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ORIGINAL RESEARCH ARTICLE

Relations of belief: A relational sociology of authority, care, tolerance and health in Sierra Leone

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Abstract

This article develops relations of belief principally through research on religious tolerance and Ebola-related care in Sierra Leone. Religious-tolerance fieldwork in May–July 2024 comprised an exploratory group of 27 respondents and an in-depth group of 18. Ebola research combines an outbreak-period observational and interview intervention with an author-led study conducted in June–July 2025, whose Ebola component contains 29 coded key-informant interview records and two focus-group discussions. These materials examine care, dignity, and burial through soutoura, a trans-ethnic norm in the country that is glossed as protection from shame. Complementary oath-taking research from 2025 and malaria research from June–July 2023 examine the framework in ritual authority and routine health-seeking. An abductive synthesis investigates how trusted actors, obligations, institutional settings, and anticipated consequences shape credibility and action. Interfaith families sustain coexistence through attendance, practical contributions, and negotiated religious boundaries; friendships and education extend these practices. During Ebola, soutoura made protection from shame a compelling duty that could conflict with infection-control measures. Oath and malaria accounts illustrate related tensions between formal authority, moral consequence, and distributed therapeutic trust. Relational credibility, belief infrastructure, belief negotiation, belief translation, and moral consequence connect these processes. The contribution is an account of how relationships make beliefs believable and actionable without assuming that relational credibility guarantees truth, solidarity, or safe outcomes.

Keywords: *Relations of belief; Relational sociology; Religious tolerance; Ebola; Therapeutic pluralism; Sierra Leone*

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1. Introduction

Why do people belonging to different religious traditions sustain relationships of mutual respect despite theological disagreement? How do Christians and Muslims in Sierra Leone participate in one another's weddings, naming ceremonies, and funerals without abandoning their convictions? Why might people who hear biomedical warnings about Ebola still feel obliged to clean a sick relative or prepare a body for burial? These questions bring religious coexistence and epidemic care into a common sociological conversation: how do beliefs become credible enough, and obligations compelling enough, to organise action?

The first question concerns the social bases of religious tolerance in Sierra Leone. Formal protections and interfaith organisations support coexistence, but they hardly exhaust the explanation of everyday coexistence. The religious-tolerance strand in this article traces how families, friendships, education, and communal practices make accommodation possible. Its central proposition is that religious difference often exists within relationships that already carry duties of attendance, support, respect, and care. Tolerance emerges through the practical negotiation of these duties, rather than requiring agreement about doctrine.

The Ebola material examines what happens when related obligations meet an urgent public health demand. Soutoura, a norm common to most ethnicities in Sierra Leone and which means shielding vulnerable persons from shame and indignity, made intimate care and dignified burial morally compelling. Infection-control measures could require families to change the very

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practices through which they demonstrated responsibility. The difficulty lay partly in reconciling credible knowledge about infection with credible duties toward relatives. This interpretation builds on scholarship concerning Ebola, burial, community learning, and institutional distrust (Wilkinson & Leach, 2015; Richards, 2016).

Scholarship has already shown that credibility, trust, and conviction develop through social relationships and shared practices. Shapin (1994) examines the social organisation of credibility, Tilly (2005) explores trust networks and political rule, and Luhrmann (2020) shows how religious practice cultivates experienced reality. This article builds on these insights through the concept of relations of belief: the social bonds, institutional arrangements, ritual practices, and moral obligations through which claims become believable, authoritative, and actionable. It asks who and what make belief believable, and how credibility becomes consequential in practice.

Religious tolerance and Ebola-related care provides the principal empirical stream. The two settings reveal different possibilities within relationships of obligation. Continuing family ties can support accommodation across religious boundaries; those same kinds of obligation can generate conflict when epidemic control requires physical distance from relatives. The data on oath-taking and malaria provides complementary material. Oath accounts illuminate the distance between procedural validity and anticipated moral consequence, while malaria accounts examine trust across therapeutic options.

The article's objective is to explain how credibility and obligation acquire practical force through relationships, and draw principally on religious coexistence and Ebola caregiving. The complementary studies examine how similar processes operate within ritual authority and routine health-seeking.

The article contributes to the sociology of religion by examining the familial and everyday bases of tolerance, to medical sociology by analysing the moral relationships organising care, and to relational sociology by connecting credibility with obligation, negotiation, and consequence. It also treats Sierra Leonean experience and African sociological thought as resources for conceptual development.

2. Literature Review, Theoretical and Conceptual Framework

Sociologists have examined how belief sustains religious practice, legitimacy, authority, and shared understandings of reality. Scholarship on credibility, trust, and lived conviction provides the starting point for comparing these processes across the studies examined in this article (Shapin, 1994; Tilly, 2005; Luhrmann, 2020).

Classical sociology laid the foundations for understanding belief as socially constituted. Durkheim (1912/1995) demonstrated that religious beliefs express collective representations binding individuals into moral communities. Weber (1978) located belief at the centre of legitimate domination, while Berger and Luckmann (1966) showed that reality is socially constructed through institutionalization and everyday interaction. Bourdieu (1991) further explained how symbolic power enables particular understandings of reality to become accepted as legitimate. Collectively, these traditions displaced individualistic explanations by locating belief within social life.

