

Exploring the Tangible: Sacred Objects and the Art of Healing in Malawi

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Abstract

This study explores how Christian believers in Mzuzu, Malawi, utilize religious objects (e.g., holy water, anointing oil, and sacred cloths) as tangible tools for healing within a context of medical pluralism. Drawing on a qualitative, phenomenological research design, data were collected through in-depth interviews with 8 Christian believers from diverse denominations and participant observation in Mzuzu between May and June 2025. Thematic analysis of the data, which included interviews and participant observation, reveals that these objects serve as more than mere symbols. They function as tangible theology, making divine intervention perceptible in moments of desperation; as social glue, binding communities together through shared rituals; and as strategic negotiators, helping believers navigate a complex marketplace of healing options. The findings reveal that participants perceive these objects as deriving their efficacy not from intrinsic properties but from their connection to divine power, a perspective shaped by denominational differences. The research demonstrates how believers artfully combine faith-based practices with biomedicine, challenging Western binaries between spiritual and scientific healing. Ultimately, this study contends that religious objects are active agents in the healing process, serving as crucial nodes in broader networks of spiritual care and communal support within an African urban context.

Keywords: Medical Pluralism, Healing, Religious Objects, Tangible Theology.

Introduction

In Mzuzu, Malawi, the pursuit of healing represents a complex negotiation between biomedicine, traditional practices, and Christian faith. This study investigates how Christian believers utilize religious objects such as anointing oil, holy water, and sacred cloths as tangible tools for healing within this context of medical pluralism. It argues that these objects are more than symbols; they function as agents of tangible theology, social glue, and strategic negotiators within a diverse therapeutic landscape. This argument is framed by Alfred Gell's (1998) theory of object agency, which provides a lens to analyze these items not as passive symbols but as active social actors that mediate divine power, foster community, and enable navigation of a complex health ecosystem.

Mzuzu's healing environment is characterized by a dynamic medical pluralism where multiple systems of care coexist and intertwine (Moshabela et al., 2017). This is not a simple hierarchy but a pragmatic ecosystem where individuals may seek clinical diagnosis, consult

traditional healers for spiritually framed afflictions, and attend church prayer vigils—sometimes for the same illness (Pobee, 2001). This pragmatic navigation reflects broader patterns of therapeutic pluralism across Africa, where health-seeking is a strategic, context-dependent process (Munthali et al., 2016; Wardani, 2025). Within this milieu, Christian communities ranging from Sacramental traditions to Pentecostal-Charismatic churches make pervasive use of religious objects. These items are viewed not as mere ceremonial props but as tangible conduits of faith and divine intervention, integral to everyday and ritual life (Morgan, 2021; Engelke, 2011).

Despite their centrality, empirical research is scarce on how ordinary believers perceive and experience the efficacy of these objects. Existing scholarship has often focused on institutional rituals or charismatic leaders, neglecting the everyday, "unremarkable" materiality of faith in healing (Meyer, 2010). This gap has practical consequences: for pastors, it can lead to either uncritical endorsement or dismissal of practices that hold deep psychosocial significance for congregants; for healthcare providers, it risks miscommunication and non-adherence when patients integrate object-use with clinical treatment (Galvin et al., 2024; Nanji & Olivier, 2024).

Therefore, this study addresses this gap by exploring the lived experiences of Christians in Mzuzu. It asks: How do religious objects function as agents in personal and communal healing? How do they help believers navigate medical pluralism? Drawing on qualitative, phenomenological research, the study documents how these objects operate as active participants in healing journeys. Ultimately, it aims to provide evidence-based insights that can bridge theological and clinical perspectives, fostering a more collaborative and culturally-grounded approach to healthcare in Malawi.

Conceptualization of the Study

Conceptualization represents a fundamental research process that involves the clear and precise definition of key ideas to establish their specific meaning within a particular study (Babbie, 2020). This methodological step is crucial for ensuring analytical rigor by translating abstract concepts into concrete, observable terms that can be systematically investigated. Following this established research practice, the present study operationally defines its core constructs to provide a precise framework for analysis.

The concept of Medical Pluralism is understood as the coexistence and use of multiple medical systems within a society (Janes & Corbett, 2009). For this research, it refers specifically to the therapeutic environment in Mzuzu, Malawi, where Christian believers pragmatically navigate and strategically combine Western biomedicine, Christian faith-based healing, and traditional African medicine to address health needs. This pragmatic, context-dependent engagement with multiple systems reflects the complex reality of health-seeking in many African settings (Munthali et al., 2016).

