

Faith Borders, Healing Territories & Interconnective Frontier? Wellness & Its Ecumenical Construct in African Shrines, Christian Prayerhouses & Hospitals

Fronteiras religiosas, territórios de cura e limites interconectivos? Bem-estar e seu construto ecumênico em santuários africanos, casa de oração cristãs e hospitais

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ABSTRACT

The religious geography of most health-seekers in modern Africa easily transverse the faith worlds of other religious traditions, thus building inevitably a lively-network of ecumenical spaces that surprisingly create an interpenetrating dialogue between African traditional shrines, Christian prayerhouses and western hospitals. The open-border policy of healing sites in Nigeria and Ghana in particular provides ecumenical directions and enriches interfaith conversations among different religious traditions. Consequently, the present study underscores the subversion of the dogmatic rhetoric of the different faith traditions in the quest of health and wholeness at healing sites. This ecumenical triangulation of the faith-borders projects a new religious landscape where the hostile rhetoric of faith traditions are clearly suspended, and a new appreciation of other faiths in definition of health and wellness is popularly entrenched. The existential blurring of dogmatic and traditional faith-borders raises new questions—and interesting perspectives in the modern study of religions, health and inter-faith/ecumenism in Africa.

RESUMO

A Geografia religiosa da maioria dos buscadores de saúde na África moderna facilmente cruza os âmbitos de fé de outras tradições religiosas, construindo assim inevitavelmente uma rede vívida de espaços ecumênicos que de modo surpreendente criam um diálogo interpenetrante entre santuários tradicionais africanos, casas de oração cristãs e hospitais ocidentais. A política de fronteiras abertas de locais de cura, particularmente na Nigéria e em Gana, proporciona orientações ecumênicas e enriquece as conversações inter-religiosas entre diferentes tradições. Consequentemente, o presente estudo destaca a subversão da retórica dogmática das diferentes tradições religiosas na busca pela saúde e integridade dos locais de cura. Essa triangulação ecumênica das fronteiras religiosas projetam um novo panorama religioso no qual as retóricas hostis das tradições religiosas são claramente suspensas, e uma nova apreciação de outras tradições em relação a saúde e bem-estar se estabelece popularmente. O embaçamento existencial das fronteiras religiosas dogmáticas e tradicionais suscita novas questões — e interessantes perspectivas no estudo moderno das religiões, da saúde e do diálogo inter-religioso/ecumenismo na África.

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INTRODUCTION

African shrines are the cultural capital of African spirituality—and the epicentre of African religions. They are often creative threshold which showcases African imaginative and aesthetic creations.² Healing shrines in particular are important sites of social and spiritual negotiations in traditional setting of Africa.³ These various forms of creative negotiations have largely continued from pre-modern times into the modern era.⁴ Ferdinand Okwaro has described the use of African healing shrines in East Africa as “courtrooms” for religious and social disputations among the accused and suspects of witchcraft.⁵ Similarly, Benjamin Ray has described African shrines as “symbolic crossroad” between worlds.⁶ Following Igor Kopytoff, Allan C. Dawson has described African shrines as “an interstitial frontier’ or institutionally open space where new social processes might develop and unfold.”⁷ Considering this importance, Barbara Maier and Arne S. Steinforth in their work, *Spirit in Politics: Uncertainties of Power and Healing in African Societies*, have shown the persistent influence of African shrines, and cultic motifs in African politics.⁸ Similarly, Desmond Ayim-Aboagye has shown the significance of the African shrines in Ghana as indigenous psychiatric space, and Patrick Iroegbu in his study among the Igbos of Southern Nigeria has underscored the

² See Bolaji Campbell, *Painting for the Gods: Art and Aesthetics of Yoruba Religious Mural* (Trenton, New Jersey: African World press, 2008); Timothy Insoll, “Introduction, Shrines, Substances and Medicine in Sub-Saharan Africa: Archaeological, Anthropological and Historical Perspectives,” *Anthropology & Medicine* 18, no. 2 (2011): 145-166; Harrie Leyten, *From Idol to Art—African ‘Objects with Power’: A Challenge for Missionaries, Anthropologists and Museum Curator* (Leiden, Netherlands: African Studies Centre, 2015).

³ There are contestations in the evolutions of African shrines especially in its relationship to modern medicine and other forms of religious healings. See De-Valera N. Y. M. Botchway, “A Note on Ethnomedical Universe of the Asante, an Indigenous People in Ghana,” *Medicine, Healing and Performance*, ed. Effie Gemi-lordanou *et al*, 136-159 (Oxford: Oxbow Books, 2014), 160-175.

⁴ The use of “plural modernities” is now employed in the description of modernity since modernity has plurality of trajectories. This view contends against the single projection of modernity from the point of view of intimidating European civilization. William S. Sax and Helene Basu have questioned this one-sided perception of modernity in the context of European histories of modernity where healing and possession are rejected. See William S. Sax and Helene Basu, eds. *The Law of Possession: Ritual, Healing, and the Secular State* (Oxford: University Press, 2015), 1-19.

⁵ The healer, according to Ferdinand Okwaro, functions as a diviner and judge who listens to the plaintiffs and the defender (witches, thieves, debtors etc) before his diagnosis later to authenticate the narratives of the different actors. Concerning these traditional court proceedings see Ferdinand Okwaro, “‘If Your Brother wants to Kill You, Kill him First’: Healing, Law, Social Justice in an African Healer’s Courtroom,” *The Law of Possession: Ritual, Healing, and the Secular State*, eds. William S. Sax and Helene Basu (Oxford: University Press, 2015), 162-189.

⁶ Benjamin Ray, “African Shrines as Channels of Communication,” *African Spirituality: Forms, Meanings and Expressions*, ed. Jacob K. Olupona, 3-25 (New York: The Crossroad Publishing Company, 2011), 26-37.

⁷ Allan Charles Dawson, “Introduction,” *Shrines in Africa: History, Politics and Society* (Calgary, Canada: University of Calgary press, 2009), vii. Also see Igor Kopytoff, “The Internal African Frontier,” *The African Frontier: The Reproduction of Traditional African Societies*, ed. Igor Kopytoff (Indiana: Indiana University press, 1987), 3-84.

⁸ See Barbara Maier, Victor Igreja & Arne S. Steinforth, “Power and Healing in African Politics: An Introduction,” *Spirit in Politics: Uncertainties of Power and Healing in African Societies* (Germany, Frankfurt: Campus Verlag, 2013), 15-36. Also see Stephen Ellis & Gerrie ter Haar, “Spirits in Politics: Some Theoretical Reflections,” *Spirit in Politics: Uncertainties of Power and Healing in African Societies* (Germany, Frankfurt: Campus Verlag, 2013), 37-47; Arne S. Steinforth, “Between Shrine and Courtroom: Legal Pluralism, Witchcraft, and Spirit Agency in Southeastern Africa,” *The Law of Possession: Ritual, Healing, and the Secular State*, eds. William S. Sax and Helene Basu (Oxford: University Press, 2015), 55-81; Rijk van Dijk, Ria Reis & Marja Spierenburg, *The Quest for Fruition through Ngoma: The Political Aspects of Healing in Southern Africa* (London: Villiers Publications, 2000).

