INTERPRETIVE QUALITATIVE STUDY ON SELF-INFLICTED RELIGIOUS PRACTICES AND BELIEFS ACROSS MAJOR FAITHS

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ABSTRACT:

Self-inflicted religious practices refer to voluntary physical acts such as fasting, piercing, or enduring pain that individuals perform as expressions of devotion and spiritual discipline. These practices are often undertaken to seek purification, repentance, or divine blessings, and symbolize personal sacrifice and surrender to a higher power. They reflect a deep commitment to faith, where the body becomes a medium for spiritual expression and connection with the divine. **Objective:** This study explored the spiritual meaning, motivations, and lived experiences associated with self-inflicted religious practices among Hindu, Christian, and Muslim devotees. **Methods:** A qualitative exploratory design was used, and participants were recruited through snowball sampling in Samayapuram and Trichy. Face-to-face semi-structured interviews were conducted in Tamil, audio-recorded with consent, transcribed verbatim,

translated into English, and analysed thematically, with member checking and field notes used to enhance credibility. **Results:** Four themes emerged: (1) divine reciprocity and vow fulfilment, where rituals were performed to express gratitude and seek blessings; (2) pain as sacred sacrifice, with participants interpreting pain as spiritual strength rather than harm; (3) cultural continuity and identity, showing strong family and community influence in maintaining ritual traditions; and (4) faith-based healing and purity, where devotees relied on divine protection and sacred substances rather than medical support. **Conclusion:** Self-inflicted rituals were perceived as voluntary acts of devotion, purification, and spiritual strength; therefore, understanding such practices requires a cultural-religious lens rather than viewing them through clinical or pathological frameworks

Keywords: Self-inflicted religious practices, qualitative study, spirituality, faith, cultural beliefs, India

INTRODUCTION

Religion, spirituality, and ritual performance remain deeply embedded in the cultural fabric of India, shaping personal identity, social behaviour, and collective consciousness. Across major faith traditions, individuals engage in diverse forms of devotional expression ranging from prayer and fasting to pilgrimage, ritual offerings, and endurance-based observances. Among these acts, self-inflicted religious practices occupy a unique space as voluntary bodily sacrifices undertaken to honour vows, seek divine intervention, express gratitude, attain purification, or demonstrate spiritual discipline.

Self-inflicted devotional rituals such as piercing, kavadi carrying, fire-walking, prolonged fasting, and bodily endurance are long-standing cultural expressions observed among Hindu, Christian, and Muslim communities in South India. Although such practices may appear extreme from a secular or biomedical perspective, practitioners perceive them as sacred, meaningful, and spiritually empowering. Pain and physical exertion are reinterpreted not as harm, but as pathways to transcendence, moral cleansing, and divine connection.

Existing scholarship predominantly examines self-inflicted behaviours through psychiatric or clinical frameworks, often categorising them alongside self-harm and non-suicidal self-injurious behaviour. However, religiously motivated self-infliction differs significantly in intention, cultural sanction, emotional experience, and social meaning. Devotees interpret ritual pain as a sacred offering, an expression of gratitude, or a fulfilment of divine promise — a symbolic transaction between human faith and divine benevolence. Thus, applying clinical models without cultural context risks misinterpretation and cultural insensitivity.

In India, where religion intersects with identity, community life, and intergenerational tradition, it is essential to acknowledge the socio-spiritual significance of ritual pain. Limited qualitative research has explored these practices through the voices of devotees themselves, particularly across multiple faith traditions within a shared cultural environment. Lived-experience narratives are essential to understand why individuals choose bodily sacrifice, how they interpret ritual pain, and how cultural traditions sustain these practices.

This study addresses this gap by examining the meanings, motivations, and personal interpretations associated with self-inflicted religious practices among Hindu, Christian, and Muslim devotees in South India. Through an interpretive qualitative design, this research aims to provide culturally grounded insight into ritual pain, spiritual devotion, and embodied religious identity.

AIMS AND OBJECTIVES

To explore and understand the lived experiences, beliefs, and cultural meanings associated with self-inflicted religious practices among devotees from Hindu, Christian, and Muslim communities.

