading all interview transcripts to gain a deep familiarity with the data. From there, significant statements that directly pertain to the participants' experiences of using folk medicine, despite their clinical diagnoses, were identified. These statements were examined to extract their underlying meanings, with careful attention paid to the social, cultural, emotional, and spiritual dimensions of each response.

Next, the extracted meanings were clustered into emergent themes, revealing shared patterns or motivations that cut across individual experiences. These thematic clusters served as the foundation for developing an exhaustive description of the phenomenon, one that encapsulates both the individual and collective dimensions of the participants' motivations. This rich description was reduced into a concise, fundamental structure that expresses the essence of the phenomenon in a more distilled form.

Finally, to enhance the credibility and trustworthiness of the findings, the researchers engaged in member checking, wherein selected participants were asked to review the results and confirm whether the interpretations accurately reflect their lived experiences (Morrow, Rodriguez, & King, 2015). This step ensures that the analysis remains grounded in the participants' own voices and perspectives, in line with the core tenets of phenomenological inquiry.

Through this rigorous and reflective process, the study aimed to illuminate the deeper motivations that influence health-seeking behaviors in clinically diagnosed patients in adopting folk medicine.

Data Management

This study prioritizes the security, confidentiality, and accuracy of all collected data. Research materials, including interview transcripts, audio recordings, and photographs, were securely stored in a password-protected database accessible only to the research team and the supervising professor. Regular backups were conducted to prevent data loss and ensure information security. Upon completion of the study, all data were securely disposed of in accordance with ethical guidelines and data protection regulations. The researchers handled all sensitive information responsibly, uphold ethical research standards, and respect the privacy of participants who share their experiences with folk medicine.

RESULTS AND DISCUSSION

This chapter presents the results and findings derived from the qualitative data gathered from ten clinically diagnosed individuals residing in Santander, Cebu, who have adopted folk healing as part of their healing journey. The study sought to uncover the underlying meanings of these experiences and to capture the essence of the phenomenon as lived and interpreted by the participants within their cultural context.

The analytic process adhered to Colaizzi's seven procedural steps: (1) familiarization with participants' accounts through repeated reading of the transcribed interviews, (2) extraction of significant statements directly related to the phenomenon, (3) formulation of meanings from these statements, (4) organization of formulated meanings into theme clusters, (5) construction of an exhaustive description of the phenomenon, (6) development of the fundamental structure that synthesizes the essence of the experience, and (7) validation of the results by returning them to the participants for confirmation.

This section presents the major themes and sub-themes derived from the thematic analysis of the interview data, which describe the motivations for adopting folk medicine among clinically-diagnosed individuals in Santander, Cebu. The presentation of findings in this chapter is organized in accordance with the research questions to ensure logical coherence and clarity in addressing each research question. Direct quotations from participants—originally expressed in Cebuano and carefully translated into English—are incorporated to preserve authenticity.

The analysis revealed several interconnected factors that motivated participants to adopt folk medicine. Their accounts showed that spiritual beliefs, emotional experiences, dissatisfaction with biomedical care, and social influences collectively shaped their decision-making. Table 1 summarizes these key themes and subthemes.

Table 1. Factors Motivating the Adoption of Folk Medicine

Theme	Sub-Theme
Faith-driven Motivation	Faith-based Decision
Perceived Inadequacy and Procedure-Related Fear in Conventional Care	Biomedical Uncertainty and Disillusionment Avoidance of biomedical care driven by fear of invasive procedures
Socially Influenced Trial and Validation	Pragmatic Exploration and Social Compliance Social Proof and Validation

Through Colaizzi's phenomenological analysis, the researchers identified distinct motivational patterns that shaped the participants' decisions to adopt folk medicine. These themes not only represent personal narratives of faith and fear but also mirror broader cultural and social dynamics deeply rooted in Filipino traditions of healing.

Faith-Driven Motivation emerged as the first major theme, encapsulating the participants' deep reliance on spiritual belief as the primary guiding force in decision to adopt folk medicine. The participants articulated that their healing journey was not merely a response to physical illness but an act of faith—rooted in the conviction that divine or spiritual power plays a vital role in the process of recovery. Their narratives revealed that health and illness were understood not solely as biomedical conditions but as experiences intertwined with spiritual well-being. For them, healing belonged to the realm of the sacred, where faith becomes both the catalyst and the validation for engaging in non-biomedical forms of care. This theme reflects a worldview in which spiritual forces are not supplemental to healing but foundational to understanding it. This theme has one subtheme: (a) Faith-based decision.

Faith-Based Decision. Participants' faith-based decisions to pursue folk healing stemmed from their belief that genuine recovery depends on divine will or spiritual intercession rather than on purely medical intervention. Several participants described faith not as a background influence but as the determining factor in their healing choices. For instance, a participant emphasized, "My faith feels heavier and stronger than synthetic medicine, that's what pushed me to shift to traditional medicine," (P1) while another affirmed, "Nothing else, it's really just my faith in faith healing and my belief in God." (P5) These testimonies illustrate how folk healing is perceived as a sacred act anchored in devotion and trust in a higher power.

This perspective aligns with Cerio's (2020) description of albularyos and faith healers as spiritual mediators who channel divine energy through prayer, rituals, and invocation. Crisol and Oledan (2017) also emphasize that *mananambal* operates within a cosmology in which healing addresses both bodily and spiritual disturbances, reinforcing why participants felt spiritually safer in the hands of folk healers than in hospitals. Likewise, Rondilla et al. (2021) found that many Filipinos turn to folk medicine because it resonates with their belief in divine providence, offering reassurance that healing is guided by God rather than uncertain medical outcomes.

From the perspective of the Health Belief Model, faith functions as a powerful perceived benefit that outweighs the benefits participants associate with biomedical care. Instead of seeing healing as the outcome of pharmacological action alone, they believe that true recovery comes from God working through a healer. This belief increases their perceived efficacy of folk medicine and becomes a strong cue to action: when illness becomes frightening or chronic, they respond by seeking "God-centered" treatment rather than increasing hospital visits.

The Theory of Motivated Reasoning helps explain how participants process information in a way that protects this faith-based worldview. Faced with fear, uncertainty, or distressing medical information, they are more likely to accept testimonies of spiritual healing and reinterpret biomedical advice in ways that preserve hope. For

example, when a participant says that faith “shaped” his decision, he is not simply describing belief but a psychological process: he selectively attends to stories and experiences that confirm that “God heals,” and downplays information that might challenge his reliance on folk healing.

These tendencies are grounded in Cultural Schema Theory. In many Filipino communities, deeply internalized schemas present God as the ultimate healer, and folk healers as instruments through whom divine power flows. Illness is often understood as a test of faith or a spiritual imbalance rather than merely a biological defect. Because these schemas are shared, participants do not experience their decisions as radical or deviant; they experience them as the most normal and morally right way to respond to sickness. Meaning-Making Theory further clarifies why faith is so central. Serious illness threatens people’s global beliefs about safety, control, and purpose. By framing healing as a spiritual journey, “Maybe it’s my faith, my real desire to get well... that’s what shaped me” (P1), participants restore coherence between their suffering and their belief in a loving, powerful God. Folk medicine is thus not only a treatment choice but a way to reconstruct meaning and maintain a sense of divine presence in the midst of uncertainty.

Finally, the Social Ecological Model shows that these faith-based decisions are supported at multiple levels of the social environment. At the interpersonal level, family members encourage prayer and faith-based healing. At the community level, churches, religious gatherings, and local narratives repeatedly affirm that “healing is from God.” These layers reinforce the idea that turning to folk healing is both spiritually responsible and socially acceptable, making faith-driven motivation not merely an individual preference but a socially sustained norm.

Collectively, this theme portrays that participants’ turn toward folk medicine is neither irrational nor purely reactionary but deeply rooted in a coherent belief system. Faith is both the epistemological foundation and motivational driver of healing. It fulfills the individual’s spiritual and existential needs by offering hope, control, and meaning in the midst of illness. This confirms Bayod’s (2025) assertion that traditional Filipino healing functions as an emotional and spiritual coping mechanism that bridges the divide between science and spirituality. At the core of Faith-Driven Motivation lies a spiritual worldview that frames illness and healing as manifestations of divine will. Guided by deeply ingrained cultural schemas and emotional reasoning, respondents seek folk healing as an expression of faith and a strong trust. Healing becomes a sacred encounter—anchored in belief, sustained by hope, and validated by spiritual experience. The phenomenon reflects a synthesis of faith, culture, and meaning-making, where the pursuit of folk medicine is not an act of defiance against science but a devotional response to the enduring human need for transcendence and divine connection.

The faith-based decision in this theme is not isolated; it prepares the ground for the next main theme. Because participants already believed that healing belongs to God, any later frustrations with biomedical care were interpreted through this spiritual lens. When hospital treatments failed or felt inadequate, their pre-existing conviction that “God heals” made the option of folk medicine more believable and emotionally compelling.

The second major theme, **Perceived Inadequacy and Procedure-Related Fear in Conventional Care**, captures the participants’ sense of disappointment, fear, prolonged suffering and loss of trust in biomedical systems. While the first theme shows why they were spiritually open to non-biomedical care, this second theme reveals how their actual encounters with hospitals, tests, and procedures weakened their reliance on conventional treatment and heightened the appeal of folk medicine.

Their narratives revealed that prolonged suffering, inconclusive diagnoses, and the intimidating nature of hospital procedures collectively eroded their faith in modern medicine. Consequently, they turned to folk healing not merely as an alternative, but as a refuge from the uncertainty, desperation and emotional exhaustion of clinical care. The theme is composed of three interrelated sub-themes: (a) Biomedical Uncertainty and Disillusionment, (b) Desperation for Relief, and (c) Avoidance of Biomedical Care Driven by Fear of Invasive Procedures.

Biomedical Uncertainty and Disillusionment. Participants narrated that despite faithfully following clinical protocols, their conditions often remained unresolved, leading them to feel disillusioned with medical care. A participant revealed this sentiment clearly when he stated, “You take the medication, follow the protocols, you keep showing up, and yet... nothing changes.” (P10) Similarly, another expressed disappointment when she

shared, “there were no findings from the doctor..” (P2) illustrating her frustration with inconclusive results. These narratives show how unclear diagnoses and prolonged medical ambiguity intensified emotional fatigue, pushing participants toward healing systems that seemed to acknowledge their suffering more holistically.