Several studies in relational sociology have shifted sociological explanation even further towards relationships themselves. Simmel (1950) viewed society as constituted through recurring forms of interaction, while Granovetter (1985) demonstrated that social action is embedded within networks of relationships. Emirbayer's (1997) relational manifesto argued for replacing substantialist understandings of actors with analyses centred on transactions and relationships. Crossley (2011) and Donati (2011) similarly conceptualized society as an evolving web of relations rather than a collection of autonomous individuals.

A similar relational orientation has long existed within African sociological thought. Akinsola Akiwowo's theory of Asuwada, derived from Yoruba sacred poetry and indigenous philosophy, conceives human existence as iwasusu, provisionally glossed as joint or bundled existence, in which sociability is the original condition of being human rather than its achievement (Akiwowo, 1986). His distinction between Ajobi (kinship-based sociability) and Ajogbe (community-based sociability) demonstrates that social life is sustained through relationships of mutual obligation rather than isolated individual action. Society, therefore, persists through continuous association and moral interdependence.

The explanatory use of these concepts warrants attention to their contested interpretation. Makinde (1988) elaborates the Asuwada principle, while Lawuyi and Taiwo (1990) question whether its concepts and their relationships have been sufficiently specified. For this article, Ajobi and Ajogbe sensitise the analysis to obligations organised through kinship and shared residence; their explanatory value depends on what participants' accounts reveal.

These insights offer a point of comparison with Sierra Leonean formulations of belonging. I use the Themne word for the human being, wuni-ki payt, which literarily means "a being of the settlement", as a locally grounded formulation of personhood through community membership. Themne is my mother tongue, and this interpretation draws attention to kinship, neighbourhood, reciprocity, memory, and shared responsibility. The expression sensitises the analysis to the relationships through which people recognise membership and obligation.

The analysis examines belief content alongside the people, practices, and institutions through which claims acquire credibility. It compares these processes across religious coexistence, authority, and health.Within the

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sociology of religion, scholarship has examined faith, ritual, doctrine, secularization, lived religion, and religious pluralism (Bruce, 2002; McGuire, 2008; Luhrmann, 2020). The article contributes to these debates by examining how interfaith families, friendships, schools, neighbourhoods, and communal ceremonies sustain coexistence while participants maintain religious distinctions. The familial argument in this light, connects with Putnam (2000) social capital insights.

A similar pattern appears within the sociology of authority. Studies of legitimacy emphasize constitutions, bureaucracies, legal systems, and institutional performance (Weber, 1978; Beetham, 1991). However, authority also depends upon relationships that render institutional claims morally credible. Courts, shrines, sacred texts, ancestors, chiefdoms, and communities also function as relational settings within which authority becomes believable.

Medical sociology likewise explains health behaviour through biomedical knowledge, health belief models, explanatory models of illness, therapeutic pluralism, and trust (Becker, 1974; Kleinman, 1980; Farmer, 1999; Abramowitz, 2017). The experiences of Ebola and malaria in Sierra Leone suggest that health behaviour is also shaped by relationships of caregiving, family obligation, reciprocity, memory, and everyday interaction. Responses to biomedical guidance depend partly on whom people trust and what they understand as responsible care. Ebola scholarship examines how burial practices, institutional distrust, and community learning shaped these responses (Wilkinson & Leach, 2015; Richards, 2016).

The relational interpretation developed in this article builds on that scholarship by comparing the organisation of credibility and obligation across epidemic care and the other domains. Soutoura supplies an emic focus for examining these obligations. It identifies a moral problem that infection-control language can overlook: how to protect vulnerable persons without exposing them to indignity. Its analytical use concerns the relationships that make this duty compelling, rather than presenting it as an alternative account of viral transmission.

It is within these intersecting traditions that this article advances the concept of relations of belief. Relations of belief are the social bonds, institutional arrangements, moral obligations, ritual practices, and everyday interactions through which beliefs become believable, trusted, and acted upon.

Five interrelated concepts further develop this framework. Relational credibility refers to the legitimacy beliefs acquire through trusted relationships alongside information and experience. Belief infrastructure points up the institutions, including families, churches, mosques, courts, chiefdoms, hospitals, schools, and neighbourhoods, that reproduce beliefs through everyday social life. Belief negotiation captures how individuals move between overlapping moral and epistemic worlds rather than replacing one belief system with another. Belief translation explains how beliefs acquire new meanings as they move across institutional settings, while moral consequence recognizes that beliefs become authoritative when relationships make their consequences socially, spiritually, emotionally, or institutionally meaningful.

These concepts cumulatively provide the analytical architecture for the article. Rather than examining authority, religion, and health as separate domains, they make it possible to analyse belief itself as a relational phenomenon. In doing so, the article positions Sierra Leone beyond simply being an empirical illustration of existing theory. It is also considered as a productive site for extending relational sociology and examining how belief content, institutional authority, and social relationships interact in shaping which claims people trust and how they act upon them.

3. Methodology

3.1 A synthesis centred on two primary research streams

This article undertakes a qualitative synthesis centred on the author's religious-tolerance research and two research interventions on Ebola-related care, combining outbreak-period observations, interviews, meeting notes, and documents with retrospective fieldwork in June–July 2025 in Sierra Leone. Oath-taking and malaria contribute complementary materials. The approach draws on meta-ethnography's interpretive comparison and critical interpretive synthesis's development of explanatory constructs (Noblit & Hare, 1988; Dixon-Woods et al., 2006). Following Heaton (2008), the analysis attends to data fit, original circumstances of production, and preservation of context.