Healing is conceptualized in its multidimensional nature beyond physical cure. Within many African contexts, healing is a holistic process encompassing personal, social, and spiritual

wholeness (Pobee, 2001; Chitando et al., 2020). This aligns with broader literature defining healing as a "transformative process" involving the "repair and recovery of mind, body, and spirit," leading to a sense of transcending suffering (Egnew, 2005, p. 255). Accordingly, this research conceptualizes healing not merely as biomedical symptom alleviation, but as an experience including psychosocial well-being, spiritual comfort, and communal harmony, thereby enabling the investigation of how objects contribute to these interlinked dimensions of wellness.

Religious Objects draw their theoretical foundation from Alfred Gell's (1998) theory of object agency, which defines them not as passive symbols but as active "secondary agents" that mediate social and spiritual power. This study focuses on items such as holy water, anointing oil, and sacred cloths, defining them as tangible conduits that believers perceive as active agents of divine power within healing practices. This conceptualization moves beyond symbolic interpretation to analyze how these objects function as participants in healing rituals, a perspective central to the study of material religion (Engelke, 2011).

Tangible Theology emerges as a conceptual framework describing the material dimension of religious practice. It represents the process through which abstract religious beliefs (God's presence, grace, power) are made perceptible, immediate, and actionable through material objects and rituals (Engelke, 2011). This framework helps analyze how faith is embodied and experienced, particularly in contexts where the spiritual and material are deeply intertwined (Lauterbach, 2017). Consequently, this concept provides an analytical lens for understanding how divine intervention becomes experientially accessible through physical mediums in healing. Collectively, these operational definitions establish the conceptual foundation for the data collection and analysis that follow.

Medical Pluralism in Africa: Competing or Complementary Systems?

The broader context for this study is Africa's characteristically pluralistic health landscape, where biomedicine, traditional healing, and faith-based practices coexist and often intertwine (Mbiti, 1969; Pobee, 2001; Chitando et al., 2020). As Olsen and Sargent (2017, p. 3) argue, the continent's health landscapes are characterized by a "therapeutic continuum," where patients routinely draw upon a wide range of options. This approach signifies a pragmatic engagement with available resources rather than strict allegiance to a single system.

This dynamic is particularly evident in Malawi, where spirituality is deeply woven into the fabric of everyday life and health-seeking (Swidler, 2021). Historical colonial legacies entrenched the dominance of Western medicine while pathologizing indigenous healing traditions (Vaughan, 1991), a dynamic that continues to shape the therapeutic landscape. Despite this, Malawians pragmatically navigate multiple modalities, seeking clinics for physical symptoms, traditional healers for ancestral afflictions, and pastors for spiritual guidance (Moshabela et al., 2017; Munthali et al., 2016).

However, this pluralism is not a simple menu of options but a complex field where decisions are shaped by social relationships, spiritual beliefs, and economic constraints. As Stroeken

(2023, p. 15) argues, healing choices are often less about efficacy and more about seeking a "therapeutic consensus" that resolves social and spiritual conflicts alongside physical symptoms. This perspective explains why an individual might seek a clinical diagnosis, a traditional healer's ritual, and pastoral prayers for the same illness—each addresses a different dimension of the crisis. Consequently, this landscape can foster mistrust between healthcare providers and patients (Galvin et al., 2024).

Within this contested space, religious objects hold a unique position. Existing scholarship suggests that some believers draw a sharp distinction, rejecting traditional African medicine (associated with ancestral rituals) while embracing objects like anointing oil as legitimate channels of divine power. Yet, others blend practices in a form of strategic syncretism (Kamlongera, 2000). This ambiguity frames a key question for the present study: are these systems competing for allegiance, or do they function as complementary options that believers strategically use based on specific needs and interpretations of illness? This research contends that the answer lies not in a binary but in the nuanced, case-by-case decisions individuals make as they navigate this complex environment, with religious objects serving as key tools in that navigation. Existing scholarship suggests that some believers draw a sharp distinction, rejecting traditional African medicine (associated with ancestral rituals) (Ekpatt, 2021) while embracing objects like anointing oil as legitimate channels of divine power.