This finding strongly resonates with Makombe et al. (2023), who noted that negative or unproductive clinical encounters erode patients’ trust and redirect them toward culturally familiar healing practices. Likewise, Chali et al. (2021) found that patients often perceive biomedical care as impersonal or emotionally distant, especially when outcomes remain uncertain. For the participants in this study, the absence of clear answers created a void that folk medicine readily filled with meaning, reassurance, and a sense of being cared for.

Within the Health Belief Model, these experiences reduce the perceived benefits of conventional treatment and heighten the sense that hospitals cannot offer certainty or relief. When laboratory tests are “normal” but suffering continues, participants come to view biomedical care as ineffective or incomplete. At the same time, the perceived barriers, such as cost, emotional distance, and technical jargon, become more salient, tilting the cost–benefit balance away from hospital care and toward folk medicine. The Theory of Motivated Reasoning shows how participants interpret biomedical ambiguity through an emotional filter. When the doctor “finds nothing” yet the person still feels ill, the result clashes with the patient’s lived experience. To resolve this tension, participants may conclude that the doctor “doesn’t really know” or that the illness is beyond the reach of machines and tests. This opens interpretive space for alternative explanations, such as spiritual causes or “bewitchment”, that safeguard their need for clarity and control.

Based on the findings, Cultural Schema Theory becomes crucial. In many Filipino cultural schemas, a good healer is expected to provide a clear explanation and a narrative that makes sense of the sickness. When the hospital fails to do this, biomedical care is experienced as cold and incomplete. In contrast, the mananambal or faith healer offers an explanation that fits cultural models (e.g., spiritual imbalance, “na-barang,” or divine testing), which feels more satisfying and culturally coherent than a statement of “no findings.”

According to Meaning-Making Theory, unresolved biomedical findings create a meaning gap: the illness no longer fits within a coherent story. Turning to folk medicine helps participants fill that gap. By seeing their condition as spiritually rooted and their healing as divinely guided, they regain emotional and existential stability. What looks like “disillusionment with medicine” is, at a deeper level, a shift toward a meaning framework that can absorb their ongoing suffering.

The Social Ecological Model reminds us that this disillusionment is not formed in isolation. At the interpersonal level, family and neighbors may share similar stories of “walay klaro” (no clear result) from hospitals, circulating narratives that reinforce distrust. At the community level, structural factors such as understaffed facilities and brief consultations contribute to these experiences. Thus, biomedical inadequacy is felt not only as an individual disappointment but as part of a wider pattern of community- level mistrust. Biomedical uncertainty and disillusionment, in turn, create the emotional conditions that give rise to the next subtheme, desperation for relief. As confusion and lack of improvement accumulate, participants do not simply feel disappointed; they reach a point of emotional and physical exhaustion where the need for relief becomes urgent.

Desperation for Relief. Another critical subtheme that emerged from the participants’ accounts was their deep sense of desperation for relief after prolonged suffering and repeated disappointment in biomedical treatment. Several respondents described reaching a point where they felt physically exhausted and emotionally worn out by the persistence of their symptoms. One participant shared, “I was already desperate to get well...” (P2), expressing how their ongoing condition pushed them to the edge of their coping capacity. Another participant added, “I already did everything the doctor said, but nothing changed... I was just so tired of not getting better.” (P10) In this state of accumulated frustration and worry, they felt they had “no choice” but to look for something or anything that might finally help them feel better. For some, this desperation was accompanied by constant nervousness and intrusive thoughts after their health episodes, prompting them to seek an alternative path that could calm both their body and mind. In this context, folk medicine appeared not merely as an optional alternative but as a last resort that carried the hope of immediate comfort, reassurance, and the possibility of alleviation from suffering.

This experience of desperation is echoed in existing literature. Makombe et al. (2023) noted that individuals who endure persistent symptoms despite faithfully following medical advice often turn to traditional healers when they feel that “nothing else works.” The feeling of desperation also reflects Antunes et al. (2023) and Sarfati (2022), who noted that when biomedical hope fades, spiritual and folk healing become psychological lifelines. For the participants, folk medicine promised not just potential recovery but *immediate comfort and hope*, an emotional necessity in moments of despair.

In the framework of the Health Belief Model, desperation serves as a *cue to action* that overrides rational cost-benefit analysis; the urgent desire for relief activates behavior change even without empirical assurance of success. Meanwhile, the Meaning-Making Theory interprets desperation as a stage where individuals reconstruct purpose amid helplessness, choosing culturally meaningful healing to regain existential control.

The Theory of Motivated Reasoning also operates here: as biomedical options fail, patients interpret their desperation as divine prompting to seek traditional healing, thereby validating their emotional decision through faith. Desperation thus becomes transformative, it converts helplessness into agency, leading individuals toward culturally rooted practices that restore psychological equilibrium.

From the lens of Cultural Schema Theory, desperation activates familiar cultural scripts about seeking extraordinary help when ordinary measures fail. In the Filipino context, this can include narratives of “*pagpasalig sa Ginoo*” (entrusting everything to God) and seeking a renowned healer as a final recourse. Folk healing, therefore, is not perceived as random experimentation but as a culturally patterned “last resort” embedded in community storytelling and practice. Meaning-Making Theory helps us see that desperation is not only physical or emotional; it is existential. Prolonged illness threatens participants’ sense of who they are and what their future holds. Turning to folk medicine allows them to reinterpret their desperation as an active, faith-guided step rather than as pure helplessness. They can now make sense of their struggle as part of a spiritual journey toward healing, rather than as meaningless suffering. Within the Social Ecological Model, desperation emerges in a social context where others have already tried and endorsed traditional treatments. Family, friends, and neighbors may say, “*Wala man kay mawala kung mosulay ka*” (You have nothing to lose if you try). This socially shared reasoning normalizes the shift to folk healing as a reasonable and even expected response when biomedical options appear exhausted.

Desperation then interacts with another powerful influence, fear of medical interventions. As participants become more desperate for relief, they also become more sensitive to the perceived risks of invasive procedures. The emotional weight of their suffering makes them less willing to face surgeries, injections, or other hospital-based interventions, which leads directly into the next subtheme. In this way, desperation for relief amplifies the impact of existing fears and makes avoidance of biomedical care more likely.

Avoidance of Biomedical Care Driven by Fear of Invasive Procedure. Another dominant sub-theme was respondents’ avoidance of hospitals due to fear— particularly of injections, surgery, and the possibility of pain without anesthesia. These fears were deeply emotional and often reinforced by prior traumatic encounters or by stories circulated within the community. As one participant described, the idea of being “cut open” or “*tusok-tusokon*” (pierced) provoked not only anxiety but a profound mistrust toward medical practitioners. A participant shared, “I’m afraid of doctors. I don’t like getting surgery,” (P8) while another added, “I’m really afraid of doctors... it’s the thought of being poked with needles.” (P9) One similarly recalled, “They said there would be no anesthesia if I were to be operated on,” (P7) demonstrating how fear, whether based on personal experience or community narratives, played a decisive role in their avoidance of hospitals. These descriptions reveal that their choices were informed not only by physical fear but by emotional vulnerability and anxiety tied to biomedical procedures.

This phenomenon aligns with the findings of Wajid et al. (2022), who noted that patients facing terminal or severe illness often experience heightened fear of medical procedures, which can drive them to alternative healing as a source of emotional refuge and control. Similarly, Bekele et al. (2024) observed that fear of hospitals and invasive treatment was a significant factor leading women in Ethiopia to use herbal or folk remedies during pregnancy, even when modern healthcare was available. Fear, therefore, is not simply avoidance, it is an embodied emotional response to perceived vulnerability and loss of agency.

The emotional dynamics of this fear can be understood through the Health Belief Model, where perceived barriers, specifically fear of pain, surgery, or dehumanizing procedures, significantly reduce the likelihood of seeking biomedical care. In contrast, folk healing presents itself as a low-barrier, emotionally safe alternative. Folk medicine offers comfort through non-invasive, human-touch-based healing (e.g., *hilot* or ritual prayer), which participants perceive as gentler and spiritually protective.

From a Cultural Schema Theory perspective, these fears are reinforced through communal narratives that depict hospitals as spaces of coldness and pain, whereas folk healers embody cultural archetypes of compassion and divine mediation. Thus, the avoidance of hospitals is culturally validated behavior, a form of protection that aligns with Filipino values of faith, familial trust, and holistic well-being. The Social Ecological Model highlights that fear of hospitals is socially produced and reinforced. At the interpersonal level, relatives and neighbors share stories of painful operations, mishandled procedures, or deaths in hospitals. At the community level, limited resources and crowded facilities can make hospitals appear chaotic and unsafe. Through Meaning-Making Theory, we can see that avoiding invasive procedures is also a way of protecting one's sense of self and dignity. For participants, allowing the body to be "cut open" may conflict with their belief that the body is a gift from God that should not be unnecessarily harmed. Choosing folk healing, which is perceived as gentle and respectful, allows them to see themselves as caring for their God-given body rather than recklessly endangering it. The Theory of Motivated Reasoning shows how participants' fear shapes how they interpret information about biomedical procedures. Stories of painful or failed surgeries are remembered and given more weight, while successful or routine procedures may be downplayed or forgotten. Fear leads them to focus on information that justifies avoidance, reinforcing their decision to look for "safer" healing options.

Essentially, *Perceived Inadequacy and Procedure-Related Fear in Conventional Care* reveals the human cost of impersonal medical systems. The participants' movement toward folk medicine arises from a triad of disillusionment, desperation, and fear. When biomedical care fails to deliver clarity or compassion, and invasive procedures evoke terror, individuals turn instinctively to healing that feels immediate, humane, and spiritually coherent. Folk medicine thus becomes the medium through which despair transforms into action, pain into faith, and fear into agency—a holistic reclamation of healing that intertwines body, spirit, and emotion.