The constituent materials differ in form. Religious tolerance provides participant accounts. The Ebola research combines outbreak-period observational notes, interviews, high-level meeting notes, and documentary materials with retrospective interviews and focus groups conducted in June–July 2025. The complementary streams provide oath quotations and thematic accounts of malaria health-seeking.

The religious-tolerance fieldwork involves two respondent groups. The exploratory group comprised 27 individuals, 14 Christians and 13 Muslims. The in-depth group comprised 18 individuals, nine Christians and nine Muslims; 12 were male and six female. The material includes pastors, imams, sheikhs, women's religious and community leaders, and members of interfaith families.

The Ebola stream draws on two research interventions led by the author. The first concerns care, dignity, and burial during the 2014–2016 epidemic. It combines observational notes, interview accounts, notes taken from high-level response meetings I attended, and grey and academic materials from the period. My public role in presidential-level communications, policy discussions, and community dialogues provided situated access to institutional deliberations and community

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concerns. Public-health guidance, response reports, and academic studies locate these encounters within the wider epidemic response (Wilkinson & Leach, 2015; Richards et al., 2015; Richards, 2016).

The second intervention was an author-led Institute for Development study of crisis endings and aftermaths, with fieldwork in June–July 2025. Its Ebola-focused material contains 29 coded key-informant interview records and two focus-group discussions. Interviews cover community members, survivors, bereaved relatives, and religious actors in Rogbangba, Jui, Kerry Town, Pate Bana, and Yoni. The focus-group accounts concern men and women affected by Ebola in Pate Bana.

Oath-taking materials derive from supervised doctoral research conducted between January and April 2025 and additional fieldwork by the author in July and August 2025. Malaria materials derive from supervised MPhil research in Tombo and Bureh Town in June–July 2023. The author contributed to research design, refinement of interview and focus-group guides, training of data collectors for both postgraduate studies, establishment of field protocols, and supervision of data quality. The postgraduate researchers conducted interviews and focus groups for their respective studies. These materials complement the principal analysis by examining ritual accountability and therapeutic credibility.

3.2. Consent, attribution, and reflexivity

Consent and approval operated at a number of levels: for the materials on oath and malaria, the supervised researchers, the Department of Sociology, and the interviewees. The author and the supervisees agreed that data generated through the postgraduate studies could be used by the author in combination with material from other streams of his earlier research. The Department of Sociology approved this arrangement. During informed consent, interviewees were informed that their contributions would support academic work, including postgraduate research and scholarly publications, with their identities protected through anonymisation and confidentiality. These arrangements provided the basis for combining the supervised datasets with the author's primary fieldnotes in the present synthesis. For the June - July 2025 materials, ethics approval; for the research and use of anonymized data set was provided by the Ministry of Health Research Ethics Committee. The 2025 records document consent in interview metadata and confidentiality assurances in focus-group introductions; the article omits personal names and uses participant codes.

Quotation codes use a study prefix followed by consecutive numbering: RT1, RT2, and so on for religious tolerance; ER1, ER2, and so on for Ebola research; OT1, OT2, and so on for oath-taking; where individual respondents are quoted. Numbering begins anew within each research stream and follows the order in which respondents first appear in the findings. Ebola numbering continues across both interventions; the date accompanying each new extract identifies the 2025 fieldwork. The same respondent retains the same code across quotations. Religious affiliation, occupation, family relationship, and other recorded social characteristics appear in the accompanying prose rather than in the code.

The comparative analysis is abductive and iterative, moving between the materials and theoretical interpretation. It examines trusted actors, recognised obligations, anticipated consequences, and the practical circumstances of decisions. The religious-tolerance accounts establish how continuing ties organise participation and limits; the Ebola material examines what happens when obligations encounter infection-control demands. Oath and malaria materials then illuminate analogous processes in additional settings.

Table 1. Provenance, reported design, and analytical role of the materials

Research stream	Period and scope	Material and reported design	Analytical role
Religious tolerance	May–July 2024; interfaith family and community relations in Sierra Leone	Author's study; exploratory group: 27 (14 Christian, 13 Muslim); in-depth group: 18 (9 Christian, 9 Muslim; 12 male, 6 female). Thematic analysis and reconstitutive biography.	Primary: explains familial and everyday bases of coexistence.
Ebola/soutoura	Two interventions: 2014–2016 epidemic observations, interviews, and high-level meeting notes, including an archive dated 2015; retrospective fieldwork in June–July 2025.	Outbreak-period observational, interview, meeting, and documentary evidence; 2025 Ebola component: 29 coded key-informant interview records and two focus-group accounts, with contextual and non-verbal notes. Thematic and interpretive comparison.	Primary: examines obligations of care, ritual responsibility, and their continuing social consequences.
Oath-taking	January–April 2025; additional author fieldwork, July–August 2025; Sierra Leone's plural justice system	Supervised doctoral materials and author's additional fieldnotes; focus-group accounts and interviews with judicial actors.	Complementary: illustrates ritual credibility and anticipated consequence.
Malaria	June–July 2023; Tombo and Bureh Town	Supervised MPhil materials; thematic accounts of explanations, prevention, and treatment pathways.	Complementary: illustrates routine negotiation of therapeutic trust.

