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This dissertation entitled

**SICKNESS AND HEALING:
A COGNITIVE STUDY OF MATURE LELE CHRISTIANS IN
PAPUA NEW GUINEA**

written by

Simon Herrmann

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requirements for the degree of

DOCTOR OF PHILOSOPHY IN INTERCULTURAL STUDIES

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SICKNESS AND HEALING:
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Simon Herrmann

A Dissertation Presented to the
Faculty of the School of Intercultural Studies
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Requirements for the Degree
Doctor of Philosophy in Intercultural Studies

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Abstract

Herrmann, Simon. 2018. "Sickness and Healing: A Cognitive Study of Mature Lele Christians in Papua New Guinea" Fuller Theological Seminary, School of Intercultural Studies. PhD. 349 pp.

The problem addressed in this research was to examine how mature Lele Christians of the Evangelical Church of Manus (Papua New Guinea) assess traditional health concepts in light of their Christian faith and Scripture. By using cognitive theory as an interpretive approach, this research serves as a case study to illustrate the cognitive processes that take place when Christians in an animistic context make meaning of their traditional culture.

I followed a three step-process in the research. First, in an attempt to understand the traditional system, I interviewed those who specialize in dealing with traditional aspects of sickness. Second, I conducted a survey among the general Lele population to find out to what extent their perspectives of sickness and healing correspond with that of the specialists. Third, building on the findings of these two steps, I gathered "mature" Christians in focus groups to learn how they assess these traditional health concepts.

Most mature Lele Christians employ their traditional cognitive structures and processing mechanisms—what Roy D'Andrade (1995) calls schemas and Daniel Kahneman (2011) system 1—to think about sickness. A small number have started to question the traditional schemas at various points. All of them experience God in time of sickness—some through traditional rituals, some through alternative ways. Based on these different approaches, I developed a typification (type A-, B-, and C-Christians) that I use to work out the missiological implications of the research.

The study has significance for our understanding of how to develop theology in a particular context. God often uses people's cognitive default way of thinking, but also transforms it as they study Scripture. My study questions the common understanding of syncretism where the measurement of authentic faith is applied from the outside, and it shows that missionaries need to take a role of a catalyst instead of providing answers for local Christians, in order not to stifle a fledgling theology in context.

Mentor: R. Daniel Shaw, PhD

318 Words

Dedication

To the Christians of the Evangelical Church of Manus

“We are not trying to control your faith.

You are strong in faith.

But we are workers with you for your own joy.”

1 Corinthians 1:24 (NCV)

Acknowledgements

I happily acknowledge that without the assistance of others, I would not have been able to carry out research for this project and write this dissertation.

I am very grateful to the many Lele people who shared their beliefs and experiences with me and thus allowed me to see the world from a different perspective. My hesitancy at the beginning of the research was overcome by their kindness and openness which only made this research possible.

Dan Shaw, my mentor at Fuller, guided me through five years of studies—what a great privilege this has been! Working with the “old-fashioned bush anthropologist” was an “awesome” experience. While opening new avenues of thinking, you cheered me on to move forward and believed in me, sometimes more than I did in myself. You knew when to push me, but also reminded me to rest, spend time with the family and to always be close to the people we wanted to serve. Your desire for the Gospel to unfold its relevance in people’s lives is incredible. I honor you for that.

Dave Scott and Justin Barrett provided direction and advice during crucial points of the program. They helped me to sharpen the focus of my research and pointed out the direction I could take.

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Johnny Ching at Fuller’s Center for Missiological Research does a phenomenal job in assisting students, and so does the library staff. This is of special value for students like me who study most of their time from abroad.

Georgia Grimes Shaw edited this dissertation and I thank her sincerely for making my English readable and preparing the dissertation for publication.

The Leaders of Liebenzell Mission, first and foremost Martin Auch, understand the value of academic work for ministry and have supported me during these intense years; so have many of our friends. Representative of them, I want to thank Friedbert and Birgit Gay for their exemplary generosity.

To my wife: Yvonne, this work is as much your achievement as it is mine. Without you, this would not have been possible. You were always there, always loving and caring. I owe you more than words can express. Thank you!

Johnny, Joy and Judy, you are the most gorgeous kids one can ever imagine. You have been flexible and cheerful while we were traveling the globe for my studies and for the cause of God's kingdom! Thanks for bearing with me while I was spending so much time *im Loch*, 'in the hole, den' (the designation of my office). I am looking forward to taking the next steps of our journey together!