The Psychosocial and Communal Role of Religious Objects

Beyond their potential role in physical healing, religious objects serve as deeply personal tools for coping with illness. Scholarly literature indicates that practices such as using prayer beads or wearing blessed cloths can reduce anxiety and foster inner peace, serving as vital resources in spiritual coping (Kaur & Sinha, 2021; Pargament & Exline, 2021; Weber & Pargament, 2014). These items provide a tangible point of contact, a physical reminder of divine presence during moments of fear and vulnerability. For individuals in a health crisis, objects can become existential anchors, grounding faith and fostering psychological resilience. This function is especially critical in contexts like Malawi, where illness is frequently understood through a spiritual lens, with suffering attributed to spiritual forces or divine disfavor (Pobee, 2001; Munthali et al., 2016). Thus, these objects provide a culturally resonant framework for making sense of illness and asserting spiritual agency in a way that modern medicine alone cannot, directly contributing to emotional and mental well-being.

In addition to supporting individuals, religious objects are powerful instruments of social cohesion. They bind communities together around the sick, mobilizing church networks for emotional and practical support. As Meyer (2010, p. 21) observes, a prayer cloth passed from pastor to congregant can become a "shared object that carries the collective prayers and hopes of the community." This shared ritual transforms individual suffering into a communal concern, strengthening fellowship. This function is vital in resource-poor

settings where social support is a critical component of recovery. The collective use of objects in healing services reinforces a shared belief system and collective identity (Engelke, 2011).

While the psychosocial and communal roles of religious objects are acknowledged in general scholarship, there is a lack of empirical analysis that examines *how* these roles are performed through the specific *material agency* of objects within African Christian healing contexts. Therefore, this study addresses this gap. It moves beyond asking *if* objects provide hope and strength, to investigate *how* they function as active agents—following Gell's (1998) theory in catalyzing both individual resilience and communal solidarity within the specific therapeutic environment of Mzuzu, Malawi.

Theoretical Perspectives

To analyze how religious objects function in the healing journeys of Mzuzu's Christians, this study is guided by Alfred Gell's theory of object agency, developed in his seminal work *Art and Agency: An Anthropological Theory* (Gell, 1998). Gell's theory provides a powerful analytical tool that moves beyond traditional symbolic interpretations of material culture. He posits that artifacts are not merely passive symbols but active participants in social relationships; they possess "agency" (Gell, 1998, p. 16).

For Gell, an object becomes an "agent" when it is perceived as causing events or influencing the world. He distinguishes between "primary agents" (intentional beings, like people) and "secondary agents" (objects through which primary agents distribute their agency). The power of an object lies not primarily in its aesthetic value but in its ability to enchant, persuade, or heal within a network of social relations (Gell, 1998, p. 17). The strength of Gell's framework is its serious engagement with materiality. As Gell (1998, p. 16) insists, the goal is to analyze objects "in terms of the transactions between persons which are mediated by them". This means analyzing a bottle of anointing oil not as a mere representation of faith, but as a thing that, in the minds of believers, *does* something: it heals, protects, and channels divine grace. This perspective is thus perfectly suited to capturing the lived experiences of Christians in Mzuzu, for whom these objects are active conduits of God's power.

A key criticism of Gell's theory is its potential to downplay subjective meaning and belief by focusing intensely on what objects *do*. Furthermore, his theory was developed in a non-Western, but not specifically Christian, context. Despite these limitations, Gell's framework remains immensely useful for this research. The phenomenological methodology, which prioritizes participants' lived experiences and personal meanings, directly compensates for the theory's potential neglect of interiority. Therefore, this study uses Gell to understand the object's social function as an agent, while the interview data reveals the personal significance and theological beliefs that empower it.

By applying Gell's theory to the specific context of Christian healing in Malawi, this study contributes to the growing interdisciplinary field of material religion. This field examines how religions are lived and experienced through physical objects, embodied rituals, and the

senses (Engelke, 2011; Katz-Harris, 2023; Meyer, 2021). While Gell provides the core mechanism of *how* objects act, material religion provides the wider framework for understanding *why* these material interactions are fundamental to religious life. In the analysis that follows, Gell's framework will be employed to trace the agency of objects across three domains: as embodiments of divine power, as negotiators within medical pluralism, and as catalysts for psychosocial and communal support. Ultimately, this research demonstrates that holy water, anointing oil, and sacred cloths in Mzuzu are central to a tangible theology, a way of making divine power perceptible, communal bonds tangible, and hope an embodied reality.

Data and Methods

This study employed a qualitative, phenomenological approach (Pope & Mays, 2020; Smith, 2017) to examine how Christians in Mzuzu, Malawi, experience and utilize religious objects in their healing practices. Data were collected between May and June 2025. A combination of in-depth, semi-structured interviews and participant observation of healing services across denominations enabled methodological triangulation (Flick, 2018), capturing both narratives and practices.