My participation in the Ebola response shaped what I could observe and whom I could hear. Access to high-level meetings could privilege institutional explanations, while community familiarity could encourage

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assumptions about shared values. I read meeting notes, observations, interview accounts, and documents alongside the retrospective interviews and focus groups from 2025, retaining distinctions between recorded events, participants' interpretations, and my analysis. My involvement in research design, training, and supervision provided familiarity with the studies' questions and field procedures, but also risked privileging interpretations consistent with my own interests. Familiarity is not an excuse for analytical recklessness. It serves as a framing prompt for interpretation rather than independent confirmation of the argument.

4. Religious Tolerance: Familial Foundations and Everyday Relations of Belief

The religious-tolerance research explains coexistence through continuing family obligations, friendship, schooling, and institutional support. Participants maintained conviction while negotiating duties toward people of other faiths. Their accounts show how tolerance acquires practical force within these relationships.

4.1. Family membership makes difference a continuing relationship

A Christian pastor explained, "I attend my Muslim relatives' weddings, funerals, and naming ceremonies to foster unity, peace, and love among family members" (RT1). A Muslim imam stated, "I attend my Christian relatives' socio-cultural ceremonies and support them in ways that honor our family bonds" (RT2). Their presence recognises kinship without requiring their belief or agreement with the ritual that is being carried out.

Another Muslim imam said, "I attend my Christian relatives' important life events" because "family means respecting each other's traditions". At weddings, "If the father is absent, I take it upon myself to hand over the bride" (RT3).

4.2. Money, gifts, and practical labour give tolerance substance

"I give cash gifts as a sign of respect and support for my family members", explained the Christian pastor (RT1). A Muslim sheikh stated, "I contribute financially to show my commitment to family unity and to bring an environment of tolerance within our family" (RT4). Gifts translate belonging into tangible support.

The Muslim imam explained, "I help with food preparation and provide logistical support to show my presence and commitment, even when I don't fully participate in all religious aspects" (RT2). A Christian reverend similarly said, "I assist with arrangements and provide logistical support to show my commitment to the family" (RT5).

A Christian pastor with Muslim in-laws contributed gifts, reception costs, and bereavement support: "These moments are expressions of family unity" (RT6). Another Christian pastor explained, "In our family, everyone contributes, regardless of their religion, because it's not about faith; it's about supporting each other" (RT7).

4.3. Selective participation preserves conviction and relationship

A Christian pastor stated, "I attend my relatives' Muslim ceremonies, but I refrain from participating in the rituals that conflict with my Christian faith" (RT8). The Muslim sheikh explained, "I attend family events, but there are certain practices I avoid to stay true to my faith" (RT4). Another Christian pastor said, "I contribute financially and help with preparations during my Muslim relatives' events, even if I don't engage in specific religious rites" (RT9).

A Christian pastor described how prayer enabled participation within these limits: "I offer my prayers and blessings as a way to honor my family's milestones without engaging in practices that conflict with my beliefs" (RT10). A Muslim imam explained, "I attend my Christian family's events and offer prayers in my own way, which allows me to be part of the celebration without compromising my beliefs". Bereavement support offered "a reminder that support in times of sorrow extends beyond religious lines" (RT11). Belief negotiation allows participants to vary the form of support while preserving their kinship and other obligations.

4.4. Friendship and communal life extend familial practices

"My Christian friends and I attend each other's events and support one another despite our religious differences", said a Muslim sheikh (RT12). A Christian pastor explained, "Through my friendships with Muslims, I've learned more about Islam and have come to respect their beliefs and practices" (RT7). Another Christian pastor recalled, "My Muslim friends invite me to their Eid celebrations, and I've gained an appreciation for their customs and values" (RT13).

Reciprocity grounds credibility in remembered assistance: "My Muslim friends have stood by me during difficult times, and I do the same for them," explained the Christian pastor (RT10). Communal cooperation extends these obligations: "In our community, Christians and Muslims work together to organize events, and everyone respects each other's customs" (RT5).

4.5. Education and community learning reproduce coexistence

A Christian pastor stated, "In Sierra Leone, when children from different faiths go to school together, they learn to appreciate each other's differences" (RT14). A

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Muslim imam explained, “Without the type of education we have in this country, me and you won’t be able to practice religious tolerance” (RT15).

A Christian pastor recalled, “Attending a Muslim school while being a Christian taught me that we can live together peacefully. We can respect each other’s beliefs and still hold true to our own faiths”. He connected family and ministry: “The values we live by at home - respect, love, and understanding - are the same values I bring into my ministry” (RT16).

A Muslim Jamaat chairlady stated, “Education is what promotes respect for other religions” (RT17). A Muslim sheikh added, “When people come together to learn, they see that we are more alike than different” (RT18). Shared service supplied a practical purpose: “When we serve the community together, it doesn’t matter whether we’re Christian or Muslim. What matters is that we’re helping those in need” (RT16).

4.6. Institutional support, disagreement, and the limits of familial tolerance

A Muslim sheikh recognised enabling institutions: “Our government has ensured that there’s freedom to worship, freedom of association. This is essential for our unity” (RT18). A Muslim imam explained that the Inter-Religious Council “helps us work together for peace” (RT19). These assessments connect public recognition with everyday accommodation.