English Language Disclaimer

As a German, I am a non-native speaker of English and Tok Pisin, I am aware that my writing may at times lack clarity, though I have attempted to write as clearly as possible. All the translations from Tok Pisin are my own. The primary purpose of this work is to present findings from my research among the Lele and, by applying cognitive theory, contribute to the discipline of missiology. I appreciate the editorial assistance I have received, but acknowledge that the responsibility for the final product is entirely my own.

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List of Abbreviations

ECOM	Evangelical Church of Manus
GNT	Good News Translation
NCV	New Century Version
NIV	New International Version
PNG	Papua New Guinea
RT	Relevance Theory

Chapter 1

Introduction

The day is surely past when we simply allowed third world believers to 'have their say' while we Western theologians prepare the definite answer to their questions. For now we recognize that if we listen carefully we find our own assumptions challenged and our own thinking sharpened. (Dyrness in Bautista, Garcia, and Wan 1982, 37)

This dissertation is no child of boredom. My life had already been full with many meaningful activities when I started the PhD program in the fall of 2013. During the past five years I had to ask my family, the mission that sent us to Papua New Guinea (PNG) and the church we work with for understanding that I could not engage in all the good and worthy activities they asked me to be part of in order to work on this project. Why would someone give priority to a research project on a small island in the South Pacific and spend so much time, energy and money for that cause? In this introduction I lay out the rationale for my endeavor. At the end, it will have become obvious why the efforts were not in vain and why I consider it a privilege that I have had the opportunity to engage in this work.

Background

In August 2006, my family arrived on Manus Island in PNG. Liebenzell Mission International, who started missionary work on the island in 1914, sent us here to work with the Evangelical Church of Manus (ECOM). We spent most of our time during the last twelve years on the island. Our church and mission station is surrounded by the Lele people with whom I worked in this project.

Early in our time on Manus, I learned about *sik bilong ples*, ‘the sickness of the village’, or more simply, ‘village sickness.’ It is an idiom in Tok Pisin (or Melanesian Pidgin), the lingua franca spoken in most parts of PNG. Literally, it denotes concepts of sickness that do not have biomedical causes and cannot be treated effectively by means of the public health care system. *Sik bilong ples* is connected to tradition and entails concepts of ghosts, spirits, sorcery, and magic. There are, of course, specialists in the villages, competent to deal with these kinds of sicknesses. In line with former missionaries and our overall theological convictions, I considered everything that had to do with it with suspicion and took it for granted that it would be unfitting for a person who had become a Christian to seek help from a traditional healer. After all, missionaries had introduced a health care system on Manus that people now use regularly.