centrality of traditional African shrines in the attainment of mental health.⁹ In addition, Bryn T. James has also described the significant role of “secret shrines” in the quest for wholeness among African Muslims in Ghana.¹⁰ Edith Turner has earlier shown the defining importance of African healing shrines as therapeutic institutions which are geared towards exorcism and healing.¹¹ The obsession with supernatural and innate compulsion to see union with the spiritual have often turned healing sites into cultural magnetic space where the African people often seek to experience wholeness and wellness.¹² Religious healing sites have cultural appeals to the African people and occupied a fundamental place in the spiritual orientation and the innate architecture of the worldview of the African people.¹³ In this regard, healing sites are sites of great interactions, inter-faith dialogues, cultural exchange and social experiences among adherents of other faiths because healing sites often draw adherents of other faiths to communion and fellowship that transcend one’s faith borders.¹⁴ They are sites of religious intersections, cultural locations, and religious traffic lights which offer green lights for inter-faith discourse.¹⁵ The multi-religious interface at healing sites provides an interesting opportunity for religious conversations with different faith traditions because healing sites in Africa naturally present a rich pluralistic environment where ecumenical construct and inter-

⁹ Desmond Ayim-Aboagye, *Transcultural Study of Traditional Practitioners in West African Healing Communities with Focus on Ghana* (Lulu.com Publishing, 2008); Patrick E. Iroegbu, *Healing Insanity: A Study of Igbo Medicine in Contemporary Nigeria* (Xlibris Corporation, 2010), 301-517. Also see Helene Basu, “Dava and Duā: Negotiating Psychiatry and Ritual Healing of Madness,” Naraindas, Quack and Sax, *Asymmetrical Conversations*, 162-199.

¹⁰ Bryn T. James said, “[d]rawn from fieldwork engagements in 2010 and 2011 with a group of traditional healers living amongst the Muslim migrant population of Madina *zongo* in Accra, the case studies of spiritual medicines...explore two interrelated aspects of the community’s diverse yet shared, medical culture. Perhaps the most striking feature is the syncretism between indigenous and Islamic religious beliefs that has emerged to meet a need for *lafia* [holistic well-being]... The search for *lafia* unifies immigrant urban dwellers from across West Africa and in so doing combines seemingly opposing cosmological systems.” This merger of beliefs “is wrought materially through the weaving together of substances, preparation techniques, and ritual performances abstracted from their origins within indigenous and Islamic traditions. It both defines and defies the identities of the producers and recipients of such medicines, be they the healer who prays in the mosque by day and sacrifices in the bush by night, or a street vendor with their neck encircled by a bunch of charms including both portions of the Qur’an and herbs imbued with the power of the local spirits, called *al-jene*.” Bryn T. James, “Writing Stones and Secret Shrines: An Exploration of the Materialisation of Indigenous and Islamic Belief within West African Spiritual Medicine,” 136, 142. Also see John M. Janzen and Edward C. Green, “Continuity, Change and Challenge in African Medicine,” *Medicine Across Cultures: History and Practice in Non-Western Cultures*, ed. Helaine Selin, 1-26 (Dordrecht, Netherland: Kluwer Academic Publishers, 2003), 18 and Ishmael Abdullah, “Diffusion of Islamic Medicine into Hausaland,” *The Social Basis of Health and Healing in Africa*, eds. Steven Feierman and John Janzen (Berkeley: University of California, 1992), 177-194.

¹¹ Edith Turner, *Experiencing Ritual* (Philadelphia: University of Pennsylvania Press, 1992), 1-102.

¹² Recently, Emmanuel Katongole has shown the defined space of the church, prayers and the religious space generally in the quest for hope by the African people. See Emmanuel Katongole, *Born from Lament: The Theology and Politics of Hope in Africa* (Grand Rapids, Michigan: William B. Eerdmans Publishing Company, 2017), xiii-xx.

¹³ This similar description of traditional African healing sites is also true of modern Pentecostalism in Africa. Concerning this study see J. Kwabena Asamoah-Gyadu, *Signs and Signs of the Spirit: Ghanaian Perspectives on Pentecostalism and Renewal in Africa* (Eugene, Oregon: Wipf & Stock, 2015), 15-46,

¹⁴ For example Jacob K. Olupona has drawn attention to intertextual encounter between Ifa divination and Islamic tradition. Concerning this study see Jacob K. Olupona, “The Slaves of Allah: Ifa Divination Portrayal of Islamic Tradition—An Intertextual Encounter,” *Alternative Voices: A Plurality Approach for Religious Studies*, eds. Afe Adogame, Magnus Echterler, and Oliver Freiberger (Germany, Göttingen: Vandenhoeck & Ruprecht, 2013), 75-85.

¹⁵ Concerning the relationship between Christian theology and non-Christian religions see Paulinus I. Odozor, *Morality: Truly Christian, Truly African* (Notre Dame, Indiana: University of Notre Dame, 2014), 116-148.

faith bridges are readily built on the inherent obsessions of most African people to cross different religious traditions and borders to seek wholeness.¹⁶

In modern Africa, most healing sites whether in African traditional shrines, in Christian prayerhouses, or Islamic healing homes, African people thronged these places for wellness and wholeness against often the exclusive rhetoric of their various religious beliefs.¹⁷ At healing sites borders of exclusive religious orientations are crossed, and subversively, most African people engage the spiritual rubrics and contents of other faiths at the locus of healing sites. This inter-faith dialogue necessitated by sickness—and the crossing of faith borders at healing sites indirectly transformed the healing sites from mere geography of religious encounter to one of the highest points of inter-faith engagement in contemporary Africa which if properly harnessed could enrich our inter-faith discourse.¹⁸ African people have created an ecumenical landscape through this inter-faith dialogue with healing sites of other faith traditions. Healing sites provide a converging point of inter-faith discourse with the promotions and participation of the healing traditions of other faith by adherents of different religious beliefs. These participation, interactions and negotiations of wholeness in this inter-faith environment turned healing sites into important sites of religious pluralism since individuals from other faiths are freely welcomed, engaged and offered the spiritual resources of other faiths. From the studies of various healing sites in Nigeria and Ghana, the present work describes the important of healing sites as cultural hub of inter-faith discourse. It underscores the different ecumenical permutations in the inter-faith dispositions—and interactions at the healing sites.¹⁹

¹⁶ In her study of Islamic and Roman Catholic healing practices in East Africa, Katharina Wilkens observed, “[i]n Tanzania and Kenya, *Kombe* is one of the most popular healing practices in Islamic areas, and attracts many non-Muslims patients. It is important factor contributing to the attraction of Islam in neighbouring regions. Cases of healers have been described who are not Muslims themselves, and who have no education in the Quran, but who nonetheless write down something resembling Arabic script and give this to their patients to drink. The healing power of the divine word of God is thus believed to be transmitted even to those who do not belong to Islamic milieus and who ordinarily turn to other gods and ancestors for help.” See Katharina Wilkens, “Drinking the Quran, Swallowing the Madonna: Embodied Aesthetics of Popular Healing Practices,” *Alternative Voices: A Plurality Approach for Religious Studies*, eds. Afe Adogame, Magnus Echlter, and Oliver Freiberger, 243-259 (Germany, Göttingen: Vandenhoeck & Ruprecht, 2013), 247.

¹⁷ There are intertextual conceptions of healing and wholeness in African traditional religions, Islam and Christianity. Concerning this study see Blaise Emebo, *Healing and Wholeness in African Traditional Religion, African Islam and Christianity: An Historical-Comparative Approach from Christian Theological Perspective* (Aachen, Germany: Shaker Verlag, 2006).