Socially Influenced Trial and Validation emerged as the third main theme, showing how interpersonal relationships and community narratives ultimately shaped participants' decisions to try and later validate the use of folk medicine. If the first theme explains why folk healing was spiritually acceptable and the second theme explains why biomedical care became less attractive, this third theme explains how social influence transformed openness into actual decision and continuing trust.

The third major theme encapsulates how participants' decisions to adopt folk medicine were not made in isolation but were shaped through a web of social interactions, observations, and communal validation. The participants described that before committing to folk healing, they were influenced by family members, neighbors, and peers who had reportedly experienced successful healing through traditional means. Their choice was strengthened not only by these testimonies but also by the reassurance of belonging to a community where folk medicine is socially normalized and collectively affirmed.

This theme consists of two interrelated sub-themes: (a) Pragmatic Exploration and Social Compliance and (b) Social Proof and Validation.

Pragmatic Exploration and Social Compliance. Several participants described their initial engagement with folk medicine as a pragmatic decision shaped by curiosity and social pressure. A participant shared, "I was just curious, and I also wanted people to stop constantly talking about it," (R4) demonstrating how persistent community suggestions can influence compliance. Another expressed a similar motivation: "I wanted to try traditional healing to see if it really works." (P5) These statements indicate that participants were willing to try folk healing partly to satisfy social expectations and partly to explore alternative solutions amid biomedical disappointment

This pattern aligns with Bekele et al. (2024), who found that cultural familiarity and family transmission of traditional practices play crucial roles in health-seeking behaviors, fostering confidence and perceived safety in

folk medicine. Similarly, Rondilla et al. (2021) discovered that individuals often rely on the experiences of relatives or friends before deciding to use traditional remedies, with such social validation acting as a form of cultural endorsement.

Under the Health Belief Model, this reflects a shift in perceived barriers and benefits generated by social influence. Because folk healing is framed by others as low- risk and potentially helpful, the perceived barriers (“What if it doesn’t work?”) are minimized, while the potential benefits (“At least you tried”) are emphasized. Social encouragement itself becomes a cue to action, nudging participants from hesitation into actual trial. The Theory of Motivated Reasoning helps explain why participants accept this social advice. Faced with uncertainty and the discomfort of constant suggestion, it is emotionally easier to comply than to resist. Trying folk healing allows them to reduce social tension and inner curiosity simultaneously. They are then likely to interpret any small improvement as confirmation that “it was worth trying,” thereby reinforcing the decision. According to Cultural Schema Theory, this trial behavior is guided by Filipino cultural values such as *pakikisama* (maintaining harmony) and *pagpaminaw sa ginikanan ug mga kauban* (listening to elders and peers). The schema that “elders know what is best” and that one should not disregard community wisdom makes accepting others’ recommendations feel like the appropriate, respectful action. Thus, the trial of folk medicine is not random experimentation but a culturally patterned response to relational expectations. Meaning-Making Theory shows that this pragmatic exploration is also interpreted as part of a broader spiritual journey. Participants may think, implicitly or explicitly, that God could work through this healer and that trying is a way of cooperating with possible divine help. In this way, what begins as social compliance acquires existential meaning: “If God wants me healed here, I will see it.” Within the Social Ecological Model, this subtheme illustrates how individual decisions are embedded in interpersonal and community-level influences. Family, neighbors, and even local leaders legitimize folk medicine as an option that “should be tried,” especially when clinic visits have not resolved the problem. This multi-level social structure transforms individual curiosity into a socially supported health behavior.

One participant agreed to try folk healing often out of a mix of curiosity, pressure, and practicality their ongoing engagement was influenced by what they observed in their own bodies and in the experiences of others. In other words, initial trial(a) creates the conditions for validation (b), as participants begin to assess whether folk healing “works” based on visible outcomes.

Social Proof and Validation. Participants found assurance in the visible healing experiences of others, describing neighbors or family members who recovered after visiting a *mananambal*. Witnessing these recoveries strengthened their belief that folk healing was effective what social psychology identifies as *social proof*. Once they observed others improving, their own skepticism diminished, and faith in folk medicine grew. The participant emphasized, “I saw the results from my family members... I’m a living witness that it really works,” (P1) while another participant added, “Based on what I’ve observed from other people, it’s effective.” (P6) These statements show how personal observation of others’ healing served as powerful validation, reinforcing the credibility of folk medicine.

This observation-driven belief mirrors the findings of Mohamed et al. (2024), who reported that individuals’ adoption of herbal medicine was significantly influenced by witnessing positive results among peers and relatives, especially in rural settings where community narratives hold strong persuasive power. Similarly, Izzoddeen et. al.(2024) noted that during the COVID-19 pandemic, many people turned to herbal treatments because community stories of recovery circulated widely, reinforcing collective belief.

Additionally, Bayod (2025) and Marques et al. (2021) emphasize that folk medicine practices thrive within social contexts that merge cultural identity, spirituality, and emotional well-being. For participants in this study, communal stories of healing provided not only behavioral models but also spiritual motivation. Healing, therefore, became a shared social narrative, reaffirming the participants’ connection to their community, faith, and cultural identity.

Within the Health Belief Model, such observations increase the perceived benefits of folk medicine. Witnessing others recover creates a vicarious experience of effectiveness, similar to self-efficacy being strengthened through modeling. As the perceived benefits rise, the motivation to continue or deepen engagement with folk healing

naturally increases. The Theory of Motivated Reasoning explains why participants are especially attuned to positive examples. Given their emotional investment in hope and recovery, they are more likely to remember and highlight success stories than failures.

This selective attention allows social proof to function as powerful psychological confirmation: the more they see and hear about healing, the more they feel justified in trusting folk medicine. From a Cultural Schema Theory perspective, these success stories are not interpreted as isolated events but as part of well-known cultural narratives about miraculous or spiritually aided healing.

Hearing that “so-and-so was cured by this healer” fits into a pre-existing story template in which faith, ritual, and divine intervention produce recovery. Because the schema is already in place, each new story serves as added evidence that the cultural model is true. Meaning-Making Theory highlights that others’ healing is also read as a sign from God. Participants may interpret a neighbor’s recovery as evidence that “God is really working through this healer” or that “God still heals people like us.” This gives their own decision to seek folk healing deeper existential validation—they are not just following people; they are participating in what they perceive as a divine pattern of action. Finally, the Social Ecological Model reveals how social proof operates across multiple levels. At the interpersonal level, relatives’ testimonies and friends’ experiences offer concrete examples. At the community level, collective stories of successful healing circulate in markets, chapels, and barangay gatherings, forming a shared reservoir of evidence.

Over time, this community-level validation solidifies folk medicine not just as one option among many, but as a trusted and normalized pathway to healing across all themes and sub-themes, the motivations to adopt folk medicine emerge from the dynamic interplay of cognitive assessment (HBM), emotionally driven interpretation (Motivated Reasoning), culturally shared understandings (Cultural Schema Theory), existential meaning-making (Meaning-Making Theory), and multi-layered social influence (SEM). Faith-based decisions, disillusionment with biomedical care, desperation for relief, fear of invasive procedures, and socially shaped trial and validation are not isolated factors. They form a coherent motivational system in which participants actively seek a form of healing that is spiritually resonant, culturally familiar, socially endorsed, and emotionally sustaining.

At its essence, *Socially Influenced Trial and Validation* reveals that healing choices are inherently social acts. The participants’ turn to folk medicine arises from the interplay of observation, imitation, and affirmation within a tightly woven cultural community. Folk healing becomes both a social behavior and a moral expression of faith, where the experiences of others become one’s own evidence. It reflects the Filipino ethos of *kapwa*, a shared identity in which individual healing is validated by collective testimony. Within this communal framework, folk medicine functions not only as a health practice but as a reaffirmation of cultural solidarity, trust, and hope.

Overall, the phenomenon of adopting folk medicine among clinically diagnosed individuals reflects a culturally grounded pursuit of holistic healing, one that unites faith, emotion, and social validation. It arises when biomedical systems fail to satisfy the human need for hope, meaning, and compassion. Faith serves as the moral and existential compass, guiding individuals to perceive healing as an act of divine grace. Disillusionment with hospital care transforms into a desire for immediate relief and personal agency, while the collective experiences of others provide the social proof needed to act.

Folk medicine, therefore, emerges as more than a therapeutic alternative, it is a lived philosophy that restores harmony between body, spirit, and community. Through it, individuals reclaim control over their suffering, reaffirm their cultural identity, and find solace in a system that feels deeply human. The essence of their experience is one of *integrated healing*: a convergence of belief, emotion, and social belonging that transforms illness from a biomedical diagnosis into a profoundly spiritual and communal journey toward wholeness.

Beyond motivations, the analysis revealed how various factors interacted to influence the participants’ final decision to engage in folk healing. Table 2 summarizes the themes and sub-themes that illustrate how faith, relational dynamics, cultural beliefs, and personal improvements reinforced participants’ choices to continue adopting folk medicine.

Table 2. Influences of Motivational Factors on the Decision to Adopt Folk Medicine

Theme	Sub- Theme
Spiritual and Holistic Beliefs as the Foundation of Healing	Faith in God as the Central Source of Healing
	Desire for Wholeness and Harmony with Nature
Social and Cultural Forces as Influential Drivers	Family, Friends, and Community as Persuasive Influences
	Cultural Beliefs and Practical Mindset as Reinforces
Personal Experience and Inner Conviction as Reinforcing Influences	Personal Faith and Self- Belief Strengthening Trust

Building upon the previously discussed motivations for adopting folk medicine, the second stage of analysis focused on understanding how various factors influence the participants' decision-making. These influences operated at spiritual, interpersonal, cultural, and experiential levels, shaping how participants interpreted their illness and evaluated the value of traditional care.

Spiritual and Holistic Beliefs as the Foundation of Healing emerged as the first main theme and provided the conceptual and emotional groundwork for participants' decisions. Their healing journeys began with deeply rooted spiritual convictions and holistic philosophies that shaped how they understood illness and evaluated treatment options. These beliefs did not simply coexist with the participants' decisions, they structured them, creating an interpretive lens that made folk healing both acceptable and meaningful.