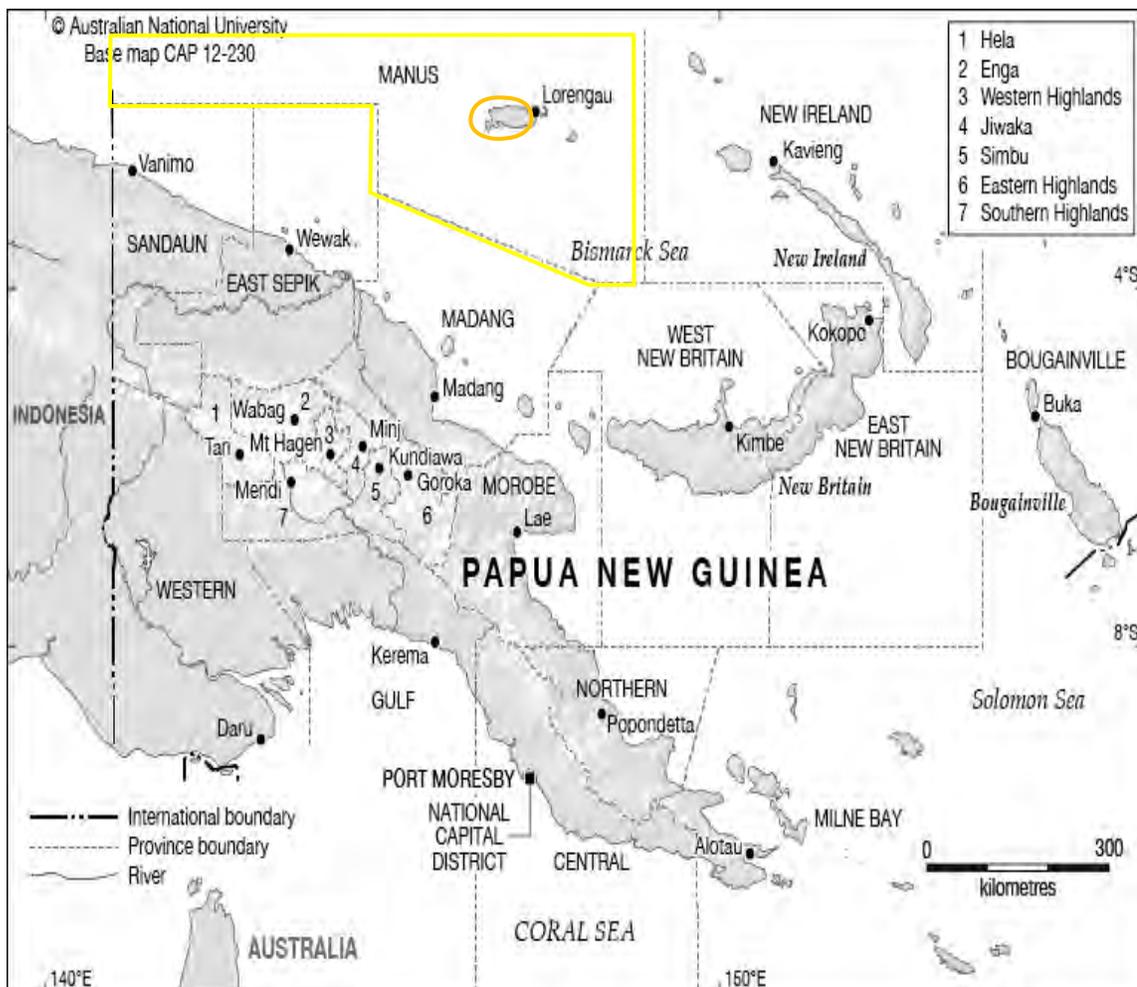
However, as time passed, I was more and more unsatisfied with my own blunt rejection of something that I had not fully understood. I realized that the old ways are still being practiced, even by Christians. Neither the traditional concepts nor the practices had disappeared. Even more, although there are Christians who seemed to be opposed to the old ways, there are others, who see in these traditional means God’s care and provision for them in time of sickness. They praise God for it and make frequent use of it.

In line with William Dyrness’ opening statement, I wanted to find out how the Lele Christians themselves relate their tradition and their Christian faith—these people are not only Christians, but they are Lele Christians! Two aspects were of great importance: (1) I wanted to learn from those Lele Christians who are considered good examples of what it means to live as a Christian. Working with them would help me to come to a more authentic Christian perspective than if I worked with anyone who understood herself or himself as being a Christian. (2) I mainly used a cognitive approach throughout the study. This is thanks to my mentor, R. Daniel Shaw, who introduced me to this approach. Looking at the Lele people, their faith and their culture from a

perspective that focused on what the Lele needed to know as Lele people who were also Christian (to paraphrase Ward Goodenough’s famous dictum) opened a new world for me and had a huge influence on the entire project.

Regional Setting

The Lele people live on Manus Island which is the biggest island of the equally named province Manus, north of the island New Guinea.



Map 1: Papua New Guinea, Manus Province, and Manus Island
 (CartoGIS Services, College of Asia and the Pacific, The Australian National University)

The population of Manus Province according to the latest census (2011) was 60,485 (National Statistical Office 2013); in 2018 the best estimate is 74,389.¹

When I decided to do research traditional concepts of sickness and healing on Manus, the decision to work with the Lele people was quickly made. They are located around the church and mission station where we live (called Lugos), the Lele language is spoken by more people than most of the other languages on Manus, and there is a significant ECOM presence in their area. Based on the figures available, I estimate that roughly 8,000 people live in the villages in which Lele is the main vernacular. In Map 2, I show the area in which the Lele language is spoken:



Map 2: Area Where Lele is Spoken
(SIL: Manus Province Language Map, Open Source, modified by author)

¹ Based on a growth rate of 3.0% per annum as mentioned in the census for the previous years.