Relations also produce tensions. An imam identified “misinterpretation and tensions” and insisted that “there has to be some flexibility” (RT15). A pastor acknowledged, “It’s not always easy to navigate the differences between our faiths and some cultural practices” (RT16). Kinship can demand conformity as well as accommodation; and tolerance within it and wider society rests on negotiated obligations and recognised limits.

5. Ebola and Soutoura: Dignity, Care, and Competing Relations of Belief

5.1. Soutoura makes vulnerability a moral responsibility

During the 2014–2016 Ebola epidemic, duties toward sick and deceased relatives came into conflict with infection-control measures. Soutoura expresses an obligation to protect vulnerable persons from shame and indignity. Cleaning a sick relative, covering bodily exposure, and preparing a body respectfully made kinship and religious responsibility visible. Before announcing a death, relatives could be expected to clean a body so that vomiting or other fluids did not leave the deceased exposed to indignity. Delegating this work to strangers could therefore threaten the recognised meaning of care.

A mother caring for a sick relative asked, “How can I not touch my own blood when he is crying for water? Even if the sickness kills me, am I not a mother?” (ER1). For this respondent, being a mother required physical care even when she recognised the danger. Withdrawal threatened her understanding of responsibility toward a relative.

5.2. Infection control can unsettle the recognised forms of care

Restrictions on approaching the severely ill, touching them, washing bodies, and performing familiar burial rites required families to transfer responsibilities to medical and burial teams. Where households and religious actors ordinarily undertook bodily care, technical competence alone could not make delegation recognisable as fulfilling their duty. Knowledge of transmission risk could coexist with an obligation to preserve dignity.

A woman whose mother was buried without family present said, “They say it is safe burial. But am I safe from her spirit. I often have dreams of her telling us she was not properly buried” (ER2). Her anguish concerns spiritual reassurance and unfinished responsibility. A relative explaining clandestine burial stated, “We could not let him go like a dog,” adding, “He was our son. Our blood” (ER3). Impersonal handling could signify a failure to recognise the deceased as kin.

These meanings explain the force of unsafe conduct without making it epidemiologically acceptable.

A man in his early thirties interviewed in Rogbangba recalled, “Even though I wasn’t happy about the way the burial was done, I knew it was necessary.” (ER4, June 2025). His discomfort coexisted with acceptance of infection control. Relations of belief can therefore support revised care as well as resistance.

Another man in his early thirties from Rogbangba described the exclusion of a relative: “Even me, my mother’s elder sister (my aunt), left her home during the Ebola and came to our home, but my father drove her out of the house. Due to the actions of my father, there is an enmity between him and my aunt up until now. My father justified his action to be one of protecting himself and his family by following government’s order for everyone to stay in their homes.” (ER5, June 2025). Protective responsibility divided the family over whom its boundaries should include. The reported enmity that persisted beyond the epidemic showed how a decision framed as family protection could damage an existing obligation.

5.3. Gendered care and ritual responsibility

Women’s responsibilities for husbands, children, and other relatives could make separation through hospitalisation difficult and distribute exposure unevenly.

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A Freetown household study found that women constituted 68% of 156 identified care providers; caregivers more frequently reported physical contact and contact with bodily fluids than non-caregivers (Duffy et al., 2022). Regional surveillance nevertheless found similar average disease risks among male and female persons (WHO Ebola Response Team, 2016). Gendered caregiving and aggregate infection patterns require separate consideration.

Soweis are the leaders of the Bundo, which is also known as Sande, a female secret society responsible for initiating girls into adulthood. Soweis held responsibilities concerning women's bodies, therapeutic care, and funeral rites. These women's concern about leaving their "sisters naked and dirty for strangers" (ER6) linked ritual authority with protecting bodily dignity. Delegation could feel like betrayal. These gendered relations of belief call for protection and practical support for caregivers alongside recognition of their authority.

A woman in her fifties interviewed in Rogbangba stated, "I was not okay with the way the burial was done, no washing of the dead or prayer." (ER7, June 2025). She also objected to men entering sowei houses, where she understood their presence to be restricted. Her account connects the loss of washing and prayer with the disruption of gendered ritual authority. The grievance concerned who could legitimately care for bodies as well as which procedures the response prohibited.

5.4. Belief translation, belief negotiation

An elder stated, "The dead became government property. But we are not property people. We are family people" (ER8). The statement contests a perceived transfer of authority over bodies.

Religious leaders, chiefs, community actors, and women experienced in care could connect scientific explanations with soutoura. Belief translation makes safe procedures intelligible as protection rather than abandonment. Communication, dignified handling, and safe opportunities for family recognition preserve responsibility while changing its enactment. Local social pathways and the organisation of care were central to containment in rural Sierra Leone (Richards et al., 2015). A Muslim religious leader interviewed at Yelisanda mosque in Yoni described prayer in absentia as a way to fulfil religious obligations when relatives could not approach the deceased. "Even without access to the deceased, we could pray for them in absentia. In Islam, intention (niyyah) is the most important aspect of any act of worship. As long as the intention is sincere, the prayer is valid." (ER9, July 2025). Intention gave prayer authority when physical access was impossible. This account shows belief translation in practice: participants could change the form of mourning while retaining its religious purpose, much as interfaith relatives varied participation while sustaining support.