¹⁸ Ecumenism is often narrowly defined as the pursuit of “unity” among the different confessions/creeds of the various Christian churches around the world, and interfaith is the dialogue and quest for unity among different faith traditions. However, I have used these two terms interchangeably in this work. I have employed “ecumenism” to encompass broadly speaking the unity among different faith traditions, thus a synonym of interfaith in this sense. In the history of the ecumenical movements, there has been convergence of these dual quests of unity in the pursuit of unity among the Christian churches and dialogues with other faiths. For the definition, goals and problems of ecumenism see Stanley J. Samartha, *Between Two Cultures: Ecumenical Ministry in a Pluralist World* (Geneva: WCC Publications, 1996); Michael Kinnamon, *The Vision of the Ecumenical Movement and How It has been Impoverished by its Friends* (St Louis: Chalice Press, 2003); Barrett Clive, “An Overview of Ecumenism,” *Unity in Process: Reflections on Ecumenism*, ed. Clive Barrett (London: Darton Longman and Todd, 2012).

¹⁹ This research adopts the intertextual methodology of Ulrich Berger in its interdisciplinary and interpenetrative treatment of different subjects especially in the context of interreligious dialogues. See Afe Adogame, Magnus Echlter, and Oliver Freiberger, eds. *Alternative Voices: A Plurality Approach for Religious Studies* (Germany, Göttingen: Vandenhoeck & Ruprecht, 2013), 9-17.

METHODOLOGY & RESEARCH STRUCTURE

The research is a product of six months (March to August of 2018) among clients of healing shrines, hospitals, and prayerhouses in Nigeria—and Ghana under the sponsorship and award of grant by Nagel Institute, United States.²⁰ In the company of my two research associates, we carried out a total of 24 focus groups namely 12 focus groups in Nigeria and another 12 focus groups in Ghana.²¹ The choice of Ghana and Nigeria came from the recognition of these two countries as the defining centers of African spiritualities and Christianity in terms of what Philip Jenkins has described as the “Next Christendom.”²² In Nigeria, we started from Kaduna state, and then moved to Lagos state. First, the choice of Kaduna state came from the centrality of Kaduna as the melting point of northern Nigerian cultures. Similarly, Kaduna state was the headquarters of the northern region during colonial times, and its reputation as seat of modern northern culture of Nigeria has persisted till now. We started with the Kaduna metropolis covering 6 healing sites around Kasuwan Magani (“Market of medicine”) axis to Kakuri, and then the Zaria area. In Kakuri, we have a focus group in the healing home of Mama Yara (“Mother of Children”) healing home who specializes in healing sickness particularly those sicknesses affiliating children. We have 6 focus groups in Kaduna: two focus groups concentrated on traditional healing shrines; another two on hospitals, and another two on healing prayerhouses. Apart from the focus group, we also employed key informant interview (KII) in our quest to gather data in the three sites understudy.

From Kaduna, we proceeded to Lagos in order to gather further data on the blurring of religious borders in healing sites. In Lagos, we concentrated on another 6 healing sites in Lagos and Badagry area. We also have focus groups in Nigerian Airforce Military Hospital in Ikeja, a key informant interview in Nigerian Army Reference Hospital in Yaba, Lagos, and two focus groups on traditional healing shrines that specialize on the healing of strokes, infertility and bone setting in Badagry area. We then proceeded to Accra Ghana. We arrived at the city of Accra in early May 2018, and started to collect data on 6 healing sites in Greater Accra, and another 6 healing sites in Volta region. The choice of Accra comes from its centrality as the Ghanaian capital, and the melting point of modern and traditional Ghanaian cultures. We have focus groups in Teishe, Adenta and Legon. We covered two traditional healing shrines, two prayerhouses and two medical facilities here. We also have a key informant interview with a psychiatrist who has worked with psychiatrist hospitals in Ghana, and prayerhouses that specialize in praying for individuals with mental problems. From Greater Accra, we moved to Volta region. The choice of Volta region came from its reputation as the traditional hubs of African herbal and spiritual medicines. We passed to Denu, Atkasi, and Ho areas. We visited the popular Nogokpo shrine, and had an interview with male custodians of the Nogokpo deity. We also had an additional two focus groups with traditional healing shrines in this region. We visited also here two prayerhouses and two hospitals. Here, we covered six healing sites around the Volta region, and then proceeded back to Accra. Each of the focus groups

²⁰ I acknowledge the contributions of our research team to these healings and the coordination of the focus groups: Dr. Nathan Chiroma, Dean of Theology, Pan-African Christian University, Kenya and Prof. Hauwau Evelyn Yusuf, Professor of Criminology & Gender Studies, Kaduna State University, Nigeria.

²¹ On the different problems and perspectives associated with the use of focus group as a qualitative method in contemporary research see Tobias O. Nyumba, “The Use of Focus Group Discussion methodology: Insights from Two Decades of Application in Conservation,” *Methods in Ecology & Evolution* 9, no. 1 (2018):20-32.

²² See Jenkins, *The Next Christendom: The Coming of Global Christianity* (Oxford and New York: Oxford University Press, 2002); *Idem*, *The New Faces of Christianity: Believing the Bible in the Global South* (Oxford and New York: Oxford University Press, 2006); *Idem*, *God’s Continent: Christianity, Islam, and Europe’s Religious Crisis* (Oxford: Oxford University Press, 2007)

of the 24 healing sites studied—consists of an average of 7 to 12 persons, thus we have an estimated 250 participants in this study. While the gender of the clients were evenly distributed there is an exception in the presence of higher numbers of female clients in Maman Yara healing home in Kakuri and the fertility healing shrines of Badagry and Volta regions. In these healing sites, several of the clients are women. The traditional bone setting shrine in Badagry has basically male clients. However, there are higher numbers of female clients in prayerhouses and hospitals in both locations sampled in this study. To encourage interaction, and to elicit freedom on the subject of ecumenism, female focus groups in this study were led by a female member of the research team. Prior to the research visits, the consents of the participants in the focus group were duly consulted in both oral and written forms. The services of local translators—as research assistants were duly employed in Badagry and Ghana to help in the task of translation. The discussion of the 24 focus groups are built around five themes namely religious violence and healing spaces, acceptance of other faith traditions in healing spaces, the diversity of ethnic identities in healing spaces, ecumenism and collaborations among adherents of different religious traditions in healing spaces. The clients of these healing sites comprise of Christians, Muslims, and adherents of African traditional religions. The findings suggest that most of the clients of African healing shrines in the location studied have members of Christian and Muslim adherents, and the same trend is true in African Christian prayerhouses and hospitals in this study. The present study further underscored the implications of these preceding findings in relationships to the important themes of this study.

Healing Sites & Interfaith Conflicts

The members of the focus groups in the different healing sites of this study describe a non-violent ideology towards people of other faiths. Healing in these African healing spaces whether in shrines, Christian prayerhouses and hospitals suggests the acceptance and welcoming of people of other faiths. In particular, the African healing shrines visited in Kaduna, Badagry, Accra and Volta region presents a non-violent space that demystified the border rhetoric of mainstream religions of Christianity and Islam. Interestingly, this grassroots non-violent space presents an oasis of healing in the modern dominant culture of violence and terrorism. Of course, the violent map of global religious conflicts extends from the mainstream and popular conflict zones of the world to areas of ordinary interfaith contacts among the various religions of the world. The violent sites of religious conflicts are no longer situated in the far side of the world whether in Afghanistan, Syria, Iraq, Iran, Somalia, Nigeria, Kenya or even Sudan, but they are inherently present wherever two religious traditions converge or in every human contact where the persons in contact have divergence of religious beliefs. Modern violence itself is not only manufactured in these named places, but they are also exported and marketed around the world through global networks of violence, thus impacting the normal human contacts among different religious adherents, and extending violence across geographical borders. This particular recognition moves the violent theatre of religious conflicts from designated areas of violent and popular religious conflicts to places of everyday contacts and interactions far away from these sites of religious violence. In this regards, the geography of conflict is no longer restricted to particular domains and regions of conflicts but it extends to places where adherents of two hostile religions meet. Unfortunately, the intensity of violence in these volatile and designated areas of global conflict is often re-enacted in extreme and milder forms by the mere presence, contacts, appearance or sight of two hostile religious traditions whether on the plane, bus or on the subway station. This global scenario inevitably makes every human contact in modern times a volatile space with latent potential for conflict. Since this potentiality of conflict exists in every site of human religious contact, there is need to underscore contacts which could enrich human

quest for wellness and help in the attainment of peaceful co-existence among different religious traditions.