Participants (5 women, 3 men, aged 28–65) were recruited via purposive and snowball sampling from Mainline, Classical Pentecostal, and Pentecostal-Charismatic churches in Mzuzu. Recruitment ceased upon reaching thematic saturation (Saunders et al., 2018). Interviews, guided by questions on illness histories, object use, efficacy, and navigation of other healing systems, lasted 45–60 minutes, were audio-recorded in participants' chosen settings, and transcribed verbatim. Observation of 5 services provided contextual data on ritual use and communal dynamics.

Data analysis followed a six-phase thematic analysis process (Braun & Clarke, 2006): familiarization, initial coding, theme development, review, definition, and reporting. Coding was performed manually, with emergent themes periodically reviewed for consistency. Ethical conduct was paramount; all participants provided informed consent after a detailed explanation of the study. Confidentiality and anonymity (using respondent codes) were guaranteed, and data are stored securely. As an insider researcher, methodological bracketing (Gearing, 2004) and a reflexive journal were used to mitigate bias and ensure findings remained grounded in participant data. This design directly aligns with Gell's (1998) theory, capturing objects as active agents within lived experience.

Results

The analysis of interview data revealed three central themes regarding the use of religious objects for healing by Christians in Mzuzu: (1) objects as conduits of divine power, (2) objects as tools for navigating medical pluralism, and (3) objects as mediators of psychosocial well-being.

Religious Objects as Conduits of Divine Power

Participants consistently described objects such as anointing oil, holy water, and blessed cloth not as intrinsically powerful substances but as vital channels or conduits for divine power. The efficacy was attributed to God, with the object serving as a dedicated medium. As one Pentecostal-Charismatic believer articulated, “The oil isn’t powerful itself; it’s our faith in God’s promise when we use it” (Resp. 001, personal communication, May 28, 2025). This view establishes the object’s role as contingent upon divine agency and human faith. Engagement with these objects formed a distinct spectrum, directly shaped by denominational theology. At one end, respondents from Sacramental traditions (e.g., Catholic, Church of Central Africa Presbyterian - CCAP) integrated objects within formal liturgical and pastoral frameworks. For instance, a hospital chaplain recounted using holy water as part of a prayer ritual: “I sprayed water while praying, and she regained consciousness” (Resp. 002, personal communication, June 5, 2025). Here, the object’s use was authorized and normalized by institutional practice.

In the middle of this spectrum, many believers from Pentecostal-Charismatic backgrounds demonstrated a pragmatic, functional approach. They frequently employed objects as what one participant termed “points of contact” (Resp. 004, personal communication, June 10, 2025), tangible aids to focus belief and activate faith, even in the absence of formal sacramental theology.

At the opposite end, participants from classical Pentecostal traditions upheld a principled doctrinal rejection of material mediation, emphasizing a *sola fide* (faith alone) theology central to some classical Pentecostal identities (Gifford, 2004; Kärkkäinen, 2018). This position was clearly stated by one respondent: “Power is in God’s word alone” (Resp. 006, personal communication, June 18, 2025). For these individuals, objects held no legitimate role in healing, which was sought through prayer and scripture alone. This tripartite spectrum, encompassing sacramental integration, pragmatic flexibility, and doctrinal rejection, constitutes the primary finding regarding how divine power is conceptualized and accessed through material means in this context.

Strategic Navigation of Medical Pluralism

The data revealed that religious objects were key instruments for participants to navigate Mzuzu’s pluralistic healing landscape. This navigation was characterized by a dual strategy: maintaining firm spiritual boundaries with one domain while forging pragmatic integrations with another.

Participants uniformly and emphatically distinguished Christian object-use from traditional African healing practices, drawing a non-negotiable theological and moral boundary. This distinction was articulated not merely in practical terms but as a fundamental difference in spiritual source. As one participant asserted, “Religious objects rely on prayer to God, while traditional ones depend on rituals and invocations” (Resp. 003, personal communication, June 2, 2025). This framing positioned Christian practice as biblically sanctioned and morally legitimate, in contrast to traditional practices, which were frequently associated

with spiritually suspect forces. Consequently, this perceived ontological incompatibility led to a deliberate strategy of separation. Another participant explained this therapeutic apartheid clearly: "I wouldn't mix the two methods because I see them as based on different beliefs" (Resp. 005, personal communication, June 12, 2025). The act of using a Christian object thus served to actively demarcate a morally ordered, spiritually safe domain of healing.