Also, believing that Ebola existed did not necessarily mean identifying a relative's illness as Ebola. Fever, headache, vomiting, and diarrhoea were familiar within ordinary household responses to illness. Previous experience, remembered remedies, and trusted advice could delay recognition that an episode required an exceptional response.

Belief negotiation therefore involved several questions: whether Ebola existed, whether it explained these symptoms, whether an intervention would help, and whether its providers would preserve dignity. Uncertainty about a particular illness could persist alongside acceptance of biomedical knowledge. Access to assessment and acceptable care shaped how families acted.

After disrupted funerals, some families performed third-day, seventh-day, and fortieth-day observances beyond their customary dates, seeking delayed relational and spiritual closure. Negotiation continued after immediate danger passed.

Religious tolerance and Ebola thus expose different demands upon continuing obligations. Interfaith relatives vary participation while sustaining support; epidemic response requires alternatives where familiar support is dangerous. Soutoura can retain its duty of protection through safe forms of care. The complementary cases extend this relational argument to ritual authority and routine health-seeking.

6. Oath-Taking: A Complementary Instance of Ritual Credibility

The oath-taking material offers a complementary illustration of relations of belief within Sierra Leone's plural justice system. It extends the article's principal concern with religious coexistence and Ebola-related care to the relationships through which ritual practices make authority credible and morally consequential.

This becomes evident within Sierra Leone's legally plural order. This order allows statutory and customary systems to administer different forms of oath-taking while pursuing similar objectives of securing truthful testimony and legitimate authority. Formal state institutions administer oaths through standardized procedures involving the Bible, the Quran, or secular affirmations before entry into public office, judicial testimony, and political office. These practices derive their authority from constitutional provisions, statutory law, and bureaucratic procedure. Alongside these, customary institutions employ a much broader repertoire of ritual forms, including ancestral invocations, shrine rituals, lineage ceremonies, sacred soil, stones, water, kola nuts, and other locally recognized sacred objects that invoke communal

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accountability and spiritual sanction. Rather than representing competing legal systems alone, these contrasting practices embody different relations of belief through which authority is rendered credible.

The fieldwork demonstrates that participants distinguished between procedural legality and moral consequence. While respondents acknowledged that courtroom oaths remain legally indispensable, many questioned whether they retained the capacity to generate genuine truthfulness. Participants in focus group discussions observed that individuals could swear upon the Bible or Quran and subsequently give false testimony without experiencing any visible consequence. One focus-group participant remarked that "people are no longer afraid of the religious book like the Bible and the Quran; they lie and go free" (OT1), while another focus-group participant described the courtroom oath as "part of the process, not something people fear" (OT2). Judicial actors themselves expressed uncertainty. A court registrar acknowledged that although the ritual is formally serious, "whether people take it serious, that I don't know" (OT3), while a judge questioned whether witnesses truly understood "the nature of the oath" before attaching weight to their testimony (OT4).

Several participants attributed greater moral force to customary oaths. This is because they remained embedded within relationships that connected ritual performance to family reputation, ancestral surveillance, communal memory, and anticipated spiritual consequence. Participants attributed their fear chiefly to anticipated spiritual and communal consequences. These invoked obligations extending beyond the individual to relatives, lineage, and community. Participants attributed the force of customary oaths to family reputation, ancestral surveillance, communal memory, and anticipated sanctions. These accounts suggest that relational credibility shaped their expectations of accountability.

The oath-taking accounts extend the primary analysis by showing how an obligation's credibility depends on its recognised consequences. Interfaith relatives make support visible through attendance and contributions; soutoura associates care with protection from indignity; oath accounts associate truthfulness with anticipated spiritual, communal, or legal accountability. The content and consequences differ, but in each setting a claim becomes practically forceful through relationships that render its observance meaningful.

7. Malaria: A Complementary Instance of Therapeutic Negotiation

Whereas the Ebola research provides a principal account of how caregiving obligations and biomedical guidance interact during an epidemic, the malaria material provides a complementary illustration of relations of belief in everyday responses to illness. Accounts from Tombo and Bureh Town illustrate how people negotiate biomedical and other explanations through relationships of trust, practical experience, and anticipated consequences.

The interviews reveal participants recognising mosquito transmission and discussing prevention through insecticide-treated bed nets, environmental sanitation, spraying, and medical treatment. Participants also distinguished symptoms they associated with severe malaria from ordinary malaria and interpreted some of these symptoms through spiritual or other non-biomedical explanations. These are participants' illness categories rather than clinically established diagnoses of severe or cerebral malaria.

The field materials revealed movement between health centres, pharmacies, self-medication, herbal remedies, traditional healers, and advice from family members. Decisions influencing these movements involved symptom severity, previous experience, household finances, distance to health facilities, medicine availability, and trusted advice.

The study also illustrates that trust itself is differentiated across therapeutic systems. Biomedical practitioners were generally trusted for diagnosis, malaria testing, and pharmaceutical treatment. Traditional practitioners, however, were trusted for illnesses perceived to involve spiritual causation, unexplained symptoms, or cases in which biomedical treatment appeared ineffective. Family members likewise exercised considerable influence by recommending treatments based upon accumulated household experience. Health-seeking therefore depended upon distributed networks of trust rather than exclusive reliance upon any single authority.

This movement across therapeutic systems is examined here as belief negotiation. People may reassess available explanations and therapeutic options as illness develops. The analytical point is how credibility changes during the course of illness: explanations that initially justify one treatment may lose practical authority when symptoms persist, while relatives or practitioners introduce alternatives.