1. To explore the personal motivations and spiritual beliefs that lead individuals to engage in self-inflicted religious rituals.
2. To understand how participants interpret ritual pain and physical endurance within a spiritual and cultural framework.
3. To examine the role of family, tradition, and community in shaping and sustaining these religious practices.
4. To identify participants' perceived outcomes and benefits (spiritual, emotional, physical or social) associated with performing such rituals.
5. To analyse the coping mechanisms, healing beliefs, and ritual purity practices followed by participants.
6. To interpret how individuals distinguish these acts of devotion from self-harm from a cultural-religious perspective.

REVIEW OF LITERATURE:

Self-inflicting injury among religious devotees has been documented in various cultures worldwide, with several studies focusing on its prevalence, cultural context, and health implications. According to a study by Favazza (1996) , ritualistic self-harm is a form of culturally sanctioned behaviour that differs significantly from other forms of self-harm, such as those associated with mental health disorders. Favazza distinguishes between religiously motivated self-harm, which is typically public and ceremonial, and pathological self-harm, which is often private and associated with psychological distress.

In India, religious self-harm practices such as piercing, kavadi (carrying heavy structures attached to the body), and fire-walking are particularly common during festivals like Thaipusam and Muharram. A study by Bhugra D (1999) highlights the health risks associated with these practices, noting that while participants view the injuries as minor or inconsequential due to their religious context, medical complications such as infections, tetanus, and blood-borne diseases are common. The study underscores the need for healthcare providers to be culturally competent and sensitive when addressing these issues in a medical setting.

Psychologically, many devotees report experiencing a state of transcendence or heightened spiritual awareness during these rituals. A paper by de Alvarado et al. (2006) discusses the psychosocial dynamics of religious self-harm, suggesting that for many individuals, these acts provide a sense of community, belonging, and identity within their religious group. However, the same study notes that there is limited research on the long-term psychological impacts of repeated self-inflicting injuries.

Field practice areas of tertiary care medical colleges are critical in providing healthcare to populations that engage in these practices. Studies conducted in such settings have reported that healthcare workers often struggle to balance respect for religious practices with the need to provide medical intervention. In an observational study conducted in South India, Gandhi et al. (2021) found that healthcare providers in tertiary care institutions encountered numerous cases of devotees with severe injuries resulting from religious self-harm, with infections being the most common complication. The study called for improved education and awareness among healthcare workers to manage such cases effectively while maintaining cultural sensitivity.

Scholars of religious psychology have emphasized that such acts are not merely physical but also deeply psychological and symbolic. According to Freud (1927) and William James (1902), religious practices involving pain or restraint may represent both personal control over desires and a pathway to spiritual elevation. Contemporary researchers have also argued that self-inflicted religious rituals may foster emotional release, enhance group cohesion, and affirm identity within cultural and spiritual communities (Cohen & Hill, 2007).

In conclusion, self-inflicting injury among devotees presents a unique challenge in the medical field, particularly in regions where religious practices involving self-harm are prevalent. Tertiary care institutions in field practice areas play a pivotal role in managing the health consequences of these practices, and there is a need for further research and training to ensure that medical professionals can provide appropriate care while respecting cultural and religious contexts.

METHODOLOGY

Type of Study

The present research is a qualitative study designed to explore the beliefs, motivations, and meanings associated with self-inflicted religious practices across major faiths. A qualitative approach was chosen to gain an in-depth understanding of participants lived experiences and personal interpretations of their faith-based acts. This design allowed the researchers to capture subjective emotions, symbolic meanings, and cultural contexts that quantitative methods might overlook.

Study Population

The study population included men and women aged between 20 and 60 years belonging to different religious faiths, including Hinduism, Christianity, and Islam. Participants were selected irrespective of their educational or occupational background. To maintain homogeneity in health status, infants, children, elderly individuals, and people with chronic illnesses were excluded from the study. The selected age range was considered appropriate as adults within this bracket are capable of independent decision-making and reflection on their religious practices.