The first theme explains how spirituality and holistic worldviews directly influence the participants' decision to adopt folk medicine, building upon the motivations identified earlier. While the first set of findings showed that faith and disillusionment with biomedical care inspired the search for traditional healing, this theme reveals how those beliefs operate as guiding frameworks that legitimize and sustain that choice. Participants viewed illness as a disruption of spiritual harmony, and folk healing as the only approach that could restore balance through faith, prayer, and alignment with nature. Hence, the decision to adopt folk medicine was not impulsive but a deliberate act of spiritual coherence, a continuation of deeply held cultural and theological convictions.

This theme unfolds through two sub-themes: (a) Faith in God as the Central Source of Healing and (b) Desire for Wholeness and Harmony with Nature.

Faith in God as the Central Source of Healing. Participants repeatedly shared that they chose folk medicine because they believed God was actively involved in their healing. They saw folk healers not as independent practitioners, but as instruments of divine power. A participant emphasized this clearly when she stated, "My faith in God is what made me trust traditional medicine." (R2) Another expressed a similar conviction: "As long as you believe that they are made as instruments of God, it will be okay." (R6) Some other participant also explained, "Faith in God... when you seek treatment, prayer is always there," (R8) showing how folk healing aligned naturally with her spiritual expectations. These statements reveal that spirituality was not merely an influence, it was the interpretive lens through which participants understood their illness and recovery.

The relevance of this sub theme is well-supported by existing literature. Crisol and Oledan (2017) described how *mananambals*, or folk healers, function within a spiritual paradigm wherein healing is achieved through divine power rather than technical procedures. Rondilla et al. (2021) also found that many Filipinos consider folk healing effective because it integrates prayer and divine invocation, reinforcing participants' belief that God determines the success of healing. Additionally, Bayod (2025) emphasized that spirituality provides emotional grounding during illness, helping individuals cope by framing their healing as part of a divine plan. These studies align with the participants' testimonies, showing how faith functions as both a motivation and a decision-making anchor. From the Health Belief Model, this belief functions as a perceived benefit that overshadows pharmacological treatment. When healing is attributed to divine intervention, folk healers are viewed as

extensions of God's power, thereby reducing perceived barriers and increasing perceived efficacy of folk healing. Biomedical care, by contrast, feels limited because it does not address spiritual causation.

The Theory of Motivated Reasoning explains how participants evaluate information through faith. When medical diagnoses feel frightening or unclear, emotionally comforting religious interpretations are more readily accepted. Participants interpret small improvements as God's affirmation that they chose the correct path. Their reasoning is not irrational; it is emotionally protective, enabling them to maintain hope amid uncertainty. According to Cultural Schema Theory, Filipinos have longstanding cultural schemas that describe healing as a sacred encounter facilitated by prayer, touch, and divine grace. These schemas were inherited from family traditions and community stories. Thus, participants naturally viewed folk healing as spiritually legitimate—because it fit the cultural template they have internalized since childhood. Through Meaning-Making Theory, faith gives coherence and purpose to suffering. Illness is interpreted as a trial permitted by God, and seeking folk healing becomes a spiritual act of trust rather than desperation. Participants restore existential balance by placing their healing within a divine narrative—something biomedical care often cannot provide. At the Social Ecological Model interpersonal and community levels, church teachings, neighbors, and family members reinforce the idea that God heals through chosen instruments. This multilevel reinforcement transforms faith into not only a personal belief but a socially supported framework guiding their decisions. Faith did more than encourage participants to consider folk healing, it shaped how they interpreted subsequent experiences with illness, biomedical care, and community advice. This spiritual orientation becomes the starting point that naturally connects to the next subtheme, as participants who believe God orchestrates healing often extend this belief toward the natural world and its perceived harmony.

Desire for Wholeness and Harmony with Nature. Participants also described their decision to adopt folk medicine as a reflection of their desire for holistic well-being. They believed that true healing required restoring balance between the body, spirit, and natural environment. A participant described this holistic perspective when he stated, “My spirituality says that everything is connected. When I use natural medicine, it feels like I am cooperating with nature rather than going against my illness using strong and synthetic medicines.” (P10) He further shared, “My whole perspective changed when I realized I value being whole more than being clinically managed.” These statements reflect a clear preference for healing methods that honor natural processes and spiritual equilibrium.

This preference aligns with studies highlighting the holistic nature of Filipino folk medicine. Cerio (2020) noted that traditional healing emphasizes harmony between the spiritual, natural, and physical worlds, while Alamada et al. (2023) found that herbal and folk practices promote emotional stability by fostering a sense of natural balance. Marques et al. (2021) similarly emphasized that traditional healing resonates with people because it integrates environmental, cultural, and spiritual dimensions. The participants' narratives mirror this body of literature, showing that their decisions were deeply tied to holistic philosophies. Theoretically, the Health Belief Model shows that participants perceive more benefits from natural treatments because they align with their values of purity, balance, and gentleness. Folk healing is viewed as non-harmful and holistic, while biomedical treatments are perceived as invasive and disruptive to natural order. Through the Theory of Motivated Reasoning, individuals interpret natural remedies as “better” because they emotionally prefer actions that feel gentle, spiritual, and aligned with nature. Even without scientific proof, they selectively focus on information supporting natural healing because it reinforces their sense of safety and harmony.

Cultural Schema Theory provides deeper insight: Filipino cultural schemas frame illness as a disruption of balance between body, spirit, and environment. Practices like hilot, herbal remedies, and prayer are understood as restoring this lost equilibrium. Thus, participants do not choose nature-based healing simply because it is available—but because it fits their cultural understanding of what “true healing” means. Applying Meaning-Making Theory, seeking harmony with nature becomes a symbolic act of restoring inner peace and identity. Illness is perceived not just as physical pain but as a disturbance of wholeness, and holistic healing becomes a way to re-establish spiritual integrity. Within the Social Ecological Model, the community normalizes natural healing through shared stories, everyday herbal practices, and family traditions. These multi-level social practices shape participants' worldview, reinforcing the belief that harmony with nature is central to wellbeing. At its core, *Spiritual and Holistic Beliefs as the Foundation of Healing* illustrates how spiritual and ecological

convictions transform motivation into decision. Participants' belief that healing must be spiritually sanctioned and aligned with nature guided them to act in accordance with their faith and culture.

Folk medicine thus emerged as a coherent, value-driven choice, one that fulfills emotional, moral, and existential needs overlooked by modern medicine. In this phenomenon, spirituality does not merely inspire healing; it directs, legitimizes, and sustains the decision to adopt folk medicine as a sacred and holistic pathway to wellness. The participants' belief in divine healing seamlessly extends into a belief that natural remedies, God's creations carry healing potential. Their spiritual worldview thus supports their preference for holistic, nature-based practices. Together, these subthemes form the foundation for the next main theme. Because participants already believed in spiritual healing and natural harmony, they were more receptive to the advice and experiences shared by family, friends, and community members.

The second theme, **Social and Cultural Forces as Influential Drivers**, expands upon the socially influenced motivation discussed in the previous section. While the earlier theme illustrated *why* participants were encouraged to try folk medicine, through testimonies of recovery, family persuasion, and communal storytelling, this theme explains *how* those same social and cultural mechanisms ultimately shape and sustain their decisions to continue practicing folk healing.

The participants' choices were not made in isolation; rather, they were embedded in the collective values, narratives, and social structures of their communities. As encouragement from family and neighbors became validation, and as cultural reasoning offered moral justification, participants found assurance that choosing folk healing was both acceptable and wise. Their decisions thus evolved from individual motivation to socially endorsed action, supported by a shared belief system that prizes harmony, relational trust, and the preservation of cultural identity.

Family, Friends, and Community as Persuasive Influences. Participants frequently described how their families and social circles encouraged them to try folk healing. Their loved ones not only offered advice but also framed folk healing as the logical, culturally acceptable response to illness. As what a participant shared, "My family kept telling me to try folk healing because we always go to the doctor but still couldn't find anything." (R2) Similarly, another stated, "In our neighborhood, I saw someone who also sought help and was healed, that's why I thought of seeking help too." (R3) Some other added, "My cousin told me to try traditional medicine because I'm afraid to go to the doctor," (R7) illustrating how social influence can shape one's decisions through emotional support and cultural familiarity.

Such findings are consistent with Bekele et al. (2024) and Mohamed et al. (2024), who found that interpersonal trust and observation of others' recovery strongly predict the continued use of traditional medicine. Likewise, Izzoddeen et al. (2024) demonstrated that communal narratives, particularly during public health crises, strengthen people's belief in traditional treatments by transforming individual anecdotes into collective truth. In the present study, participants relied on these communal testimonies more than on clinical data; seeing someone healed within their circle created credibility that science alone could not provide.

From a theoretical standpoint, in the lens of Health Belief Model, these social inputs serve as powerful cues to action. When trusted individuals repeatedly suggest folk healing, the perceived benefits rise and barriers decrease. Social pressure becomes an activation point that translates motivation into actual behavior. Through the Theory of Motivated Reasoning, individuals are more likely to accept advice from loved ones because it aligns with their emotional needs for reassurance, belonging, and hope. Participants interpret family encouragement as evidence that folk healing is the "right" or "safer" choice. Cultural Schema Theory clarifies that Filipinos are socialized to value community wisdom ("salig sa kauban") and familial guidance. The cultural schemas of pakikisama (harmonious relations) and pagpaminaw sa ginikanan (respecting elders' advice) mean that ignoring a loved one's recommendation feels morally wrong. Thus, following community advice is perceived as the culturally appropriate course of action. Meaning-Making Theory shows that participants interpret family encouragement not only socially, but spiritually. They may believe God uses relatives as channels of guidance, so following family advice becomes a form of spiritual obedience and affirmation. In the perspective of Social Ecological Model, both interpersonal (family persuasion) and community-level influences (neighbors' testimonies, local success stories) create a social environment where folk healing is the expected

response to illness. Decisions become communal rather than purely individual. This dynamic reflects deeply held Filipino values of pakikisama (social harmony) and kapwa (shared identity). As Rondilla et al. (2021) describe, Filipinos often make health choices communally, prioritizing relational trust over individual autonomy. For participants, adopting folk medicine was therefore not just a health decision, it was a reaffirmation of belonging and solidarity within their social group.