In stark contrast to this rigid boundary, participants demonstrated remarkable flexibility and pragmatism in integrating religious objects with biomedical care. This integration was not haphazard but followed identifiable, context-dependent patterns. The most common was a sequential approach, where objects were used as a first resort before seeking clinical help. One participant described this logic: "I usually start with prayer and go to the hospital if the situation persists... I believe God uses doctors too" (Resp. 004, personal communication, June 10, 2025). A second pattern was parallel use, where both systems addressed different dimensions of an illness simultaneously. A diabetic participant's account illustrated this holistic differentiation: "The medicine handles the sugar, but the oil protects me from evil eyes" (Resp. 007, personal communication, June 15, 2025). Here, biomedicine managed the physiological pathology while the religious object addressed perceived spiritual or psychosocial affliction. A third, less frequent pattern was crisis substitution, where individuals abandoned biomedical treatment after perceived failure, turning exclusively to religious objects as a final recourse.

Underpinning these pragmatic synergies was a worldview that seamlessly incorporated biomedical care into a divine framework. As expressed by a hospital chaplain, "We care, but God heals" (Resp. 002, personal communication, May 28, 2025). This perspective reframed clinical medicine not as a rival secular system but as a potential instrument within God's agency. Within this worldview, the religious object and the pharmaceutical could operate on a single, integrated therapeutic continuum—the former specializing in spiritual mediation and protection, the latter in physical intervention, yet both potentially serving a divine purpose.

Objects as Mediators of Psychosocial Well-being

Beyond their theological and strategic functions, religious objects emerged as vital mediators of psychosocial well-being. They operated at the intersection of the personal and the communal, fostering individual resilience in the face of illness and activating networks of social support.

For individuals, these objects served as tangible anchors of hope and comfort during sickness, making the abstract presence of God experientially immediate. Participants consistently described how objects provided emotional and psychological fortitude. As one explained, "The religious objects give me strength, comfort, and make me feel God is with me" (Resp. 005, personal communication, June 12, 2025). This function was critical in managing the anxiety and vulnerability associated with illness, transforming a passive state

of suffering into an active, faith-filled engagement with the healing process. Even in classical Pentecostal contexts where physical objects were doctrinally absent, the intense communal prayer that served as a functional substitute fulfilled a similar psychological role, focusing collective hope and distributing a sense of divine agency among believers.

The social life of these objects was equally significant. They acted as focal points that catalyzed communal solidarity, transforming private distress into a shared concern. The use of an object often initiated a collective response, as noted by one participant: "Using them often brings family and church members together in prayer and support" (Resp. 001, personal communication, May 28, 2025). In this capacity, objects performed three key communal roles: as identity markers that visibly distinguished Christian healing practices within the community; as ritual catalysts that structured and facilitated group intercession; and as memory objects that sustained the community's commitment and hope over prolonged periods of illness. The object, therefore, became an agent not just for the individual but of the community itself.

Ultimately, the data indicate that the psychosocial efficacy of religious objects stems from their unique ability to integrate the vertical dimension of divine-human connection with the horizontal dimension of social relationships. The "strength" and "comfort" reported at the individual level were intrinsically linked to and amplified by the "prayer and support" mobilized at the communal level. This synergy positions the religious object as a critical node within a broader therapeutic network, addressing what participants experienced as the inseparable spiritual, emotional, and social dimensions of holistic healing.

Discussion

This study explored how Christian believers in Mzuzu use religious objects as tangible tools for healing within medical pluralism. The findings show these objects act as active agents in three domains. They serve as conduits of divine power, strategic negotiators of therapeutic boundaries, and mediators of psychosocial well-being. The following discussion interprets these findings. It places them in critical dialogue with contemporary African healing scholarship, clarifies the study's contribution, and acknowledges its limitations.

Interpreting the Agentive Spectrum: From Tangible Theology to Strategic Pragmatism

The first finding validates Gell's (1998) theory of object agency. Participants saw objects as channels for divine power, not as powerful themselves. This view aligns with the concept of objects as "secondary agents." However, a denominational spectrum shaped this engagement. Sacramental traditions integrated objects within formal liturgy. Pentecostal-Charismatic believers used them pragmatically as "points of contact." Classical Pentecostals rejected material mediation entirely, upholding *sola fide*. This principled rejection aligns with analyses of classical Pentecostal identity that prioritize the immediacy of the Spirit and the authority of scripture over material mediation (Gifford, 2004; Kärkkäinen, 2018).