The violent character of religious groups and the potentiality of violence in every perceivable human contact have made discourse on ecumenism not only necessary, but critical to the survival of the human beings on earth. In recent times, there are increasing creative innovations in ecumenical discourse which explore various intellectual and practical activities of everyday life in order to bridge the increasing ideological gulf between religions across the ever-widening spectrum of modern spiritualities and different religious orientations. Despite these practical initiatives, ecumenical activities are largely perceived as an elitist campaign which lacks popular support, engagement and following at the grassroots. This critique of ecumenism naturally underscores the need to investigate interactive discourse taking place in ordinary scenes of daily human interactions which have potentials to enrich interfaith discourses of modern times. Unfortunately, the interfaith encounter taking place at the healing sites of modern Africa has not been duly studied from the vantage point of its inherent ecumenical value.²³ Yet, in spite of the hostilities among religions in modern Africa, the borders of health in Africa are not strictly made of rigid walls and fixed boundaries, but they are bridges across health domains that allow interfaith interactions and communion among different faith traditions. In their study of hospitals and healing shrines in India, Harish Naraindas, Johannes Quack and William S. Sax have described the “looping” thread which binds these social institutions in the minds of their clients. They observed, “[t]hese self-reinforcing loops among institutions, practices, and concepts are, however, neither innocent nor symmetrical. On the contrary, they are shaped by many [often invisible] underlying asymmetries.”²⁴ They added,

...given the reality of religious and medical pluralism and the diversity of lifestyles and influences in contemporary India and elsewhere, it is important not to generalize dualistic models and oppositions ... studies of ‘health-seeking behavior’ should therefore not begin with static binaries, but focus instead on how people (are forced to) make culturally informed choices on the basis of their embodied dispositions and on how they cultivate or struggle with different subjectivities. The co-existence and interplay between apparently contrasting kinds of subjectivities and dispositions cannot be captured by approaches that dichotomize between individuality and dividuality, enchantment and disenchantment.²⁵

In modern Africa, there is the “asymmetrical” loop of conversation between hospitals, Christian prayerhouses and African traditional shrines. In recent times, health providers have partnered and networked with other practitioners within the aforementioned healing sites. For example, there are significant cases of referral services taking place from Christian prayerhouses to traditional African healing shrines; the hospitals making referral to Christian prayerhouses, and cases of traditional African healing homes making critical referrals to hospitals. This referral service itself among these healing sites reiterates the “asymmetrical loops” described by Naraindas, Quack and Sax.

²³ Robert Baum has studied a women prophetic movement at the shrines of Senegambia region of West Africa and the important of this women prophetic movement to shaping of political and religious activities of this region. See Robert M. Baum, *West African's Women of God: Altinesitoué and the Diola Prophetic Tradition* (Bloomington, Indiana: Indiana University Press, 2016), 1-22, 38-195.

²⁴ Harish Naraindas, Johannes Quack and William S. Sax, *Asymmetrical Conversations: Contestations, Circumventions, and the Blurring of Therapeutic Boundaries* (New York: Berghahn, 2014), 5.

²⁵ Naraindas, Quack and Sax, *Asymmetrical Conversations*, 13.

Specifically, these interactive referrals within these important healing sites in Nigeria and Ghana have overall interfaith importance for modern Africa since it knocked down the imagined and real walls between these healing sites, thus allowing the sick person to cross borders and to enter into “asymmetrical conversation” with other healing sites. In respect to interfaith dialogue, the quest for health in modern Africa has shifting borders, and flexible boundaries whereby clients and clienteles from other faiths are duly welcomed and provided with the different health services rooted in another faith tradition. In this regards, health negotiation in modern Africa has no fixed boundaries. It is not an entity completely fossilized in a particular health environment because the borders are constantly negotiated and renegotiated among health seekers. The western fragmentation of health into the contentious sites of mental boundaries, closed borders and brickwalled of separated space does not exist in this pure sense. In Africa, there is a partial blurring of therapeutic boundaries between hospitals, prayerhouses, and shrines. There are no doubt competitive tensions and theological struggles among the healing sites with different degrees of accepted referral service, however, there is a quest to interface and engage these healing sites by different religious clienteles.²⁶ The dynamism of these evolving synergies among seeming contentious fields provides an interesting avenue into the psyche of African and the inherent interfaith exchange taking place in these highlighted domains. There are no doubt—cases of rivalry among African health practitioners, but the therapeutic quest for wholeness clearly helps in health competition. Concerning the rivalry among African healers, Bryn T. James observed,

Healing in particular is a private world, and for one healer to openly confront another would be highly unusual. Local practitioners respected different bases of power and avoided direct conflict due to concerns for their reputation and fear of attack by spirits or bad medicine.²⁷

Interestingly, healing domains are dynamic sites of health construction and negotiations. Health in modern Africa is a trans-religious entity which inevitably placed the discourse on health negotiation on a trans-faith spectrum, thus an inherent ecumenical dimension. There is both a trans-religious encounter in health negotiation at African healing sites. The western dichotomization of health into airtight sphere of scientific fields and no-scientific ones stand in contrast to the inclusive character of contemporary health negotiations in modern Africa. The exclusive boundaries of health imposed by the scientific orientation of western medicine are beginning to give way, and the exclusive religious borders of faith traditions in mainstream religions are also beginning to give way to an inclusive dialogue with the healing traditions in other faith environments. In its place, an inclusive and interactive collaboration between the triangulated axes are clearly promoted. The exclusive rhetoric of religions still persist, but ordinary Africans have continually pursue the quest of individual wholeness on the complete spectrum of healing and wellness provided by these triangulated healing sites. In this regards, there is an ecumenical triangulation emerging in modern Africa which explores the interface between the mainstream religions of modern Africa around these sites of wellness and health.²⁸ The necessity of studying this ecumenical encounter at the healing sites is hinged on

²⁶ There are generally recorded rivalries even among the healing traditions of a particular religion. Therefore, the rivalry among different religious traditions is expected to be even more [Wilkens, “Drinking the Quran, Swallowing the Madonna,” 250]. Yet, there are movements by clients of these religious traditions to explore and engage the healing traditions of other faiths.

²⁷ James, “Writing Stones and Secret Shrines,” 142.