Because participants' worldviews were already grounded in spiritual faith and holistic harmony (Theme 1), this social encouragement became even more influential, making this subtheme a natural progression from the internal beliefs described earlier.

Cultural Beliefs and Practical Mindset as Reinforcers. In addition to interpersonal influence, participants also explained that their cultural beliefs and practical reasoning reinforced their decision to adopt folk medicine. Some believed they might have been affected by supernatural forces such as “*barang*” or spiritual imbalance. The participant recalled, “Maybe I was bewitched because the doctor couldn’t find anything.” (P2) Others saw folk healing as a practical, low-risk option. The fourth participant explained, “There’s nothing to lose if I try folk medicine,” revealing how cultural reasoning shaped their decision-making. These statements show how cultural interpretations of illness and pragmatic thinking coexisted to justify seeking folk healing.

This pattern mirrors Makombe et al. (2023), who found that patients often reinterpret unexplained illness through cultural frameworks when biomedical explanations fail, using traditional healing to regain a sense of control. Similarly, Chali et al. (2021) noted that affordability and accessibility strongly influence the preference for traditional medicine, particularly in low-income and rural contexts. For the participants, cultural explanations and practical benefits worked hand in hand, creating a decision-making process that felt both sensible and spiritually aligned.

In the Health Benefit Model, these beliefs increase perceived barriers to biomedical care (e.g., “doctors cannot cure spiritual illnesses”) while raising the perceived benefits of folk healing (e.g., healers can address spiritual causes). Practical reasoning (“nothing to lose”) further lowers barriers and increases the likelihood of adoption. The Theory of Motivated Reasoning explains why participants accept supernatural explanations: they provide clarity when biomedical explanations feel incomplete. Emotional dissatisfaction with inconclusive medical results leads participants to seek explanations that restore coherence. Cultural Schema Theory shows that beliefs in *barang*, *usog*, *espiritu*, or imbalance are widely shared in Filipino communities. These schemas shape how illness is interpreted and make folk healing appear as the logical solution when symptoms do not align with biomedical explanations. Through Meaning-Making Theory, supernatural interpretations help participants regain a sense of control and purpose. If an illness is caused by spiritual imbalance or bewitchment, then folk rituals provide a meaningful path toward recovery and justice. In the lens of Social Ecological Model, cultural narratives, community stories, and shared spiritual interpretations reinforce each other, making folk healing a socially validated option. Structural limitations in healthcare (e.g., lack of empathy, short consultations) further push individuals toward culturally meaningful alternatives. Therefore, participants' decisions were not mere rejections of modern medicine but affirmations of cultural rationality. They followed an inherited moral script that balances faith, practicality, and lived experience. In their view, folk healing was not an alternative, it was the most coherent choice within their social and cultural world.

Essentially, *Social and Cultural Forces as Influential Drivers* demonstrates how communal relationships and cultural reasoning transform personal motivation into decisive action. Health choices among the participants are embedded in networks of trust and shared understanding, where family persuasion and cultural validation legitimize folk medicine as both effective and honorable. Healing, in this worldview, is never an individual pursuit but a social process sustained by connection, testimony, and tradition.

Social encouragement often draws upon shared cultural beliefs. Family and community members do not simply tell someone to “try a healer”—they justify it using cultural narratives, supernatural explanations, and practical reasoning. These shared beliefs create a persuasive environment that pushes individuals toward folk healing. Together, these social and cultural influences set the stage for Theme 3. Once participants acted on this advice, their personal experiences with improvement or relief became the final and strongest form of validation.

If Theme 1 created openness and Theme 2 provided direction, Theme 3 solidified commitment. Participants lived experiences of relief, comfort, or spiritual reassurance became decisive factors that validated their choice of folk healing.

The third major theme, **Personal Experience and Inner Conviction as Reinforcing Influences**, illustrates how the participants' firsthand experiences of recovery and their strengthened self-belief in faith-based healing solidify their decision to continue adopting folk medicine. This theme represents the culmination of the influence process, where the external motivations and social validations discussed earlier evolve into personal certainty and lasting conviction. It reveals that participants' continued trust in folk medicine stems from direct experiences of improvement, both physical and spiritual, and the belief that faith and self-confidence are themselves essential elements of healing.

Personal Faith and Self-Belief Strengthening Trust. Participants shared that their continued use of folk medicine was reinforced by their own experiences of healing, whether physical, emotional, or spiritual. The first participant reflected this sentiment when he said, "I really saw the results... I'm a living witness that it works." Another explained, "I'm confident because when I seek treatment, I really get better." (R5) Similarly, someone shared, "If you truly believe, there's really a good effect," (R6) underscoring how faith and experiential improvement intertwined to strengthen commitment. Their conviction was not solely based on religious doctrine but also on the belief that healing responds to one's inner faith and determination to recover.

This finding aligns with Bayod (2025), who asserts that indigenous Filipino healing integrates spirituality with emotional empowerment, where belief in one's own healing capacity is as vital as the ritual itself. Similarly, Mohamed et al. (2024) and Makombe et al. (2023) found that patients' satisfaction with folk medicine often stems from subjective feelings of improvement and personal connection to the healing process. These experiences validate their faith and reinforce loyalty to traditional healing practices.

In the Health Belief Model, real or perceived improvements dramatically increase perceived benefits, strengthening adherence to folk medicine. Experiencing relief reduces doubt and reinforces the belief that the practice is effective. Through Motivated Reasoning, participants interpret improvements as confirmation of their faith-based expectations. Even small or unrelated changes are perceived as evidence that "God is working," reinforcing emotional comfort and belief in the healing process. Cultural Schema Theory reveals that interpreting improvement as spiritual validation is consistent with Filipino cultural narratives that emphasize divine mercy ("*looy sa Ginoo*") and the efficacy of traditional practices. Improvement fits culturally expected patterns of healing, making their experience feel both personal and culturally coherent. Meaning-Making Theory explains that personal improvements become a turning point: participants reconstruct their identity as "someone who is getting better through faith." Healing becomes part of their spiritual growth and personal narrative of resilience. Within the Social Ecological Model, personal experience interacts with social validation, participants share their experiences with others, reinforcing community norms that support folk healing. Their stories become new social proof, contributing to the cycle of cultural reinforcement. For many, self-belief became synonymous with divine trust.

Participants expressed that by believing in their capacity to heal and surrendering to God's will, they experienced both inner peace and physical improvement. This inner transformation reinforced their decision to rely on folk medicine, as it offered not only recovery but spiritual growth and affirmation. Through personal faith and lived experience, they found a source of evidence that required no scientific validation, their own healing became proof of the legitimacy of folk medicine. Participants do not choose folk medicine merely because it is available—they choose it because it fits their worldview, addresses unmet emotional needs, aligns with cultural expectations, restores spiritual meaning, and is continually validated by personal experiences and community relationships.

This integrative theoretical lens shows that adopting folk healing is a deeply embedded, culturally coherent, spiritually meaningful, emotionally protective, and socially reinforced decision-making process.

In essence, *Personal Experience and Inner Conviction as Reinforcing Influences* demonstrates how personal faith and self-belief transform external encouragement into lasting trust. Through direct experiences of recovery,

participants internalize their motivations and the social validation they once relied on, converting them into personal evidence of efficacy. The sub-theme shows that belief becomes both the means and the confirmation of healing. This inward assurance closes the cycle of influence: participants no longer depend on others' persuasion or past disappointments with hospitals; instead, their lived experience and spiritual conviction sustain their continuous reliance on folk medicine. In essence, the act of believing and experiencing healing becomes a self-reinforcing process that firmly anchors their decision to adopt and uphold traditional healing practices.

Overall, the findings show that faith provided the moral and emotional foundation for seeking traditional care, while social and cultural forces offered external validation that made the practice acceptable and legitimate within the community. Personal experience and self-belief, in turn, solidified these motivations through firsthand encounters that confirmed the perceived effectiveness of folk healing.

At the heart of this phenomenon lies the understanding that the adoption of folk medicine is an act of integration, of faith, culture, and self. The participants' decisions are not guided by rejection of biomedical care but by an enduring pursuit of healing that feels spiritually authentic, socially validated, and personally confirmed. Their faith in God establishes a foundation of trust; their families and communities sustain that faith through cultural affirmation; and their own experiences transform belief into conviction. Through this interconnected process, the participants construct a worldview where healing is not confined to hospitals or prescriptions but extends into prayer, ritual, and nature, domains that resonate with their moral and spiritual sensibilities. Folk medicine, therefore, becomes both a symbol of faith and a system of meaning through which they reclaim agency, coherence, and peace amid illness. Ultimately, the essence of this lived experience reveals that adopting folk medicine is more than a health decision, it is a holistic expression of belief, belonging, and self-trust, bridging the sacred and the practical in the Filipino quest for well-being.

Participants' experiences with folk medicine resulted in diverse impacts on their physical, emotional, mental, and spiritual well-being. Table 3 outlines the emergent themes that describe these outcomes, highlighting how traditional healing contributed to holistic restoration for some participants and prompted rejection for others following perceived ineffectiveness.

Table 3. Impacts of Adopting Folk Medicine on Personal Health

Theme	Sub Theme
Holistic Restoration of Well-being: Physical, Mental, Emotional, Existential and Spiritual	Bodily Restoration and Functional Capability
	Renewed Mental Stability and Agency
	Enhanced Emotional Regulation and Resilience
	Strengthened Spiritual and Existential Renewal
	Perceived Effectiveness Validated by Symptom Relief and Functional Improvement
Rejection of Folk Healing After Experiential Failure	Loss of Trust Due to Perceived Ineffectiveness

Following the exploration of the factors that motivate and influence the participants' decision to adopt folk medicine, the final stage of analysis focused on examining the impact of these decisions on their personal health and overall well-being. For many participants, folk healing contributed to a sense of holistic restoration and inner balance, affirming their faith and strengthening their resilience. However, the results also show that some participants experienced disappointment and loss of trust when their expectations were not met, highlighting that the impacts of folk medicine are diverse and deeply personal.