This spectrum adds nuance to material religion theories. Engelke (2007, 2011) analyzes how materiality makes the divine “present.” The findings from Mzuzu show this “problem of presence” is resolved differently across theological traditions. The “point of contact” practice resonates with Meyer’s (2010) work on “sensational forms.” Yet the classical Pentecostal rejection challenges a focus on material animation alone. This internal debate shows “tangible theology” is a contested practice. It reflects broader philosophical shifts in African engagements with theism (Agada & Attoe, 2023). The capacity of these objects to inspire hope and make the divine palpable, can also be understood through the lens of religious “awe” and sensational experience (Meyer, 2021)

Navigating Pluralism: Boundary-Making and the Logic of Complementarity

The second finding concerns strategic navigation. Participants used objects to engage with Mzuzu’s pluralistic healing landscape. A firm theological boundary was drawn with traditional healing. This distinction was framed as a difference in spiritual source and moral legitimacy. One participant stated, “Religious objects rely on prayer to God, while traditional ones depend on rituals and invocations.” This echoes Mbiti’s (1969) observation of African Christians differentiating themselves from ancestral systems. It also aligns with recent studies on how groups maintain distinct therapeutic identities (Gabasiane, 2022).

In contrast, integration with biomedicine was flexible and pragmatic. Three patterns emerged: sequential use, parallel use, and crisis substitution. This reflects a logic of strategic complementarity (Pobee, 2001; Balegamire, 2021). It challenges simplistic binaries between faith and science. The logic aligns with Oduyoye’s contextual theology, which emphasizes holistic well-being and lived experience (Oduyoye, 1997; Mapasure, 2022). For example, a diabetic participant noted, “The medicine handles the sugar, but the oil protects me from evil eyes.” This exemplifies a holistic epistemology where different agents address different needs, a pattern noted in other African contexts (Masola & Sigida, 2021).

The Social Life of Objects and the Metaphysics of Hope

The third finding extends object agency into psychosocial realms. For individuals, objects acted as “existential anchors” (Kaur & Sinha, 2021), providing tangible hope and comfort. As one participant explained, the objects “give me strength, comfort, and make me feel God is with me.” This function addresses the spiritual framing of illness. It can be contextualized within Agada’s (2024) exploration of African theism and the structures of belief that provide consolation. The object becomes a focal point for a metaphysically-grounded hope.

On a communal level, objects catalyzed solidarity. They transformed private distress into shared concern, bringing “family and church members together in prayer and support.” This illustrates Meyer’s (2010) concept of “aesthetic formations,” where shared material practices build collective identity. The object’s agency here is social, binding the

community. This mirrors the importance of ritual in sustaining therapeutic networks (Mufamadi, 2023). The synergy between individual hope and communal support shows the object integrates vertical (divine-human) and horizontal (social) dimensions of healing (Pobee, 2001).

Contribution to Knowledge

This study makes three key contributions. First, it empirically grounds Gell's theory of object agency in an African Christian context. It shows the theory's utility while also revealing its limits where material mediation is rejected. Second, it bridges material religion studies (e.g., Engelke, Meyer) with the empirical sociology of medical pluralism (e.g., Masola & Sigida, 2021; Gabasiane, 2022). It demonstrates how objects are the practical tools through which beliefs are enacted in a pluralistic health landscape. Third, it provides a "view from below" by documenting ordinary believers' experiences. This complements institutional studies and grounds philosophical debates (Agada, 2024) in everyday practice.

Limitations and Implications

This study has limitations. Its phenomenological design and focus on Mzuzu provide depth but limit generalizability. The sample, while diverse, is small and may not capture all denominational variations within Malawian Christianity.

Despite these limits, the implications are clear. For healthcare providers, recognizing the agentive and coping functions of these objects as understood in psychology of religion scholarship (Pargament & Exline, 2021) can improve communication, build trust, and foster a more holistic therapeutic alliance. This may improve adherence, a key concern in chronic disease management (Masola & Sigida, 2021). For pastors and theologians, the findings underscore the need for nuanced teaching. Such teaching should take lived practices seriously and guide responsible engagement with both faith and medicine (Oduyoye, 1997). For scholarship, this study argues for context-specific research. Such work reveals how faith is lived, healing is sought, and communities are sustained in Africa's dynamic religious landscapes.

Conclusion

This study demonstrates that for Christian believers in Mzuzu, Malawi, religious objects are not passive symbols but active agents within a context of medical pluralism. Applying Gell's (1998) theory of object agency, the analysis revealed three interconnected agentive functions. First, objects serve as tangible conduits of divine power, with their use forming a denominational spectrum from sacramental integration to pragmatic "points of contact" and doctrinal rejection. Second, they operate as strategic tools for navigating pluralism, enabling believers to maintain firm spiritual boundaries with traditional healing while forging pragmatic synergies—sequential, parallel, and substitutive—with biomedicine. Third, they act as mediators of psychosocial well-being, anchoring individual hope and catalyzing communal solidarity. Collectively, these functions position religious objects as

critical nodes within integrated networks of spiritual care, social support, and therapeutic practice.