The complementary value of the malaria material lies in showing that relations of belief organise routine decisions as well as epidemic conflict. A household may accept mosquito transmission, seek testing or medicines, and still consult relatives or another practitioner when symptoms persist. Different sources can be trusted for different questions. Explanations, treatment promises, practical access, and remembered experience therefore shape how credibility changes during an illness.

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8. Discussion: Relations of Belief across Coexistence and Care

The comparison shows how credibility and obligation interact across the four settings. Religious accommodation depends on continuing participation; Ebola care raises conflicts over responsible conduct; oath accounts connect credibility with anticipated sanctions; and malaria accounts show trust changing during illness.

Table 2. Comparative focus of the relational interpretation

Domain	What requires credibility?	Relational process examined
Religious coexistence	Compatibility of faith and family duty	Continuing ties and negotiated participation
Ebola care	Responsible conduct toward vulnerable relatives	Care obligations, dignity, and trusted mediation
Oath-taking	Truthfulness and binding obligation	Accountability, ritual recognition, anticipated consequence
Malaria treatment	Explanation and therapeutic promise	Changing advice, experience, access, and trust

This conclusion enters into a productive dialogue with classical sociology. Durkheim's conception of collective representations and Berger and Luckmann's theory of the social construction of reality both explain why beliefs emerge from collective rather than individual life. Across the four cases, the findings strongly support this proposition. Religious coexistence emerges through collective family life; caregiving during Ebola is governed by communal moral expectations; oath-taking derives authority from shared ritual worlds; and malaria knowledge is reproduced through households and neighbourhoods. The comparison develops their implications by examining continuing relational work. Collective representations and socially constructed realities hardly sustain themselves automatically once institutionalized. They require continual relational labour. Families repeatedly reproduce religious coexistence through weddings, funerals, naming ceremonies, and everyday obligations. Communities continually reconstruct understandings of illness through caregiving, conversation, memory, and shared experience. In these accounts, participants sustained shared understandings through repeated ceremonies, caregiving, conversation, and remembered experience.

A similar conversation emerges with Weber and Bourdieu. Weber's sociology of legitimacy demonstrates that authority depends upon belief in legality, tradition, or charisma, while Bourdieu explains how symbolic power enables institutions and classifications to become accepted as legitimate. The Sierra Leonean evidence broadly affirms these insights but also reveals that legality and symbolism alone rarely secure authority. Some participants expressed less confidence in formal court oaths than customary oaths, not because they lacked legal validity, but because they were detached from dense moral relationships linking institutions to kinship, ancestral memory, ritual obligation, and anticipated consequence. Likewise, sacred texts, courts, shrines, hospitals, churches, mosques, and traditional healers exercised influence not merely because of their symbolic status but because they were embedded within networks of trust and shared moral experience. The oath accounts suggest that legal validity and anticipated moral consequence could carry different weight for participants. Institutional authority therefore warrants examination alongside the relationships through which people recognise accountability.

These findings also enrich contemporary relational sociology. Simmel, Granovetter, Emirbayer, Crossley, and Donati relocate sociological explanation from isolated actors to interaction, embeddedness, and relationships. Shapin (1994) shows how social conventions organise credibility, while Luhrmann (2020) examines practices through which invisible others become experientially real. The comparison developed here asks how credibility becomes consequential across several domains. Its proposed advance lies in connecting trusted mediation with obligation, institutional support, negotiation, and anticipated consequence, and showing where those connections hold or fail.

This comparison brings relational sociology into conversation with African sociological thought. Akiwowo's work offers an African intellectual resource for relational explanation. Its significance here lies in treating indigenous concepts as resources for sociological analysis and subjecting their application to empirical scrutiny. Ajobi and Ajogbe sensitise attention to obligations organised through kinship and shared residence, while the exchange involving Makinde (1988) and Lawuyi and Taiwo (1990) underscores the need for conceptual precision. The Themne expression – wuni ki payt - discussed in Section 2 likewise provides a locally grounded formulation which I interpret as a formulation of communal belonging. These resources inform questions about communal belonging and obligation.

Existing scholarship within the sociology of religion and medical sociology has increasingly recognised lived religion, therapeutic pluralism, and local understandings of illness. The Sierra Leonean evidence confirms these perspectives while shifting attention from beliefs themselves to the relationships that sustain them. Whilst religious coexistence can draw on theological dialogue, the participant accounts also locate its reproduction in interfaith families, friendships, schools, neighbourhoods, and shared participation in rites of passage. Likewise, responses to Ebola and malaria were shaped by biomedical knowledge alongside caregiving obligations, family advice, accumulated experience, and trusted social networks. Some responses to epidemic measures can therefore express competing moral obligations alongside knowledge and practical constraints, while malaria treatment demonstrated the routine coexistence and negotiation of multiple systems of credibility.

Soutoura identifies the other side of continuing obligation. The duty to protect a relative from indignity

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can remain persuasive when a recognised danger requires changed practices. The relevant distinction is between believing a claim and granting it exclusive authority over action. A person can accept infection risk while struggling to recognise separation or delegation as care. Relations of belief therefore connect credibility with the practical interpretation of obligation, rather than equating belief with compliance.