Two overarching themes emerged from the analysis: (1) Holistic Restoration of Well-being; Physical, Mental, Emotional, and Spiritual, and (2) Rejection of Folk Healing After Experiential Failure. These themes collectively describe how the experience of adopting folk medicine either reinforces or reshapes the participants' perceptions of health, faith, and healing.

The first major theme, **Holistic Restoration of Well-being: Physical, Mental, Emotional, Existential and Spiritual**, captures the multidimensional impact of folk medicine on the participants' lives. The decision to adopt

folk healing produced effects that went beyond physical recovery, fostering a profound sense of inner peace, renewed purpose, and spiritual strength. Participants articulated that healing was not only about bodily relief but also about the restoration of balance—within the self, with others, and with the divine. This holistic perception of health reflects the indigenous Filipino worldview that healing involves the harmony of body, mind, spirit, and environment (Crisol & Oledan, 2017; Bayod, 2025).

For most participants, folk medicine became a medium through which they regained control over their well-being. Their faith-based healing experiences provided reassurance and meaning, strengthening their trust not only in the treatment itself but in their own ability to overcome illness. This transformation rooted in faith, community, and experiential relief, reflects how folk medicine serves as both a curative and a psychological-spiritual mechanism for recovery.

This theme has four interrelated sub-themes that capture the holistic nature of these impacts: (a) Bodily Restoration and Functional Capability; (b) Renewed Mental Stability and Agency; (c) Enhanced Emotional Regulation and Resilience; and (d) Strengthened Spiritual and Existential Renewal.

Bodily Restoration and Functional Capability. Participants described noticeable improvements in their physical condition after undergoing folk healing rituals, herbal applications, or hilot. These improvements included increased strength, reduced discomfort, improved mobility, and overall bodily lightness. A participant “When I tried the traditional healing, it really disappeared,” (P1) referring to her discomfort. Another also shared, “My body and fullness have returned,” (P2) and later added, “I can already lift something heavy now... before I really couldn’t.” (P2) The last participant described partial yet meaningful improvement: “Physically, it didn’t totally disappear, but my side issues, digestive upset, joint pain, have eased up, thank God.” (P10) These statements indicate that even when biomedical cure was not achieved, participants experienced significant functional improvements that enhanced their day-to-day lives.

These experiences are consistent with research showing that folk healing provides perceived physical relief even when objective medical change is uncertain. Ekpore et al. (2023) found that individuals who use traditional medicine often report improved functioning and reduced symptoms, which increases their trust in the practice. Similarly, Alamada et al. (2023) documented that folk herbal and massage-based interventions promote physical ease and vitality. Palileo-Villanueva et al. (2022) also noted that despite the lack of measurable biomedical improvements, many patients value traditional healing for promoting comfort and bodily relief.

Under the Health Belief Model, perceived bodily improvements significantly enhance the perceived benefits of folk medicine. When relief is felt directly in the body, folk healing becomes not just an option, but the preferred healing modality. Participants see themselves regaining capability and strength, which reinforces the behavior. The Theory of Motivated Reasoning explains why participants interpret these improvements as proof that folk medicine “works.” Individuals emotionally invested in belief-driven healing naturally attribute positive bodily changes to the folk rituals or touch-based interventions they received, even if changes stem partly from natural recovery, placebo effects, or emotional relaxation. Using Cultural Schema Theory, these bodily improvements are interpreted through culturally embedded beliefs that touch, prayer, and herbal remedies restore balance and “lighten” the body. In Filipino culture, concepts like “gáan sa lawas” (lightness of the body) and “na-ayo kay gi-hilot” (healed because of massage or touch) fit into pre-existing schemas for physical healing. Meaning-Making Theory shows that physical improvements support participants’ need to interpret their suffering within a meaningful narrative. Recovery becomes a sign that their faith, patience, and spiritual trust were rewarded. Thus, bodily healing also becomes spiritual confirmation. Within Social Ecological Model, these perceived improvements ripple outward—participants share their experiences with family and neighbors, reinforcing community-level trust in folk healing. Their personal improvements become public testimonies that validate traditional practices for others.

Physical relief lowered participants’ stress levels and gave them enough bodily comfort to think more clearly. Because pain had previously consumed their thoughts, relief opened the space for mental clarity, leading directly into the next impact.

Renewed Mental Stability and Agency. A recurring impact among participants was the restoration of mental calm and agency. Many recalled entering the healer's place feeling anxious and hopeless but leaving with clarity and peace. The personal attention and prayerful atmosphere of folk healing countered the sense of alienation they previously felt in hospitals. The healer's empathy and gentle communication allowed them to release fear and regain composure.

Participants reported that folk healing alleviated their anxiety, mental fatigue, and cognitive distress. Many expressed that after undergoing folk treatment, they felt calmer, less overwhelmed, and more hopeful. The first participant shared, "Mentally, I have more peace of mind; I'm not always anxious about it anymore." The next participant stated, "I no longer brood... my overthinking has lessened." (R2) Another said, "Mentally, I always think that I'm okay," (P6) demonstrating how folk healing nurtured a mindset of confidence and reassurance. The last participant's narrative captured the emotional depth of this shift: "After seven years of intense suffering, my mental fatigue worsened, but after the folk healing, I feel empowered and hopeful... I was longing for it." (P10) These expressions reveal that folk healing provided psychological relief and restored a sense of personal agency.

This phenomenon aligns with broader research on the emotional functions of traditional healing. Wajid et al. (2022) found that alternative treatments provide existential comfort and reduce psychological distress among patients facing uncertainty. Chali et al. (2021) similarly highlighted that dissatisfaction with biomedical care often stems from emotional needs rather than physical symptoms alone. Traditional healers, who offer personal attention and empathy, often address these unmet emotional needs. Sarfati (2022) also emphasized that folk healing practices in hypermodern societies serve as resources of psychological grounding and hope.

Theoretical frameworks help explain these findings. Under the Health Belief Model, perceived bodily improvements significantly enhance the perceived benefits of folk medicine. When relief is felt directly in the body, folk healing becomes not just an option, but the preferred healing modality. Participants see themselves regaining capability and strength, which reinforces the behavior. The Theory of Motivated Reasoning explains why participants interpret these improvements as proof that folk medicine "works." Individuals emotionally invested in belief-driven healing naturally attribute positive bodily changes to the folk rituals or touch-based interventions they received, even if changes stem partly from natural recovery, placebo effects, or emotional relaxation. Using Cultural Schema Theory, these bodily improvements are interpreted through culturally embedded beliefs that touch, prayer, and herbal remedies restore balance and "lighten" the body. In Filipino culture, concepts like "gáan sa lawas" (lightness of the body) and "na-ayo kay gi-hilot" (healed because of massage or touch) fit into pre-existing schemas for physical healing. Meaning-Making Theory shows that physical improvements support participants' need to interpret their suffering within a meaningful narrative. Recovery becomes a sign that their faith, patience, and spiritual trust were rewarded. Thus, bodily healing also becomes spiritual confirmation.

Within the Social Ecological Model, these perceived improvements ripple outward, participants share their experiences with family and neighbors, reinforcing community-level trust in folk healing. Their personal improvements become public testimonies that validate traditional practices for others. As mental stability improved, participants reported that they were able to regulate their emotions more effectively. With fewer racing thoughts or overwhelming fears, emotional resilience naturally followed, transitioning into the next subtheme.

Enhanced Emotional Regulation and Resilience. Participants described emotional benefits such as reduced sadness, diminished anger, and the ability to remain calm in stressful situations. R2 explained, "It can lessen your anger... it doesn't weigh on you," emphasizing improved emotional control. R8 said, "After I underwent bisaya healing, I hardly cried anymore; I was okay afterward," demonstrating a release of emotional heaviness. R9 reflected on her emotional shift: "Before the healing, I constantly had negative thoughts, but now I feel calmer." R10 expressed increased resilience, stating, "Honestly, that's the reason why I'm emotionally strong now... I can face whatever clinical treatments I need to undergo." These statements show that folk healing provided an emotional reset, equipping participants with renewed resilience in their health journey.

These experiences reflect findings by Rondilla et al. (2021), who observed that folk healing provides emotional relief by fostering empathy, connection, and acceptance. Marques et al. (2021) also found that traditional healing

reinforces emotional harmony by grounding individuals in cultural and spiritual identity. Studies by Christodoulou et al. (2023) highlight that even when treatment outcomes are uncertain, emotional reassurance significantly enhances psychological resilience.

From the Health Belief Model, these emotional improvements increase the perceived value of folk medicine. When sadness, fear, or anger decrease, participants interpret the practice as not only treating the body but soothing the heart—something biomedical care seldom offers. The Theory of Motivated Reasoning explains how participants attribute emotional calmness to the healer's spiritual intervention. Because they strongly desire emotional peace, they focus on interpretations that reinforce the belief that folk medicine is emotionally restorative. Cultural Schema Theory reveals how Filipino cultural models equate emotional states with spiritual alignment. Practices like hilot, prayer, and ritual cleansing are believed to “release heavy emotions.” Thus, emotional relief fits naturally into cultural expectations of what healing should achieve. Meaning-Making Theory shows that emotional renewal enables participants to reframe their suffering: illness is no longer a punishment or burden, but part of a process through which they develop resilience, patience, and spiritual strength. Emotional shifts thus reshape their identity and worldview.

At the SEM level, emotional support is amplified by the interpersonal atmosphere created by healers, who provide empathy, personal attention, and prayer—elements often missing in biomedical settings. This relational environment reinforces emotional resilience. With emotions stabilizing, participants became more capable of experiencing spiritual reflection and existential clarity. Emotional calmness made it easier for them to reconnect with faith, purpose, and inner identity.

Strengthened Spiritual and Existential Renewal. Participants described spiritual transformation as one of the most profound impacts of adopting folk medicine. They experienced increased faith, strengthened connection with God, and renewed purpose in life. A participant said, “My faith has become even deeper,” (P1) demonstrating how folk healing reaffirmed her spirituality. The last participant described folk healing as “a life saver of my spirit,” (P10) revealing how healing was experienced not just physically or emotionally but existentially. For these participants, folk healing offered a sacred encounter that restored their sense of meaning, hope, and spiritual confidence.