The findings have specific practical implications. For healthcare providers in Malawi, recognizing this agentive role can improve patient communication and adherence. Rather than dismissing such practices, clinicians might inquire about object use to better understand a patient's healing journey and identify potential synergies or conflicts with treatment plans. For pastors and theologians, this research underscores the need for nuanced guidance that acknowledges the profound meaning these objects hold, informed by African women's theologies of holism (Oduyoye, 1997), while encouraging responsible engagement with biomedical care to prevent harmful delays.

This study is not without limitations. Its qualitative, phenomenological design and focus on Mzuzu provide depth but limit generalizability to other contexts. The sample, while denominationally diverse, is not representative of all Malawian Christianity. Future research could employ mixed methods to quantify patterns of use or conduct comparative studies in rural areas with different access to healthcare.

Notwithstanding these limits, the research makes a substantive contribution to contemporary African healing scholarship. It empirically advances the conversation on material religion and medical pluralism by grounding theories of object agency (Gell, 1998) and tangible theology (Engelke, 2011) in the lived experience of believers. It challenges Western binaries that separate spiritual from scientific healing by showing how objects actively mediate between faith, medicine, and community. Ultimately, by taking the materiality of faith seriously, this study argues for a more culturally-grounded, holistic understanding of health and healing in African contexts.

References

- Agada, A., & Attoe, A. D. (2023). Shifting perspectives in African philosophy of religion. *Religious Studies*, *59*(2), 291–293.
- Agada, A. (2024). Okot p'Bitek's case against traditional African theism. *South African Journal of Philosophy*, *43*(3), 247–256.
- Ayivor, S. H. (2025). Metamorphosis of healing: Medicine, divine healing and divine health, the place of faith and the word among African Pentecostals and Charismatics. *Transformation*, *42*(2), 129–143.
- Babbie, E. (2020). *The practice of social research* (15th ed.). Cengage Learning.
- Balegamire, J. B. M. (2021). Therapeutic pluralism and the process of change. In *Innovations in global mental health* (pp. 1–18). Springer, Cham.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Chitando, E., Gunda, M. R., & Togarasei, L. (Eds.). (2020). *Religion and development in Africa*. University of Bamberg Press.
- Egnew, T. R. (2005). The meaning of healing: Transcending suffering. *Annals of Family Medicine*, *3*(3), 255–262. <https://doi.org/10.1370/afm.313>