²⁸ For example, Christians and Muslims are often found in traditional African shrines—seeking spiritual resources from traditional African religions, and African traditionalists, and Muslims are also found in Christian prayerhouses—seeking spiritual helps from the Christian God. The same trend is also true of Christians and traditionalist engaging the services of a Muslim mallams, and the presence of Christians,

three defining reasons. First, the study of interfaith encounter at healing sites grounded ecumenical discourse on existential foundation. It is an interfaith encounter with other religions at the place of pains and sufferings. At the healing sites, one meets fellow sufferers of different religions. Consequently, they are not the usual interfaith encounters that come from the overbearing of an elitist compulsion or social agenda, but they are the natural outcome and existential necessity which had propelled individuals to transverse different faith domains in search of healing and wholeness. The history of such therapy at healing sites has its own complexity because often the period of sickness for most Africans comes with complexities of interactions with multiple traditions. Describing this complexity in the consultations of multiple traditions for healing, Steven Feierman and John Janzen said,

...the history of therapy is a history of multiple streams of healing traditions, but with a difference. It is rare to find an individual who take communion in a Catholic church on one day, begin to fast for Ramadan on the next, and sacrifice to the ancestors on the Third. The world religions in particular tend to be exclusive. It is quite usual, by contrast, for a patient to be treated for sorcery on one day, at a hospital on the second, and for spirit possession on the third. The patterns of choice work themselves out in complex ways within individual illness episodes. Nevertheless, the history of healing is a history of multiple traditions, each one with its own distribution in time and space.²⁹

Secondly, this interfaith encounter occurs at the critical point of sickness which often influences personal transformation and life-changing decision. Thus interfaith encounter at this point has potency in driving deeper ecumenical convictions into the psyche of the individual rather than the superficial ecumenical discourses taking place around the globe. It has a lasting spiritual imprint on the life of the clients who had experienced the spiritual resources of other faiths. Thirdly, this ecumenical encounter has the practical benefit of experiencing the utilitarian importance of other faith traditions. There is the natural tendency of being myopic of the spiritual benefits and resources from other faith traditions, but the active participation and engagement of other faiths tradition on the healing sites of other faiths provide an immediate utilitarian value for other faiths. This recognition of the utilitarian value of other faiths already underscored the necessity and benefit of collaboration among different faith traditions. This dialogue along the path of health and wholeness does not just begin with doctrinal similarities among different religions, but it underscores and identify with another faith tradition at the point of life-threatening sickness, thus underscoring the beneficiary character of another faith tradition. At this point of engagement, the person seeking help from another faith tradition is often opened and positively disposed towards appropriating the physical and spiritual resources in another faith tradition.

Lastly, interfaith encounter at this critical point often widens the influence of a religion in another religion because the efficacies of healing in one faith tradition are easily broadcasted by individuals who have benefited from the health services of other religious traditions. Most importantly, this engagement underscores a theological disposition which enriched our collective theological resources. This disposition is helpful for modern theology because it goes against the segregation of religious traditions and doctrinal barricades of modern religion which often barred religious tradition or fail to see any beneficiary importance of other religious traditions. The disposition underscores the place of God at work in various religious

Muslims and traditionalists in the same wards of hospital sharing the same hospital facilities and seeking help from modern medicine.

²⁹ Steven Feierman and John M. Janzen, "Introduction," *The Social Basis of Health and Healing in Africa*, eds. Steven Feierman and John Janzen (Berkeley: University of California, 1992), 4.

traditions and emphasizes the benevolence of God who cannot be barricaded or imprisoned in the borders of one particular religious tradition.

HEALING SITES AND ECUMENICAL GEOGRAPHIES

Drawing from the findings of our study in Nigeria and Ghana, the converging mechanics of these renegotiations of ecumenical geographies are clearly underscored here. Beginning with African traditional religions, African traditional religions are cultural hubs of inter-faith meetings because the tolerant character of African traditional religions have allowed the interactions, dialogue and appropriation of the spiritual and psychological resources of its faith by the adherents of Christianity and Islam.³⁰ The traditional healing shrines visited in the sampled areas present natural scene of spiritual and cultural exchange with adherents of other faiths whereby clients from other faiths engage, participate and appropriate for themselves the spiritual resources of African traditional religions.³¹ For example in a traditional bone setting site in Badagry, Nigeria, we met a pastor of a charismatic church, who broke his leg—sharing the same healing space with a young Muslim who also broke his leg. Even though this particular healing site employed the use of divination in the consultation of gods and spirits to know the perfect medicine to apply to the broken bones, the clients in this healing space accepted this traditional healing process, and praised its efficacies over the nearby government General Hospital in Badagry. The African healing spaces are accepted as divine resources to enrich their physical and spiritual wellbeing as both Christians and Muslims respectively. Considered this way, the healing shrines of African traditional religions are ideological sites of inter-faith discourse whereby Christianity in the presence of many sick Christians in this place enter dialogue, and interaction with the cultural, spiritual, and physical resources of African traditional religions in their quest to obtain wholeness. For most of these Christians, they often ignored the stigmatization or open polemics against these traditional sites in their respective brands of Christianity in order to identify with the healing rituals and customs of these African healing shrines. John M. Janzen and Edward C. Green have observed, “[African] cults and shrines have related to Christianity and Islam for centuries. Sometimes the African institution has absorbed the outside idea or symbol; in other cases Christian and Islamic institutions have recreated the African forms and substance...”³² Unfortunately, this interactive appropriation has often been quickly demonized in the category of syncretism or rejected from the point of view of the orthodox Christian and creedal confessions, however, this superficial and simplistic rejection of this ecumenical-driven interaction has unfortunately led to our inability to understand the mechanics and the operations of this important inter-faith factors at the grassroots of African healing shrines. Surprisingly, these Christians in these healing shrines of African traditional religions maintained their church’s membership but still promote the use of these traditional healing sources within their various Christian

³⁰ Concerning the significance of traditional African medicine, John S. Mbiti said, “[o]ver centuries and millennia traditional medicine has provided treatment, cure, amelioration and other help to people, animals and crops. It deserves to be given due respect. Herbs still provide direct or partial treatment and cure of diseases, as well as medical applications all over the world. Most of these herbs are in the tropics, and many of them in Africa. Traditional African doctors and herbalists have a treasure of knowledge concerning the medical uses of many such herbs. Some of that knowledge is shared and used commonly by people in the villages. Everything possible should be done to preserve and protect these and other species of plants from extinction.” See Mbiti, *Introduction to African Religion*, 2nd ed. (Long Grove, Illinois: Waveland Press, Inc, 2015), 172.

³¹ For a classic bibliography of different studies of African traditional religions and its healing agenda see John Gray, *Áshe, Traditional Religion and Healing in Sub-Saharan Africa and the Diaspora: A Classified International Bibliography* (New York: Greenwood Press, 1989).

³²Janzen and Green, “Continuity, Change and Challenge in African Medicine,” 17.

communities. In most cases, Christians within the church often provides advertisement for traditional healing shrines and also work as marketers for the efficacies of traditional African medicine within the church. In hospitals in modern Africa, nurses and doctors have also promoted the efficacies of traditional African shrines, there are cases in the course of our studies where patients are referred to shrines by doctors and nurses from the hospitals. They often perceived that there are sicknesses which western medicine can treat, and there are spiritual or psychiatric ailments which are deemed inappropriate to treat in hospitals. In the event of these sicknesses, doctors and nurses often provide referrals to traditional African shrines.³³

Considering the overarching importance of this trend for ecumenical discourse, there is the need to underscore the significance of traditional African healing shrines as domains of inter-faith exchange where resources of African traditional religions are appropriated by the adherents of Christianity, Islam and hospitals. In this appropriation, there are subtle factors which enforce this common activity in Nigeria, Ghana and most parts of West Africa. From our studies, four of these factors are worth-noting here. First, the traditional African worldview is an utilitarian one which explores and promote the use of physical and spiritual resources of other faith for its own advancement. Most Christians coming from this worldview naturally think in the exigencies of this worldview. They often perceived the use and appropriation of African traditional religions for the enhancements of their physical and spiritual well-being.