This aligns with Vaiphei (2020), who emphasized that spiritual frameworks enhance coping and existential peace among patients experiencing illness. Nichols (2022) similarly found that individuals undergoing illness often seek spiritual grounding to restore meaning and dignity, a function that folk healing effectively fulfills. Bayod (2025) highlighted that indigenous healing in the Philippines often operates as a bridge between faith, identity, and emotional renewal, clearly reflected in participants' testimonies.

In the Health Belief Model, spiritual renewal massively increases the perceived benefits of folk medicine, making it a “full-spectrum” form of healing that addresses domains biomedicine does not touch. The Theory of Motivated Reasoning explains why spiritual experiences become central to participants' interpretation: they provide powerful emotional justification for continuing folk practices. Participants recall moments of spiritual clarity or peace as evidence of divine approval. With Cultural Schema Theory, spiritual renewal fits into Filipino schemas that health, illness, and faith are inseparable. Cultural narratives of “God's mercy,” “divine intervention,” or “spiritual cleansing” provide interpretive frameworks that affirm spiritual healing as real and culturally legitimate. Through Meaning-Making Theory, participants use spiritual renewal to restore their existential narrative. Illness becomes spiritually symbolic, and recovery signifies divine favor or personal transformation. This reframing turns suffering into meaningful growth. According to the Social Ecological Model, spiritual renewal is supported by the communal religious environment—neighbors, healers, family members praying together. Healing becomes a shared spiritual experience embedded in community faith life. In this way, folk medicine becomes a spiritual therapy—not merely a remedy for symptoms but a process that reawakens faith, gratitude, and inner peace. The experience of healing is both sacred and transformative, reaffirming that wholeness is rooted in connection with the divine.

This renewed sense of spiritual clarity made participants more aware of the overall effectiveness of the practice. With physical, mental, emotional, and spiritual benefits accumulating, participants assessed the outcomes holistically—bringing to the final subtheme.

Perceived Effectiveness Validated by Relief and Improvement. Participants explained that symptom relief, improved daily functioning, and a sense of bodily lightness convinced them that folk healing was effective. A participant shared, “With the bisaya healing, I really felt relief,” (P2) while the other said, “It actually improved more with folk medicine... I feel lighter.” (P6) Another noted, “I’m not bleeding now, unlike before when I went to the doctor,” (P8) highlighting tangible improvements. The last participant offered a nuanced reflection: “My illness wasn’t really cured... but it restored my ability to live with it.” (P10) These accounts reveal that effectiveness was defined not by clinical cure but by the restoration of comfort, function, and coping. This pattern aligns with Palileo-Villanueva et al. (2022), who reported that even when biomedical outcomes remain unchanged, patients value traditional healing for improving comfort and daily functioning. Studies by Ekpor et al. (2023) and Alamada et al. (2023) similarly highlight that subjective improvement—regardless of clinical validation—plays a critical role in sustaining trust in traditional medicine.

The Health Belief Model frames these improvements as heightened perceived benefits that strengthen long-term adherence to folk healing. While in the lens of Theory of Motivated Reasoning shows how participants evaluate these improvements through a confirmation lens: any improvement, however small, becomes evidence that folk healing is effective. In Cultural Schema Theory, “feeling lighter,” “less bleeding,” or alleviated symptoms align with culturally meaningful indicators of health improvement. Participants evaluate effectiveness based on embodied sensations that match cultural expectations. Through Meaning-Making Theory, these improvements are interpreted spiritually: relief is not merely physical but symbolic of divine mercy, healing energy, or restored balance. Effectiveness thus becomes existential, not just clinical. In the Social Ecological Model, perceived effectiveness is reinforced through the community, participants share their improvements with others, who respond with affirmation and stories of their own recovery, continually validating the healing experience.

Participants’ lived experiences reveal that the decision to adopt folk medicine resulted in a transformation of the whole person. Their accounts portray a journey from weakness and anxiety to strength, serenity, and faith. Through folk healing, they rediscovered meaning in suffering, cultivated peace, and regained the will to live fully. Physical relief merged with psychological calm; emotional release intertwined with spiritual awakening. Healing became a dialogue between body and spirit, human effort and divine grace. The impact was therefore not limited to health outcomes but extended to renewed identity and purpose, a sense that they were restored not just in body, but in soul.

In essence, *Holistic Restoration of Well-being* reveals that the impact of adopting folk medicine lies in its power to integrate the physical, mental, emotional, and spiritual dimensions of health. Participants experienced healing as the restoration of harmony within the self and with God. By addressing fear, disconnection, and helplessness, folk healing provided a pathway toward empowerment and faith-based resilience. The phenomenon shows that the health impact of folk medicine is not merely symptomatic relief but the re-establishment of total well-being, an embodied balance that redefines healing as wholeness rather than cure.

While many participants found folk medicine to be a source of physical and spiritual renewal, others described disappointment and disillusionment when healing did not occur as expected. The second theme, **Rejection of Folk Healing After Experiential Failure**, reveals that negative experiences with traditional treatment can undermine faith in folk medicine and prompt individuals to reconsider or return to biomedical care. The findings highlight that the impact of adopting folk medicine is not universally positive; for some, it produced frustration, regret, and a renewed awareness of the importance of clinical intervention. In these cases, the personal consequences of illness were not only physical but psychological and moral, as participants wrestled with the tension between faith, culture, and reality.

Loss of Trust Due to Perceived Ineffectiveness. Participants who reported ineffectiveness of folk treatment expressed feelings of betrayal, confusion, and lost confidence. Some described following rituals and herbal prescriptions faithfully but seeing no change in their condition or even deterioration. Others recounted how promises of healing from *mananambals* failed to materialize, leading to a crisis of trust—not only in the healer but in the belief system itself. For these individuals, experiential failure became a turning point that shifted their perception of folk medicine from sacred and reliable to uncertain and unreliable. A few participants reported that folk healing did not improve their condition, leading them to question its effectiveness. The participant stated, “Nothing changed... it didn’t help,” (P4) and further shared, “I feel more at peace just by praying than getting

treated that way.” These narratives reveal that experiential failure prompted participants to reassess their choices and shift their trust back toward personal faith or biomedical care.

This finding parallels the observations of Makombe et al. (2023), who found that disappointment after ineffective traditional treatment often leads patients to re-engage with biomedical systems out of necessity. Similarly, Chali et al. (2021) noted that perceived inefficacy of herbal medicine can erode trust and create ambivalence toward traditional healing, especially when pain or disability persists. These patterns indicate that experience plays a critical role in shaping not just satisfaction but the sustainability of health practices.

In the Health Belief Model, these negative experiences reduce perceived benefits and increase perceived barriers, prompting participants to reconsider biomedical care. The Theory of Motivated Reasoning explains why disappointment leads participants to reinterpret the failure: to reduce emotional dissonance, they blame the healer, the ritual, or timing, not God. This protects their spiritual self-concept while allowing them to adjust treatment choices. Through Cultural Schema Theory, participants may shift from interpreting illness as spiritual imbalance to considering it as biomedical again, especially when symptoms persist. Cultural schemas are flexible; when one explanatory model fails, another is used. Meaning-Making Theory reveals that failed healing produces existential tension. When folk medicine does not work, participants must rebuild meaning—often by concluding that God intends them to use biomedical treatment instead, restoring coherence between experience and belief. Under the Social Ecological Model, community feedback also shifts. Family members may say, “*Basig kinahanglan na gyud ka mo-adto sa doktor*” (Maybe you really need to go to the doctor now). This social shift helps reorient participants toward clinical care as a practical necessity. The loss of trust also carried emotional consequences. Participants reported feeling guilt and self-blame for delaying hospital visits, particularly when conditions worsened. In retrospect, they recognized that excessive reliance on folk healing might have hindered timely treatment. This recognition did not necessarily negate their belief in folk medicine but repositioned it as a secondary or supplementary option. As Bekele et al. (2024) emphasize, dissatisfaction with traditional care does not always equate to full rejection; rather, it prompts a rebalancing of faith and pragmatism.

In this light, rejection of folk healing after failure can be seen as an adaptive adjustment, an effort to restore safety and control when one’s worldview no longer produces the expected outcomes. For participants, the turning away from folk healing was not an abandonment of faith but a reorientation toward more tangible solutions, reflecting a nuanced interplay between belief, experience, and evidence. Participants’ experiences reveal that the absence of healing can deeply challenge the trust and hope once invested in folk medicine. When improvement failed to appear, faith wavered, and participants were forced to confront the limits of spiritual and traditional approaches. Some expressed regret for having delayed hospital care, while others retained spiritual belief but lost confidence in certain healers or rituals. Experiential failure thus produced a painful but enlightening realization: that healing, while divinely influenced, also requires medical intervention and human responsibility. This disappointment, though discouraging, often became a catalyst for greater discernment and balance between traditional and biomedical systems.

In essence, *Rejection of Folk Healing After Experiential Failure* reveals that the impact of adopting folk medicine is shaped by the interplay of faith, expectation, and lived results. When experiences contradict belief, individuals reassess their practices, leading to a partial or complete loss of trust in folk healing. Yet even in disillusionment, faith persists, redirected toward more practical forms of care. The phenomenon shows that experiential failure functions as both a challenge and a correction: it dismantles blind reliance while encouraging critical reflection and integration. For some participants, disappointment became not the end of belief but the beginning of a more balanced, informed approach to healing, one that honors both the spiritual and the scientific dimensions of health.

In totality, the experience of adopting folk medicine reshaped participants’ understanding of health itself. Healing was no longer seen as a purely medical outcome but as a spiritual journey toward equilibrium and discernment. Whether in success or disappointment, participants emerged with deeper awareness of their bodies, beliefs, and boundaries, gaining insight into the interconnectedness of faith, community, and personal responsibility in sustaining well-being.

Essentially, the impact of adopting folk medicine reflects the participants' pursuit of wholeness through faith and experience. Their encounters reveal that healing is both a physical and spiritual undertaking, where health is measured not only by the absence of illness but by the presence of inner peace, restored faith, and renewed meaning. For many, folk medicine offered compassionate, holistic care that modern systems lacked, fostering empowerment and harmony within the self. Yet for others, the absence of expected healing prompted discernment, balancing spiritual devotion with pragmatic awareness.