Faith	**Participants**
Hindu	10
Christian	5
Muslim	3
Total	**18**

Sampling Technique and Sample Size

Participants were selected through the snowball sampling technique, wherein initial respondents referred other potential participants who met the inclusion criteria. This method was particularly suitable for studying religious practices, as it helped reach participants from close-knit faith communities. Data collection continued until data saturation was achieved — the point at which no new information or themes emerged from subsequent interviews. In total, 18 in-depth interviews were conducted: 10 from Hinduism, 5 from Christianity, and 3 from Islam.

Inclusion Criteria

- Willingness to voluntarily participate and share personal experiences.
- Individuals who have personally engaged in self-inflicted religious practices (e.g., fasting, piercing, endurance rituals).
- Able to communicate clearly in the language of interview (Tamil/English).

Exclusion Criteria

- People with serious physical or psychological illness affecting participation**.**
- Individuals unwilling to participate or not providing consent.

DATA COLLECTION

Data collection was carried out through in-depth, face-to-face interviews with individuals representing three major faiths—Hinduism, Christianity, and Islam. The process was designed

to elicit participants' personal experiences, beliefs, and motivations regarding self-inflicted religious practices. Each participant was contacted in advance, and interviews were conducted at a time and place convenient to them to ensure comfort and privacy.

An interview guide was developed after a comprehensive review of existing literature related to religious behaviour, spiritual symbolism, and ritual practices. The guide contained open-ended questions designed to encourage free expression and detailed narration of individual experiences. Probing questions were used to gain deeper insights into participants' feelings, perceptions, and reasons for performing self-inflicted acts as part of their religious devotion.

All interviews were conducted by investigators trained in qualitative research methods, ensuring sensitivity to both religious and cultural contexts. Each discussion was audio-recorded with the participant's consent and accompanied by field notes taken by a note-taker. These notes captured important non-verbal cues such as tone, body language, and emotional expressions that provided additional depth to the analysis. The duration of each interview ranged between 10 to 15 minutes, depending on the participant's willingness to share and the richness of the information provided.

Following each interview, the recordings were transcribed verbatim, and transcripts were reviewed immediately to identify key ideas and potential emerging codes. The participants were later given the opportunity to review portions of their transcribed statements for accuracy and validation (a process known as *member checking*), thereby ensuring credibility and authenticity of the data collected.

An interview guide with open-ended questions was used to encourage free narration. Probing questions explored spiritual beliefs, motivations, family influence, pain interpretation, and healing practices.

Data Management and Confidentiality

- Audio files were transcribed verbatim and translated into English where required
- Personal identifiers were removed
- Pseudonyms assigned to protect anonymity
- Data stored securely and accessed only by investigators

DATA ANALYSIS

Data were analysed using thematic analysis following Braun and Clarke's framework, adopting an inductive and interpretivist approach to understand the meanings, emotions, and cultural values attached to self-inflicted religious practices. All interviews were transcribed verbatim and repeatedly read to ensure deep familiarisation with the content and emotional tone of participants' narratives.

Manual coding was performed, during which meaningful statements related to spiritual motivations, ritual pain, cultural transmission, healing beliefs, and religious commitment were identified. Codes were examined, refined, and organised into broader categories, and through

iterative review, four major themes were finalised. The analysis revealed that these practices are deeply embedded in faith, ritual obligation, and cultural inheritance rather than psychological distress or self-harm. Participants consistently described pain, sacrifice, and physical endurance not as suffering but as sacred pathways to divine connection, purification, and spiritual fulfilment.

A recurring pattern was the spiritual reframing of pain—participants emphasised that discomfort during piercing, walking long distances, or carrying heavy objects was either minimal or divinely alleviated, often expressing that "God gives strength." Ritual pain was therefore interpreted as spiritual strength and evidence of divine presence, rather than bodily harm. Cultural continuity emerged as a central theme, with most participants learning rituals through family and community traditions; intergenerational transmission, temple culture, and community participation affirmed these acts as markers of identity and belonging.