Secondly, the crises of health itself carry with a mystery which often demands from most African people the use of every available resource to understand, interpret and diagnose or even heal the ailment. Sickness, in this regards, forms a major site of inter-faith activities because here the logics and illogical arguments for the exclusive claims of orthodox Christianity and Islam falls apart by the desire to solve and to provide healing for a particular ailment. Thirdly, the pre-modern a character of the health services across Africa and in particular within Nigeria and Ghana contributes to the necessity of this inter-faith exchange because most health services providers in terms of hospitals, clinics, and medical centers have poor health facilities to help the average sick person, thus sick people resulted to the patronage of African traditional healing shrines as the last hope to combat the ailments of sick family members or relatives.³⁴ There is also the temptation to pursue the path of “medical syncretism.”³⁵

Lastly, the tolerant disposition of African people in the acceptance of communal wisdom and orientation often forces people to promote these healing homes. The community has a profound influence on the mitigation of ill-health in modern Africa, thus friends and neighbours often make referrals to African traditional healing shrines as an efficacious alternative to western medicine. In addition, there is a salient distrust of modern medicine especially as presented in its orthodox western form.³⁶ Most Africans at the healing sites studied distrust the many diagnosis, treatment and cure of ailments using the scientific resources provided by western medicine. They revert to the perceived efficacy of traditional

³³ See Umar H. D. Danfulani, “*Pa* Divination: Ritual Performance and Symbolism among the Ngas, Mupun, and Mwaghavul of the Jos Plateau, Nigeria,” *African Spirituality: Forms, Meanings and Expressions*, ed. Jacob K. Olupona (New York: The Crossroad Publishing Company, 2011), 87-111.

³⁴ See Janzen and Green, “Continuity, Change and Challenge in African Medicine,” 18-23.

³⁵ Naraindas, Quack and Sax, *Asymmetrical Conversations*, 16.

³⁶ See Susan Reynolds Whyte, Sjaak van der Geest, and Anita Hardon, *Social Lives of Medicines* (Cambridge: Cambridge University press, 2002), 63-76.

ones. The default thinking here is that there are sicknesses which medical centers could treat, but there are others that lie outside their expertise. With such dichotomy, sicknesses deemed untreatable by western medicine are taken for the attention of traditional healing homes.³⁷

From the foregoing, the different contours of this health discourse have important bearing on ecumenism in modern Africa. Inter-faith discourse is already taking place from the convergence of these interesting factors. Apart from inter-faith dialogue tables of modern ecumenism, a subtle ecumenism is taking place across West Africa in the contest of mutual patronage given to the healing sites of other faiths by adherents of the major religions in west Africa. This inter-faith interaction occurs in the joint appropriation of health services from opposing sources of religious traditions. At the shrines, the rational discourse of Christian exclusivity is muted, and the Christian population here endorses the efficacies and validity of the healing prowess of traditional healing shrines. Even though the oneness of the Christian adherents here with the norms, beliefs and rituals of these traditional institutions might appear momentarily since the adherents go back to the Christian faith after consultation, there is a lasting interfaith impact on the worldview and psyche of these Christians. There is an interfaith solidarity or even collaboration between the interactions of these faith traditions. The partnership is forged in the mindset and beliefs of these Christians who see no contradictions in the claim of superiority of the Christian message over the traditional religions. The discourse on religion here circumvent the discourse on Christology and revert to the discourse on the benevolence of God, the creator who has also revealed himself in the perceived portents and efficacies of these traditional medicine men and women. Christology is significantly short-charged here and pedalled down for the supremacy of God over all and his willingness to reveal his healing power in the activities of herbalists, and even diviners. Similarly, satanology is also deemphasized—apart of his malevolent activities which often are conceived—as the cause of the sickness, the power of God is often believed to go beyond the borders of the different faith traditions. For these Christians, their traditional demonology that often treats and places these African healing spaces as hubs of demonic activities is tacitly rejected—and a new appreciation of this healing space is emphasized. There is the pragmatic extension of the divine providential care to these highly stigmatized and marginalized places. The doctrinal barriers are pull down—and the originally demonized spaces become spaces of divine activities. The religious borders are easily transgressed, and the health services of other faith traditions are appropriated for individual and community use. From this perspective, the fatherhood of God is projected above the individual confessions of the Christian adherents—and in this metaphysical transaction of beliefs, Christianity is merged with African traditional religions in the preponderant image of God in his oneness and sameness across faith traditions. The important element of cultic integration of religious traditions in the domains of African healing shrines, Christian prayerhouses and hospitals offers an important avenue into the working of the African worldview in its ecumenical magnanimity towards adherents of other faith traditions.

HEALING SITES & ECUMENICAL PILGRIMAGE

Pilgrimage to shrines has been a site for interfaith interactions among religions in church history. Janet Crawford in her work, “Pilgrimage: Towards an Ecumenical Understanding” has

³⁷ See David Westerlund, “Spiritual Beings as Agents of Illness,” *African Spirituality: Forms, Meanings and Expressions*, ed. Jacob K. Olupona (New York: The Crossroad Publishing Company, 2011), 152-175. Also see, Ojo M. Agunbiade, “Spirituality in Knowledge Production and the Practice of Traditional Herbal Medicine among the Yoruba People of Southwest Nigeria,” *Medicine, Healing and Performance*, ed. Effie Gemilordanou *et al*, 136-159 (Oxford: Oxbow Books, 2014), 176-191.

described the ecumenical dynamics in pilgrimage shrines.³⁸ In medieval times, the church's healing shrines were sites of ecumenical interactions which saw the inter-faith exchange among adherents of different faith. There are records of pilgrimage undertaken by people of diverse religious orientations to the healing shrines of saints and holy men in medieval Christianity.³⁹ This historic background provides important description to the inter-faith discourse taking place especially between traditional African shrines, and Christian prayerhouses. The adherents of traditional African religions, Christianity and even Islam have visited the cultic space of their respective religions. While the traditional understanding of pilgrimage is primarily ingrained Christianity and Islam, traditional African religions are often deemed to have little or no connection to the dynamics of pilgrimage. Yet, traditional sites of African shrines have witnessed increasing description in terms of pilgrimage, thus warranting my use of pilgrimage in connection to these African healing shrines. I personally think that pilgrimage underscores and addresses the whole subject of wholeness and ecumenism which occupy an important place in this research. The clients of these various religions are not mere floating subjects of Zygmunt Bauman's liquid modernity or the "nihilist" of Emmanuel Katongole's new future of Africa, but they are pilgrims who due to the deorientations of the various religious traditions and health facilities in modern Africa have increased their mobility from the confinement and borders of their original faith traditions to another.⁴⁰ They are pilgrims who seek wholeness beyond the frontier of their individual faiths and traditions to other larger walls beyond the locations and institutions of their respective religions. The sick people at the different healing sites visited perceived and narrated their stories in terms of a journey. While they do not describe themselves as pilgrims—but the projected identities in their stories are the one of a pilgrim with frequent use of travel metaphors and semantics of visits to sacred spaces to describe their quest for wholeness.⁴¹

The imagery of pilgrimage has five importance and bearing to this present subject of discourse. First, the image of pilgrim is appropriate for a people who have transversed the triangulated landscape of Christianity, African traditional religions and even Islam. While pilgrimage is traditional conceived in terms of the visitations of the faithful to the holy sites of a particular faith, the use of pilgrimage extends this concept of pilgrimage to include the interactions of other religious sites in the quest of wholeness and health for adherents.⁴² The narrowing of the pilgrimage experience to one's religious tradition gives way now to the interactions beyond the faith's borders of one's religious traditions. In this way, the scope of pilgrimage moves beyond the limited scope of one's faith to the multi-religious landscape of the modern world. Secondly, the use of the imagery of pilgrimage is appropriate here because it sounds a resonating chord with the pursuit of wellness and wholeness underscored by the

³⁸ Janet Crawford, "Pilgrimage: Towards an Ecumenical Understanding," *The Ecumenical Review* 45, no. 2 (1993): 137-248.