This phenomenon embodies a *dual truth*: folk medicine can both heal and humble. It heals by reuniting body and spirit, affirming cultural and divine connection; it humbles by revealing the limits of faith alone and the necessity of integrating biomedical care. Ultimately, the lived experience of adopting folk medicine becomes a dynamic interplay between belief and evidence, devotion and discernment. The essence of this experience lies in transformation, where healing, in its many forms, restores not just the body but the wisdom to seek balance between tradition, faith, and science in the ongoing quest for well-being.

The findings of this study comprehensively address the research gap identified at the outset, the limited understanding of why clinically diagnosed individuals continue to adopt folk medicine despite receiving medical care. Earlier studies have explained the general use of folk healing among Filipinos, yet few have explored the specific motivations of patients who already possess medical diagnoses, particularly within the cultural and geographical context of Santander, Cebu. This study fills that void by unveiling the lived realities and emotional meanings behind such health-seeking behavior.

Through the themes of Faith-Driven Motivation, Perceived Inadequacy and Procedure-Related Fear in Conventional Care, and Socially Influenced Trial and Validation, the study reveals that the decision to turn to folk healing arises from a convergence of spiritual conviction, emotional need, and social reinforcement. Participants' narratives demonstrate that seeking traditional healing is not a rejection of science but a culturally coherent act of faith, comfort, and survival. It embodies a holistic view of health where divine intervention, personal experience, and community trust intersect to form a meaningful pathway to recovery. These insights bridge a critical gap in understanding by showing that even clinically diagnosed individuals maintain agency and intentionality in choosing folk medicine. Their motivations are guided not by ignorance but by the search for wholeness, where physical, emotional, and spiritual healing coexist. This expanded understanding paves the way for healthcare practices that respect faith and culture while promoting patient safety, ultimately bridging the divide between traditional wisdom and biomedical science in the local context of Santander, Cebu.

Implications of the Study

The findings show that the use of folk medicine is strongly influenced by faith, cultural beliefs, and community support. This implies that healthcare providers should adopt culturally sensitive and patient-centered approaches to reduce fear and mistrust toward hospitals. Improving communication, empathy, and trust between patients and medical professionals can encourage timely medical consultation. The study also highlights the importance of collaboration between biomedical healthcare providers and traditional healers. Recognizing folk healing as part of community health behavior can help develop culturally relevant health education programs and promote safer health practices. In education, the findings suggest the need to include cultural competence and indigenous health practices in healthcare-related curricula. This will prepare future professionals to provide more culturally responsive care. At the policy level, government agencies should consider integrating traditional healing practices into community health programs by establishing referral systems and safety guidelines for folk healers.

Finally, the study contributes to future research by emphasizing that healing should be understood as a holistic process involving physical, emotional, cultural, and spiritual dimensions.

Limitations of the Study

This study has several limitations. First, the research involved a small number of participants from a single locality, which limits the generalizability of the findings. Folk healing practices may vary across different regions and communities. Second, the study relied on self-reported experiences gathered through interviews. These narratives are subjective and may be influenced by personal beliefs, memory, or cultural expectations.

Third, the qualitative phenomenological design focused on participants' lived experiences rather than measuring the medical effectiveness of folk treatments.

Lastly, most participants consulted faith-based healers rather than herbal practitioners, which limited the diversity of perspectives on other forms of traditional healing.

RECOMMENDATIONS

Healthcare professionals should strengthen cultural competence and improve communication with patients to reduce fear and mistrust toward hospital care. Training on empathy and culturally sensitive practices can help healthcare providers better understand patients' beliefs. Health institutions and local health units should implement community-based health education programs that address misconceptions about hospital treatment and emphasize when urgent medical care is necessary.

Barangay health workers and community leaders can help deliver these programs. Educational institutions should integrate cultural awareness and indigenous health practices into health-related curricula to prepare future professionals for culturally responsive healthcare. Policymakers should recognize the role of traditional healing in communities and develop guidelines that promote safe collaboration between folk healers and medical professionals.

Future researchers are encouraged to include larger and more diverse samples, use mixed-method approaches, and explore the effectiveness of different types of folk healing practices.

CONCLUSION

The study concludes that the adoption of folk medicine among clinically diagnosed individuals is a deeply meaningful and culturally rooted health-seeking behavior rather than a simple rejection of modern healthcare. The decision to rely on folk healing arises from a complex interplay of faith, fear, social validation, cultural logic, and personal experience, all of which are embedded in the Filipino worldview that health encompasses the body, mind, and spirit. respondents lived experiences revealed that illness is interpreted not only as a biological disturbance but as a disruption of harmony between the self, the divine, and the community. Folk medicine, therefore, serves as a way of restoring balance, physically through natural remedies, emotionally through empathy and comfort, and spiritually through faith and surrender to God. The study also concludes that the impact of adopting folk medicine is multidimensional.

For many, it resulted in holistic restoration, renewed energy, emotional relief, and strengthened faith, affirming the integrative and therapeutic value of traditional healing. However, for some participants, unmet expectations led to disappointment and a critical re-evaluation of their beliefs. These contrasting outcomes reveal that folk medicine can both heal and teach, providing not only relief but also discernment about the need to balance spiritual devotion with medical intervention.

Ultimately, this study concludes that the adoption of folk medicine among clinically diagnosed individuals in Santander Cebu does not merely arise from economic limitations or lack of access to modern healthcare, but from a deeper and more meaningful set of influences that intertwine faith, culture, and human experience. They turn to folk healing not simply because it is affordable or convenient, but because it provides spiritual assurance, emotional comfort, and cultural coherence, elements that many perceive to be absent in conventional medical settings. The decision to seek folk medicine is thus a reflection of the Filipino worldview, where health is understood as a balance of body, mind, and spirit, and healing is experienced as both a personal and sacred journey.

Intervention Plan

Project Title: ALIW (Alleviating Hospital Fear and Improving Health When-to-Seek-Care): A Community-Based Education Program in Santander, Cebu

Rationale

Many residents of Santander rely on folk healing practices because these provide emotional comfort and cultural significance. However, fear of hospital procedures and misinformation often lead individuals to delay seeking professional medical care, even during serious health conditions. Such delays can worsen illnesses that require urgent biomedical treatment.

This program aims to address this gap by providing culturally sensitive health education that helps residents understand hospital procedures and recognize when immediate medical attention is necessary. By improving awareness and confidence in healthcare services while respecting traditional practices, the initiative seeks to promote timely health-seeking behavior and protect the well-being of the community.

Objectives

General Objective

To improve awareness, confidence, and timely health-seeking behavior among residents of Santander regarding hospital care while respecting local cultural healing practices.

Specific Objectives

1. To educate community members about common hospital procedures in order to reduce fear and misconceptions.
2. To help residents identify symptoms that require immediate hospital attention.
3. To increase health literacy among adults and youth regarding emergency medical care.
4. To promote cooperation between healthcare providers, barangay health workers, and folk healers in encouraging timely medical referrals.
5. To empower residents to make informed decisions about when to seek hospital treatment.
6. To raise public awareness about the benefits and limitations of folk medicine, promoting safe and informed use alongside professional healthcare.

Proposed Solution

Program Component	Description	Expected Outcome
Educational Workshops	Conduct community workshops explaining common hospital procedures such as injections, diagnostic tests, and minor surgeries using simple language and visual demonstrations.	Reduced fear and misconceptions about hospital treatment.
Emergency Awareness Sessions	Train residents to identify “red flag” symptoms such as chest pain, stroke signs, severe bleeding, and high fever that require immediate medical attention.	Increased ability to recognize medical emergencies and seek timely care.
Youth Health Education	Implement interactive sessions in schools using discussions, role-playing, and real-life scenarios to teach students when hospital care is necessary.	Improved health literacy and early trust in healthcare among youth.
Folk Healer Collaboration	Conduct orientation sessions with local <i>mananambals</i> to promote mutual referrals and cooperation with healthcare workers.	Stronger collaboration between traditional healers and biomedical practitioners.

Community Dialogue and Outreach	Facilitate open discussions involving barangay leaders, health workers, and residents to address fears and share accurate health information.	Increased community trust in hospital services and improved health-seeking behavior.
Public Awareness Program on Folk Medicine	Launch community-wide campaigns (e.g., posters, social media, and barangay assemblies) that educate residents on the appropriate use, benefits, and limitations of folk medicine, emphasizing when professional medical care is necessary.	Improved understanding of folk medicine, reduced harmful practices, and increased timely referral to hospitals when needed.

CONCLUSION

The study concludes that the adoption of folk medicine among clinically diagnosed individuals is a deeply meaningful and culturally rooted health-seeking behavior rather than a simple rejection of modern healthcare. The decision to rely on folk healing arises from a complex interplay of faith, fear, social validation, cultural logic, and personal experience, all of which are embedded in the Filipino worldview that health encompasses the body, mind, and spirit. respondents lived experiences revealed that illness is interpreted not only as a biological disturbance but as a disruption of harmony between the self, the divine, and the community. Folk medicine, therefore, serves as a way of restoring balance, physically through natural remedies, emotionally through empathy and comfort, and spiritually through faith and surrender to God. The study also concludes that the impact of adopting folk medicine is multidimensional. For many, it resulted in holistic restoration, renewed energy, emotional relief, and strengthened faith, affirming the integrative and therapeutic value of traditional healing. However, for some participants, unmet expectations led to disappointment and a critical re-evaluation of their beliefs. These contrasting outcomes reveal that folk medicine can both heal and teach, providing not only relief but also discernment about the need to balance spiritual devotion with medical intervention.

Ultimately, this study concludes that the adoption of folk medicine among clinically diagnosed individuals in Santander Cebu does not merely arise from economic limitations or lack of access to modern healthcare, but from a deeper and more meaningful set of influences that intertwine faith, culture, and human experience. They turn to folk healing not simply because it is affordable or convenient, but because it provides spiritual assurance, emotional comfort, and cultural coherence, elements that many perceive to be absent in conventional medical settings. The decision to seek folk medicine is thus a reflection of the Filipino worldview, where health is understood as a balance of body, mind, and spirit, and healing is experienced as both a personal and sacred journey.

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