Faith-based healing practices such as applying holy ash, turmeric, neem, and sacred water further reflected trust in divine protection rather than biomedical intervention. Throughout analysis, member checking, field notes, and reflexive attention to researcher bias enhanced credibility and trustworthiness.

Overall, the findings highlight that self-inflicted rituals are perceived as embodied devotion, culturally sanctioned, spiritually meaningful, and emotionally fulfilling, challenging clinical interpretations by demonstrating that ritual pain functions as sacred duty, cultural legacy, and spiritual empowerment.

RESULT

Analysis of the in-depth interviews revealed four overarching themes reflecting how participants interpret and experience self-inflicted religious practices. These themes demonstrate that ritual pain is understood not as self-harm, but as voluntary devotion, cultural duty, and spiritual exchange with the divine.

Theme 1: Divine Reciprocity and Vow Fulfilment

Participants consistently emphasised that self-inflicted rituals are performed to fulfil vows and express gratitude for divine intervention. Rituals were described as sacred commitments made in exchange for blessings such as childbirth, financial stability, recovery from illness, and family wellbeing. Many participants narrated personal testimonies linking ritual performance to answered prayers:

"I made a vow... God fulfilled it, so I do this every year."

This theme indicates a strong spiritual transaction framework, where devotion through pain is seen as offering that brings divine reward and continued protection.

Theme 2: Pain as Sacred Sacrifice and Spiritual Strength

Ritual pain was not perceived as suffering, but as a meaningful act symbolising loyalty, purity, and inner strength. Participants frequently minimised or denied physical discomfort, attributing endurance to divine support:

"I don't feel pain; God gives strength."

Bruises, piercings, and physical strain were reframed as holy sacrifice, reinforcing the belief that devotion purifies the spirit and increases spiritual resilience. Pain therefore functioned as spiritual currency, transforming bodily sensation into sacred merit.

Theme 3: Cultural Continuity and Religious Identity

Self-inflicted rituals were described as deeply embedded in family tradition, community culture, and religious upbringing. Participants inherited these practices from parents and elders, viewing them as markers of identity and cultural belonging:

"My family has always done this; I continue the tradition."

In Muslim contexts, ritual practices were regulated by religious community authorities (Jamaat), while in Hindu communities, temple culture and kinship groups reinforced participation. This theme highlights that the practice is not isolated behaviour but a shared cultural heritage and collective expression of belief.

Theme 4: Faith-Based Healing and Ritual Purity

Participants described strong reliance on divine protection and ritual methods of healing. Sacred ash, turmeric water, neem leaves, fasting, and blessings were preferred over medical treatment. Injuries were perceived as temporary and spiritually protected:

"We apply holy ash; there is no need for hospital."

Faith-based healing practices reveal a worldview where divine power, purity rituals, and spiritual discipline are essential for wellbeing, and physical harm is perceived as prevented or healed through religious devotion.

Overall Interpretation

Across all themes, participants framed self-inflicted rituals as acts of devotion, gratitude, moral discipline, and cultural pride. Pain was sacralised, and embodied suffering was transformed into spiritual strength. Rather than self-harm, these behaviours were experienced as sacred duty and divine connection. The findings highlight the importance of interpreting ritual self-infliction through cultural-religious meaning systems, rather than pathological frameworks.

Table: Codes, Categories, and Themes Identified Through Thematic Analysis

Codes	Categories / Sub-themes	Themes
"I made a vow…God fulfilled it"	Vow commitment	Divine Reciprocity and Vow Fulfilment
Offering rituals to repay blessings	Gratitude and thanksgiving	

Codes	Categories / Sub-themes	Themes
Rituals for childbirth, job, healing	Spiritual exchange with the divine	
Annual ritual performance	Ritual obligation	
"God gives strength"	Pain as divine endurance	Pain as Sacred Sacrifice and Spiritual Strength
Pain seen as blessing	Pain reframed as spiritual power	
Minimizing pain experience	Faith overriding physical sensation	
Endurance as purity and discipline	Embodied devotion	
"My family has always done this"	Family tradition	Cultural Continuity and Religious Identity
Learning from elders	Intergenerational transmission	
Temple/community participation	Collective ritual identity	
Performing rituals with peers	Cultural belonging	
Applying holy ash/turmeric/neem	Sacred protection	Faith-Based Healing and Ritual Purity
"Divine power protects us"	Faith-based immunity	
Not visiting hospital	Spiritual healing over medical care	
Ritual substances as medicine	Sacred healing belief system	