³⁹ Amanda Porterfield has described visits to healing shrines and the designation of the graves of saints and their relics for healing in medieval Christianity. See Amanda Porterfield, *Healing in the History of Christianity* (Oxford: Oxford University press, 2005), 67-91.

⁴⁰ See Zygmunt Bauman, *Liquid Modernity* (Cambridge: Polity Press, 2012) and Emmanuel Katongole, *A Future for Africa: Critical Essays in Christian Social Imagination* (Chicago: The University of Scranton Press, 2005).

⁴¹ Concerning the different theories and problems in the construction of narrative identity see Dan P. McAdams, "Narrative Identity," *Handbook of Identity Theory & Research*, ed. Seth J. Schwartz *et al* (New York: Springer, 2011), 99-115.

⁴² Traditional African healing sites have entrenched idea of pilgrimage. There are annual visits or pilgrimage to ancestral shrines where families seek the blessings and healings from the ancestors [see Dawson, "Introduction," vii]. There are also pilgrims that are strictly based upon the need for healing of the clients. In recent times, healing shrines have enjoyed this former type of pilgrimage especially as seen in short and long terms pilgrimage to seek healing by pilgrims in Nigeria and Ghana.

movement of adherents of a particular religion to the healing site of another. The quest of healing and wholeness is an important pilgrimage which visits and engages the spiritual resources of one's faith, but extends this journey to the healing sites of other religions. The pilgrimage is not a rejection of the present religious experiences offered by the spiritual institutions of one's faith, but the expansion of one's religious experience through contacts, participations and engagement with other religious traditions.

Thirdly, the imagery of a pilgrimage to describe this ecumenical encounter is appropriate because of the temporality of the pilgrim in a foreign place or domain far away from his/her religious experiences. The visit of other religious traditions and the appropriation of their religious resources does not permanently sever the pilgrim from his original faith confession, but merely exposed him/her to other alternatives. The momentary character of the ecumenical encounter at healing sites projected the image of a pilgrim who uses the spiritual resources in a foreign land or religion to enrich his experience of God and personal development. Fourthly, the use of the term pilgrim to describe this inter-faith exchange in healing sites comes from the transformative character of this experience. Pilgrimage often is undertaken in order to enrich and add value to the individual and collective wellbeing of a person. The use of pilgrimage here engages this dynamism in the pursuit of transformation of one's religious traditions via the interfaith encounters at the healing sites. In addition, the use of pilgrimage overcomes the inherent stigmatization that comes from the pursuit of wellness and wholeness outside of one's religious traditions. The idea of a pilgrim who travels to foreign land in his/her quest to enrich his spiritual life becomes fitting for one's experience of ecumenical encounters outside the borders of one's faith.

Lastly, the use of pilgrimage underscores a subversive enterprise. Ecumenical encounter at the healing sites is merely seen in the form of nominalism and syncretic descriptions, but the subversive elements involved—is often less emphasized. The quest of wholeness outside of one's religious tradition is a subversive act which clearly undermined the exclusive rhetoric of the major faith. Through this act, the ecumenical encounter at the healing sites becomes a protest against the exclusivity of faith traditions, and underscores the necessity of integrative worldview. The degree of this ecumenical exchange could be tailored to degree of the exclusive claims of one's faith, but it is obvious that integrating spiritual resources outside of one's faith tradition turned one into a religious immigrant or refugees who is barred from taking spiritual resources outside of the designated faith borders. The understanding of ecumenism in the category of pilgrimage naturally may raise objections since it goes against the normal use of pilgrimage in religious circles. However, the experience of ecumenical encounter by adherents of other religions in healing sites clearly projects this dynamism. In this regards, the visits to healing sites are not merely visits for healing, but they occurred in the dimensions of pilgrimage which seeks to appropriate the spiritual resources of other faiths in his quest for wholeness and wellness.

HEALING SITES, ECUMENISM & ETHNICITY

African traditional healing sites are often situated in a particular tribal environment, and thus raise the question of inter-tribal consultations and appropriations of ethnic shrines by other ethnic groups. It is quite interesting that African shrines have their cultic locus in the spiritual and physical wellbeing of a particular tribal group thereby the appropriation of this particular spiritual heritage by tribal outsiders have potentials in generating inter-tribal conflict or intra-tribal tension. Concerning this tribal significance of African shrines, Allan C. Dawson noted,

Shrines, in the African context are cultural signposts that help us understand and read the ethnic, territorial, and social lay of the land. Just as the church steeple in Europe once marked the centre of a community whose boundaries lay at the point where the rising spire came into view or the tolling of the bells could be heard, shrines on the African landscape help shape and define village, community, and ethnic boundaries... The shrine is representative of a connection with the land at the cosmological and supernatural level and, in terms of a community's or ethnic group's claim to cultivable territory, serves as a reminder to outsiders that this is—in very real term—'our land.'⁴³

Therefore, the tribal dynamics of African shrines within these tribal structures and social arrangements poses a serious problem in their association and admissions of outsiders. Since the chief objective of tribal shrines is to advance the spiritual and physical wellbeing of a particular tribal group, the extension of this cultic service to individuals outside this tribal arrangement challenged this traditional inward-looking disposition of most African shrines. In spite of this inner dynamics of most African shrines, the shrines in Nigeria and Ghana have intentionally positioned themselves to engage the needed inter-tribal services beyond the natural and designated tribal borders of these shrines. For example, the traditional Mama Yara paediatric shrine in Kakuri, Kaduna welcomed all sick children within the Kaduna metropolis and beyond—even though the aged lady at the head of this herbal shrine is Gbaygi by tribe. Similarly, the tribes of clients are not often taken into consideration before offering them treatment or a bed place in all the traditional healing spaces studied. It seemed from the shrines visited that the ethnic composition of the clients cut across different ethnic groups because while shrines are tribally situated their services are presumed to cater for the the physical and spiritual needs of the immediate community and even beyond. Similarly, most of African therapies and shrines have influences beyond their original ethnic borders. Accordingly, Feerman and Janzen observed,

As scholarly knowledge of therapies in any one place became more diverse, the map of neat ethnic territories became confused. Each therapy, each type of practitioner and set of ideas, has its own map. It is rare for the boundaries of a type of therapy to coincide with the boundaries of an ethnic group, or with those of other therapies in the same general area. Very few of the therapy-distribution maps overlap. In East Africa, for example, Muslims (and Muslim practitioners) are scattered all across the map of the region. The map of Muslims does not match any ethnic ones. The therapeutic map is no longer divided among bounded ethnic groups. There are actually many maps of therapies within each local region; no two therapy-distribution maps have the same shape.⁴⁴

This inter-ethnic disposition of African shrines has important bearing in understanding the spiritual architecture of African shrines and their significance in the mapping of inter-ethnic interactions. There is an important paradox here whereby shrines in the location of healing shrines in a particular tribe—and it is usually shouldered with the responsibility of attending to the physical and spiritual needs of this tribe, yet it is still opened for consultations from non-ethnic members from the larger family of the human society. This presence of different ethnic groups in a cultic setting seeking the help of tribalized deities becomes a lingering beauty of African inter-ethnic discourse. Here, the inter-ethnic discourse presents an important pluralistic environment wherein clients outside of the immediate ethnic group are welcomed and offered the physical and spiritual services of tribal deities. Significantly, the negotiation of wholeness allows the inter-ethnic consultations of deities and oracular guidance

⁴³ Dawson, "Introduction," vii.