Perhaps the strongest contribution of the comparative analysis lies in demonstrating that people rarely inhabit a single belief system. Instead, they move pragmatically across overlapping moral worlds. Judges simultaneously respected constitutional legality and customary authority; Muslim Imams participated in Christian family ceremonies without abandoning Muslim conviction; households accepted biomedical explanations of malaria while consulting traditional healers where circumstances demanded. Such movements need not indicate contradiction. Rather, they are expressions of what this article conceptualises as belief negotiation. Individuals navigate multiple systems of credibility because their social worlds are themselves plural. Beliefs need not persist by eliminating alternatives. They are sustained by continually negotiating relationships among them.

The supporting concepts developed in this article further illuminate these processes. Belief infrastructure explains why families, courts, chiefdoms, churches, mosques, hospitals, schools, and neighbourhoods function as persisting carriers of belief. Belief translation captures the changing meanings beliefs acquire as they move between shrines and courtrooms, mosques and families, hospitals and households. Moral consequence explains why beliefs become authoritative when relationships make compliance or violation socially, spiritually, emotionally, or therapeutically meaningful. In conversation with each other, these concepts reveal that beliefs endure because relationships continually reproduce, negotiate, and transform them across different institutional and moral settings.

The discussion above is weighted towards three important analytical conversations in sociological thinking. First, the analysis moves beyond understanding belief as a cognitive or cultural possession towards viewing it as a relational accomplishment. Second, it extends relational sociology by demonstrating that relationships generate not only interaction and identity but also credibility itself. Third, it points up an enriching of contemporary theoretical debate through using concepts such African emic concepts as Asuwada and the Themne formulation discussed above as resources for examining belonging, obligation, and credibility.

It must, however be emphasized that relations of belief can sustain exclusion as well as solidarity. Kinship may impose burdens, customary authority may constrain dissent, and trusted advice may direct people toward harmful choices. Relational credibility therefore requires analysis of who can define obligation, whose account receives recognition, and who bears the consequences.

These discussions push up several policy and practical implications. For religious coexistence, the familial accounts suggest supporting the everyday settings in which people can cooperate while retaining conviction. Schools, community projects, and interfaith initiatives can create recurring occasions for shared work.

Familial practices offer explanatory resources for peacebuilding, but their transfer to other conflicts cannot be assumed. Religious accommodation within a family does not establish that political or other divisions will respond in the same way. The useful principle is to examine existing ties, shared responsibilities, and recognisable forms of support before proposing a model elsewhere. Formal protections remain important where those ties fail or become coercive.

For epidemic response, soutoura suggests that infection control should also address how people understand dignified care. Communication, safe opportunities for family recognition, and transparent caregiving and burial procedures can help make changed practices socially intelligible. Community health workers, religious actors, family representatives, and women experienced in care can participate in that translation.

Gender-sensitive responses should recognise who performs intimate care and who can bear the cost of changed arrangements. Training and protection should reduce hazardous expectations rather than simply recruit women into additional duties. The aim is to preserve dignity through safer responsibilities, not to ask care providers to choose between abandoning relatives and accepting avoidable exposure.

The complementary cases offer more specific implications. Oath accounts suggest clear explanation of procedures, accessible complaints mechanisms, and visible accountability. Malaria accounts suggest engaging trusted sources of advice while strengthening testing, timely treatment, and referral. In each setting, the task is to connect credible relationships with sound institutional practice, rather than treating one as a substitute for the other.

9. Conclusion

This article has developed relations of belief principally through research on religious tolerance and Ebola-related care in Sierra Leone. It explains the familial bases of coexistence through continuing obligations, practical contributions, and negotiated religious boundaries, extended through friendships, education, and institutional support. It explains the moral force of epidemic caregiving through soutoura, the duty to shield vulnerable persons from shame and indignity. Complementary oath-taking and malaria materials show how related processes operate within ritual authority and routine health-seeking.

The analysis addresses its objective by identifying the relationships through which claims acquire credibility and obligations become actionable. Relational credibility, belief infrastructure, belief negotiation, belief translation,

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and moral consequence connect these processes without making all relationships beneficial or all credible claims true. Religious accommodation can preserve conviction; care obligations can remain compelling when familiar practices become dangerous; procedural validity can differ from moral force; and therapeutic trust can change during illness.

Belief content, institutional authority, and social relationships interact in shaping conduct. People inhabit ties through which claims are recognised, responsibilities assigned, and consequences anticipated. Those ties can support solidarity and accommodation, but also impose burdens, constrain refusal, and sustain harmful choices. The article therefore offers an interpretive framework for examining how beliefs become believable and practically consequential, grounded in Sierra Leonean experience and attentive to the limits of its evidence.

Declarations

Data availability statement. The analysis draws on fieldnotes from four research domains: oath-taking, religious tolerance, Ebola-related care, and malaria prevention and treatment. Two datasets originated in supervised postgraduate studies and were incorporated into the author's qualitative research archive under the consent and approval arrangements described in Section 3. The material contains sensitive accounts of religious practice, illness, death, and ritual authority and is treated in accordance with participants' consent and confidentiality.

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Author Contributions. The author contributed to research design, training of data collectors, refinement of interview and focus-group guides, and supervision of field procedures and data quality. The researchers agreed that their generated data could be combined with material from the author's other research streams. The comparative interpretation and conceptual framework presented here are the author's responsibility.

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