DISCUSSION

This study explored the lived experiences and cultural-spiritual meanings associated with self-inflicted religious practices among devotees from Hindu, Christian, and Muslim traditions in South India. The findings revealed that these practices were not perceived as acts of self-harm but as expressions of devotion, fulfilment of sacred vows, cultural identity, and divine protection. Participants reframed pain as sacred and spiritually empowering, emphasising divine strength, ritual obligation, and intergenerational tradition. These insights highlight that ritual self-infliction operates within a cultural-religious meaning system and cannot be interpreted through purely biomedical or pathological frameworks.

The theme of divine reciprocity and vow fulfilment reflects the long-standing anthropological notion of religious exchange, where devotees view ritual offerings as moral and spiritual obligations in gratitude for divine blessings. Participants' narratives align with literature describing religious vows as a symbolic covenant between devotee and deity, embedded within South Asian ritual culture. This reinforces previous findings that sacred vows act as mechanisms of moral accountability, faith reinforcement, and communal devotion.

The belief in pain as sacred sacrifice and spiritual strength challenges conventional clinical understanding of self-inflicted pain. Pain was viewed as a divine test, spiritual purification, and moral discipline rather than a symptom of distress. Such interpretations support the concept that ritual pain functions as a form of embodied spirituality, consistent with studies that show religious pain can promote transcendence, inner strength, and emotional resilience. Participants' repeated assertion that "God gives strength" illustrates the belief in spiritual agency over biological experience, a theme echoed in literature on religious coping and meaning-making.

The finding that cultural continuity and religious identity guide ritual practice reflects the sociocultural nature of faith traditions in India. Rituals were learned within families, sustained by community participation, and embedded in temple culture, demonstrating the role of intergenerational transmission in preserving religious identity. This supports cultural psychology scholarship asserting that ritual traditions are sustained through collective memory, social reinforcement, and moral belonging rather than individual pathology. The rituals thus function not only as acts of devotion but also as expressions of cultural heritage and community solidarity.

The theme of faith-based healing and ritual purity further emphasizes the role of spiritual belief systems in mediating perceptions of health and wellbeing. Participants demonstrated strong trust in divine protection, sacred substances, and ritual purity practices such as holy ash, turmeric, neem, and sacred water. This preference for spiritual healing over medical intervention resonates with research showing that many South Asian communities conceptualize health within spiritual frameworks and regard divine power as central to bodily protection. Such interpretations underscore the importance of cultural competence when engaging with communities practicing faith-based rituals.

Overall, this study contributes to a growing body of qualitative research demonstrating that ritual self-infliction in religious contexts is fundamentally distinct from pathological self-harm. Unlike clinical self-injury, which is typically secretive and associated with psychological

distress, the practices described here were public, communal, culturally sanctioned, and imbued with positive spiritual meaning. Pain was transformed from a physical sensation into a sacred offering, symbolizing devotion, gratitude, and spiritual empowerment. These findings challenge reductionist biomedical interpretations and reaffirm the need for culturally contextualized understanding of religious behaviour.

CONCLUSION

This study provides an in-depth understanding of self-inflicted religious practices as experienced by devotees across Hindu, Christian, and Muslim traditions. The findings demonstrate that these practices are not viewed by participants as self-harm or destructive behaviour; rather, they are interpreted as sacred acts rooted in devotion, gratitude, and spiritual discipline. Ritual pain is reframed as a meaningful and purposeful experience, symbolising faith, purification, and fulfilment of sacred vows. Participants expressed that their actions strengthened spiritual connection, reaffirmed cultural identity, and cultivated inner resilience.