⁴⁴ Feerman and Janzen, "Introduction," 3.

of deities outside of one's tribe. There are different levels of access to shrines in most African communities.⁴⁵ Most African shrines have open—public space where everybody is welcomed; but they also have restricted space which is only opened to initiates of that particular shrine or cult. Outsiders seeking healing usually are moved from the public space to this restricted space where the deity is invoked on behalf of the sick person. However, there are shrines where this cultic dichotomy between initiates and non-initiates does not hold. Most African healing shrines generally are opened to outsiders and non-tribal members without exceptions.

On the other hand, there are cases in the past where a particular ethnic deity will ask for a human sacrifice with the human sacrifice taken from a member outside of one's tribe. These cases of human sacrifices are now abolished and the new cultural orientations allow the interactions and consultations of deities by non-ethnic clients. Despite the conflicts and deep-rooted inter-ethnic rivalry among many African ethnic groups, there is a detribalized policy in place in most of the shrines visited which allows the consultation of deities from another tribe for their individual and community wellbeing. This detribalization of the African shrines presents a cultic landscape which allows the extension of spiritual services and physical resources to people of different ethnic groups. This detribalized policy of the African shrines is clearly seen in the mobile medicine men and women who often advertise the portent of their medicine across ethnic borders. Feierman and Janzen observed,

African healers, practicing therapies that originate on the African continent, carry their knowledge from place to place without necessarily halting at ethnic or language boundaries. Many cults of affliction in Zambia, for example, have spread from one part of the country to another.⁴⁶

During the course of this research, we realized this detribalized policy of most African shrines in Nigeria and Ghana. The three members of our research team were of different ethnic groups of Igala, Gwandara, and Yoruba respectively—from Kogi, Bauchi and Kwara states of Nigeria respectively. But we were welcomed into shrines in Kaduna, Lagos, Accra and Volta Region of Ghana—without discrimination against us on the basis of our different ethnicity. All the shrines we visited in these places opened their doors to people of diverse ethnic groups and tribal lining. Ecumenism in Africa has often faced not only the religious/doctrinal obstacles, but also tribal ones since various African denominational and regional maps are the product of ethnic constructions. In these African shrines, the obstacles are clearly absent—and the clients of different ethnic groups are welcomed and given opportunity to share in the tribalized oracles and ministrations of a particular shrine. The dynamism involved in this arrangement is interesting since most African ethnic groups are engaged in some forms of hostility against one another that often does not allow healthy inter-ethnic relationship. While in the past, the dynamism of these tribal hostilities and rivalries might have impacted the offering of spiritual services at different tribal shrines, in modern times, this difficulty no longer exist since most ethnicized shrines allow physical and spiritual support, collaboration, and interaction with members of other ethnic groups. There is a cultic dialogue among clients of these healing shrines that is grounded in the benevolence of the supreme deity which transcends the spiritual geographies of any ethnic group. This benevolent spirit of the African shrines offers physical and spiritual guidance to clients outside of the ethnic group where the healing shrines are situated. Consequently, African shrines in modern times are often free from the tribal tensions and politically engineered conflicts which existed outside of the

⁴⁵ See Dominique Zahan, "Some Reflections on African Spirituality," *African Spirituality: Forms, Meanings and Expressions*, ed. Jacob K. Olupona, 3-25 (New York: The Crossroad Publishing Company, 2011), 14-15.

⁴⁶ Feierman and Janzen, "Introduction," 4.

shrines. While it is possible for ethnic tension to frustrate consultations of a healing shrine situated shrine in a particular ethnic group, the overall findings from our studies are that shrines in spite of their tribalized deities and ethnic oracles, they offer physical and spiritual services to all clients in respective of their tribal linings. This finding has important bearing on our discourse on ecumenism on several important fronts. Three of these fronts are noteworthy here. First, the detribalized policy of African shrines has inherent ecumenical value and implications for our churches and political environments where religions and tribes have often served as instrument of division rather than the one of cohesion. Secondly, a detribalized policy of African shrines in the constitutions of various tribal groups in most African shrines provides an interesting model for the politics of ethnic rivalries that reign supreme in most African public places. The detribalized policy of African shrines could impact the reorientation of African people whereby people are respected and welcomed in public place because this particular act has direct relationship to the detribalized policy of the shrines which usually provides physical and spiritual guidance to non-ethnic members of a particular community. Thirdly, the detribalized policy of African shrines provides an important blueprint in social relationship where tribal sentiments are usually entrenched in the interactions and relationships among the different members of the African society. Considering the importance of ecumenism within this open-policy and welcoming of membership of other ethnic groups, the shrines become a sober stage of consultation, negotiation and renegotiations which have direct bearing on our discourse on the triangulated space under consideration. It is apparent in West Africa that ethnicity has clearly impacted the drive for ecumenical participation since ethnic sentiments legitimized and rebaptized in segregated religious and denominationalized worldviews have not allowed the translation of the ecumenical character of African shrines in the acceptance of non-ethnic persons into the wider interfaith dialogue of modern Africa. The failure to also engage this seeming detribalized shrine policy in social discourse and inter-communal relationship had often led to unnecessary hostility and tensions among adherents of different religions of the same tribe. I do not here romantized the African past as it is always the case in most discourse on traditional African religions. It is naivety to assume that inter-ethnic wars and conflicts with the involvements and supports of African shrines are not common. We have witnessed many tribal wars and inter-tribal tensions still taking place on the African continent. In fact, wars against other tribes were often orchestrated and launched from the spiritual guidance of the shrines. In spite of these problems, it is important to underscore the significance of this detribalized policy of African healing shrines to non-ethnic members of other tribes. In all the African healing shrines, we visited—members of other ethnic groups are readily welcomed and provided spiritual guidance and physical wellness without discrimination. Consequently, the cultural orientation that permits a non member of a particular ethnic group to consult and seek physical and spiritual guidance from another ethnic group has important role in the context of the segregated operations of modern African ethnic groups who are consistently torn apart by tribal sentiments that do not allow them to tap into the spiritual and physical resources of one another.

CONCLUSION

There is a new ecumenical frontier that has largely escaped the studies of African spirituality and trends on modern African religions. This new frontier is peopled by adherents of different religious beliefs who travelled healing centers of African shrines, Christian prayerhouses, Islamic healers and exorcists, and the hospitals in the quest for health and wellness. These people are the human links or ecumenical chains that connect these different faiths together. Through these individuals, healing sites are the ecumenical hotspot for the

integration of religions. The collapse of African health sectors, the lingering beliefs in supernatural remedy for sickness, the revival of traditional alternative medicine, and the existential compulsion for wellness have pushed many Africans to transverse consistently these geographies of healing sites. The spiritual landscape offered by these triangulated healing sites has significant role in our quest for ecumenical dialogue. While past ecumenical studies have explored high-handed and elitist discourses on ecumenism, the present study looks at the grassroots. At these healing sites, there are adherents of different faith traditions who are existentially engaged in a passive ecumenism by their common affiliations and compulsion to seek wholeness on multiple fronts. The multi-pluralistic worldviews of most adherents at the healing sites have greater importance in initiating and furthering ecumenical goals. It also has important bearing to cementing social cohesion and relevant political unity which could enhance the development of human communities. Considering this perspective, these spiritual travellers of healing sites become inevitably ecumenical pilgrims in the long run because they have moved from the borders of their original faith tradition into new borders of another faith. In this movement, these ecumenical pilgrims have readily concretized the modern human quest for interfaith dialogue and the collective quests for individual wholeness.

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