- Ekpatt, A. O. (2021). Concepts of God, Divinities, Ancestors, and Spirits in African Traditional Religious Thought: Conceptual Analysis. In *Phenomenological Approaches to Religion and Spirituality* (pp. 18–43). IGI Global Scientific Publishing.
- Engelke, M. (2007). *A problem of presence: Beyond scripture in an African church*. University of California Press.
- Engelke, M. (2011). Material religion. In R. A. Orsi (Ed.), *The Cambridge companion to religious studies* (pp. 209–229). Cambridge University Press.
- Flick, U. (2018). *Triangulation in data collection*. SAGE Publications.
- Gabasiane, O. O. (2022). Integrating medical pluralism in southern Africa: the case of the Zion Christian Church's healing motif. *Journal of Adventist Mission Studies*, *18*(2), 156–175.
- Galvin, M., Chiwaye, L., & Moolla, A. (2024). Religious and medical pluralism among traditional healers in Johannesburg, South Africa. *Journal of Religion and Health*, *63*(2), 907–923. <https://doi.org/10.1007/s10943-023-01978-2>
- Gearing, R. E. (2004). Bracketing in research: A typology. *Qualitative Health Research*, *14*(10), 1429–1452. <https://doi.org/10.1177/1049732304270394>
- Gell, A. (1998). *Art and agency: An anthropological theory*. Clarendon Press.
- Gifford, P. (2004). *Ghana's new Christianity: Pentecostalism in a globalising African economy*. Indiana University Press.
- Janes, C. R., & Corbett, K. K. (2009). Anthropology and global health. *Annual Review of Anthropology*, *38*(1), 167–183.
- Kamlongera, C. (2000). *Traditional healing and modern medicine in Malawi*. Mzuni Press.
- Kärkkäinen, V. M. (2018). Pentecostal identity. In C. M. Robeck Jr. & A. Yong (Eds.), *Pentecostals in the 21st century: Identity, beliefs, praxis* (pp. 14–31). Orbis Books.
- Katz-Harris, F. (2023). Material religion. In *The handbook on religion and communication* (pp. 433–451). Wiley Blackwell.
- Kaur, G., & Sinha, A. K. (2021). Religious places and religious people as symbols of healing: An anthropological narrative. *Man In India*, *94*(4), 665–678.
- Lauterbach, K. (2017). *Christianity, wealth, and spiritual power in Ghana*. Palgrave Macmillan. <https://doi.org/10.1007/978-3-319-33494-3>
- Mapasure, M. (2022). African Women's Theologies, Spirituality, and Healing: Theological Perspectives From The Circle of Concerned African Women Theologians, by Mercy Amba Oduyoye. *Religion and Gender*, *12*(1), 119–121.
- Masola, N. J., & Sigida, S. T. (2021). Chronic diseases and medical pluralism: The case of faith healers in Limpopo, South Africa. *Indilinga African Journal of Indigenous Knowledge Systems*, *20*(2), 194–208.
- Mbiti, J. S. (1969). *African religions and philosophy*. Heinemann.
- Meyer, B. (2010). "There is a spirit in that image": Mass-produced Jesus pictures and Protestant-Pentecostal animation in Ghana. *Comparative Studies in Society and History*, *52*(1), 100–130.
- Meyer, B. (2021). How to capture the 'wow': R.R. Marett's notion of awe and the study of religion. *Journal of the Royal Anthropological Institute*, *27*(1), 10–27. <https://doi.org/10.1111/1467-9655.13438>
- Morgan, D. (2021). *The thing about religion: An introduction to the material study of religions*. UNC Press Books.
- Moshabela, M., Bukenya, D., Darong, G., Wamoyi, J., McLean, E., Skovdal, M., & Wringe, A. (2017). Traditional healers, faith healers, and medical practitioners: The contribution of medical pluralism to bottlenecks along the cascade of care for HIV/AIDS in Eastern and Southern Africa. *Sexually Transmitted Infections*, *93*(3). <https://doi.org/10.1136/sextrans-2016-052974>
- Mufamadi, J. (2023). *Socio cultural and philosophical importance of rituals in traditional medicine: Focus on HIV and AIDS treatment in the Vhembe District, Limpopo Province* [Doctoral dissertation].

- Munthali, A. C., Mannan, H., MacLachlan, M., & Swartz, L. (2016). Seeking biomedical and traditional treatment is a spiritual lapse among Zionists: A case study of the Zion Church in Malawi. *Ufahamu: A Journal of African Studies*, *39*(2), 5–24.
- Nanji, N., & Olivier, J. (2024). Providing mental healthcare through faith-based entities in Africa: A systematic review. *Christian Journal: Global Health*, *11*(1), 148–176.
- Oduyoye, M. A. (1997). The African experience of God through the eyes of an Akan woman. *CrossCurrents*, 493–504.
- Olsen, W. C., & Sargent, C. (Eds.). (2017). *African medical pluralism*. Indiana University Press.
- Pargament, K. I., & Exline, J. J. (2021). *Working with spiritual struggles in psychotherapy: From research to practice* (2nd ed.). Guilford Publications.
- Pobee, J. S. (2001). Health, healing, and religion: An African view. *International Review of Mission*, *90*(356/357), 45–55. <https://doi.org/10.1111/j.1758-6631.2001.tb00266.x>
- Pope, C., & Mays, N. (Eds.). (2020). *Qualitative research in health care* (4th ed.). Wiley-Blackwell.
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity*, *52*(4), 1893–1907. <https://doi.org/10.1007/s11135-017-0574-8>
- Smith, J. A. (2017). Interpretative phenomenological analysis: Getting at lived experience. *The Journal of Positive Psychology*, *12*(3), 303–304. <https://doi.org/10.1080/17439760.2016.1262622>
- Stroeken, K. (2023). Medicine and kingship: Endogenous centralization in East and Central Africa. *Current Anthropology*, *64*(3), 219–241. <https://doi.org/10.1086/725199>
- Swidler, A. (2021). Textures of spirituality in rural Malawi. In B. S. Turner, O. Salemink, & R. Lardinois (Eds.), *Situating spirituality: Context, practice, and power* (pp. 210–232). Oxford University Press.
- Vaughan, M. (1991). *Curing their ills: Colonial power and African illness*. Stanford University Press.
- Weber, S. R., & Pargament, K. I. (2014). The role of religion and spirituality in mental health. *Current Opinion in Psychiatry*, *27*(5), 358–363. <https://doi.org/10.1097/YCO.0000000000000080>