The continuation of these rituals across generations highlights their cultural embeddedness and social significance, illustrating how families and religious communities play a central role in preserving ritual traditions. Importantly, this study emphasises that the meaning of pain cannot be separated from its cultural and spiritual context.

Understanding these practices requires a culturally sensitive approach that respects local belief systems and avoids applying clinical or pathological interpretations to expressions of faith. By illuminating the deeply spiritual and communal nature of these practices, this research contributes to broader conversations on embodied religion, cultural spirituality, and the diverse ways individuals seek divine connection and personal strength.

REFERENCES

1. Bhugra, D., Bhui, K., Desai, M., Singh, J., & Baldwin, D. (1999). The Asian Cultural Identity Schedule: An investigation of culture and deliberate self-harm. *International Journal of Methods in Psychiatric Research, 8*(4), 212–218.
2. Bauer-Wu, S., & Farran, C. J. (2020). *Spirituality in healthcare: A practical guide for clinicians*. Oxford University Press.
3. Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*. SAGE Publications.
4. Cid, A. J. (2016). Blood for the goddess: Self-mutilation rituals at Vajreshwari Mandir, Kangra. *Indialogs: Spanish Journal of India Studies, 3*, 37-55.
5. Cohen, A., & Hill, P. (2007). Religion as culture: Religious individualism and collectivism among American Catholics, Jews, and Protestants. *Journal of Personality, 75*(4), 709–742.
6. DelVecchio Good, M. J. (2021). *The culture of medicine and the power of ritual*. Routledge.
7. Devotta, S., Wilkes, L., & Henshall, C. (2018). Ritual piercing practices and religious devotion among Tamil communities. *Journal of Religion and Health, 57*(4), 1581–1593. https://doi.org/10.1007/s10943-017-0510-6

8. Favazza, A. R. (1987). *Bodies under siege: Self-mutilation in culture and psychiatry*. Johns Hopkins University Press.
9. Favazza, A. R. (1996). *Bodies under siege: Self-mutilation and body modification in culture and psychiatry* (2nd ed.). Johns Hopkins University Press.
10. Freud, S. (1927). *The future of an illusion*. Hogarth Press.
11. Gandhi, A., Luyckx, K., Adhikari, A., Parmar, D., Desousa, A., Shah, N., & Claes, L. (2021). Non-suicidal self-injury and its association with identity formation in India and Belgium: A cross-cultural case-control study. *Transcultural Psychiatry, 58*(1), 52–62.
12. Hood, R. W., & Hill, P. C. (2022). *The psychology of religion: An empirical approach* (2nd ed.). Guilford Press.
13. James, W. (1902). *The varieties of religious experience*. Longmans, Green & Co.
14. Kakar, S. (2019). *Shamans, mystics, and doctors: A psychological inquiry into India and its healing traditions*. University of Chicago Press.
15. Koenig, H. G. (2020). Maintaining health and well-being by putting faith into action. *Journal of Religion and Health, 59*(5), 2281–2302.
16. Mandal, F. B. (2018). Superstitions: A culturally transmitted human behaviour. *International Journal of Psychology and Behavioural Sciences, 8*(4), 65-69.
17. Nair, V., & Shankar, P. (2022). Healing traditions and cultural interpretations of illness in South India. *Asian Journal of Social Health, 8*(2), 114–123.
18. Smith, A., & Jones, D. (2020). Ritual pain, faith, and religious identity in contemporary Christianity. *International Journal of Religious Studies, 12*(3), 85-98.
19. Turner, V. (1969). *The ritual process: Structure and anti-structure*. Aldine Publishing.
20. Whitehouse, H., & Laidlaw, J. (2021). Ritual, devotion, and embodied belief: Revisiting religious practice frameworks. *Religion, 51*(2), 177-195. https://doi.org/10.1080/0048721X.2020.1859952
21. World Journal of Advanced Research and Reviews. (2024). Exploring self-harm: A narrative review of socio-cultural factors, *23*(2), 605-615. https://doi.org/10.30574/wjarr.2024.23.2.2383