I have not included people from all Lele villages in the research. I will provide more details about the selection process in the Part II. Map 3 shows the ten Lele villages from which I have selected participants at different stages of the research.²



Map 3: Lele Villages Involved in Research

(Department of Lands and Physical Planning, Port Moresby: Manus Province, courtesy of Manus Provincial Government, modified by author).

Although I carried out my research among the Lele people, the language I used to communicate with research participants was mainly Melanesian Pidgin which is the

² The spelling of villages on Manus presents a difficulty. Even people from the same village often spell their name in various forms. For the sake of consistency I follow the spellings on this map throughout this dissertation.

lingua franca in the Northern part of New Guinea and the Islands region and that I speak fluently through my long ministry on Manus. Sometimes English was mixed in the conversations as people usually do. I took note of the few Lele words that are relevant for the Lele conceptualization of sickness and healing. When I use words in Melanesian Pidgin or Lele in this dissertation, they are followed by an English gloss after the first use in each paragraph.

Church Background

In the last part of my study, I only worked with people affiliated with ECOM.³ In 1914 the first two missionaries from Germany arrived on Manus, sent by Liebenzell Mission which was established in 1899 as the German branch of the China Inland Mission. It was not until 1923 that the first man from Manus was baptized. More missionaries came (among them a Dutch family and a Hungarian nurse) and local churches were planted. During World War II, six missionaries of Liebenzell Mission were taken on board a Japanese ship and killed. After the war, mission work continued. By that time, the Roman Catholic Church and the Seventh Day Adventist Church had also started work on Manus. In addition to missionaries from Germany, Americans joined the team. Liebenzell Mission not only started new churches but also built schools and did medical work. In the early 1970s, when PNG was moving towards independence, the ministry that so far had been done under the umbrella of the mission was incorporated and ECOM became its own organization. Since then, Liebenzell Mission has served as a partner of ECOM and supported the national leadership. In 1987 a Bible school was started where I have been teaching in the past years.

In the 1960s, local teacher-evangelists were sent to the Sepik region on the island of New Guinea and the mission efforts continued with a family who served in Micronesia

³ In line with the common usage on Manus, I regularly omit the article before ECOM.

in the 1990s and another family who served in Malawi from 2010-2015. The doctrine of ECOM is evangelical in outlook and the church is a founding member of the Evangelical Alliance in PNG.

Today, ECOM has around 40 local churches, most of them on Manus, but some in other parts of PNG. There are also various departments, including those for Health, Education, Sunday school ministry, Youth, Women, and Theological Education. The church has a national leadership and various bodies to govern itself.

Since the first days of mission work, at least 44 families, couples or singles (including some sisters of the Sisterhood of Liebenzell Mission), have served on Manus—not counting those who came to serve as short-term workers. Most missionaries came from Germany, were members of the Protestant church and had their background in the Pietist Movement. This also describes our family. Although the permanent missionary presence is going to come to an end this year (2018), the mutual support and partnership in ministry of God's kingdom will continue.

When I started my studies, the President of ECOM at that time, Elijah Titus, gave written approval for me to carry out research within the church. Whereas the first two steps of my fieldwork involved people of various or no church background, in the final step I limited the research to people affiliated with ECOM.

Research Problem and Sub-Problems

The research problem for this study is to examine how mature Lele Christians of ECOM assess traditional health concepts in light of their Christian faith and Scripture. I followed an inductive approach to move forward and built my research on the concept of grounded theory (Charmaz 2006). Because little research had been carried out about traditional health concepts among the Lele, in a first step, I interviewed people who are involved in finding the cause of a sickness and those who use traditional healing methods

in an attempt to heal people. I refer to these shaman-like people as “specialists” throughout the dissertation. I needed to understand the traditional health concepts as a basis for all subsequent steps. The first sub-problem of my research therefore reads: #1: How are sickness and healing understood in a traditional way by the specialists in the field? (a) What are the causes of sickness? (b) How can one find out what causes a sickness? (c) Which traditional medicines and healing practices exist? (d) How are these medicines and healing methods believed to bring about their desired effect?

In a second step, I conducted a survey among a sample of the general Lele population to see in what way the understanding and experience of the general population matches with the perspective of the specialists. The second sub-problem therefore reads: #2: How does the general Lele population perceive sickness and healing and how does that correspond with the specialists’ perspective? (a) Does the general Lele population agree with the etiology of sicknesses shared by the specialists? (b) To what extent does the general Lele population make use of the specialists? (c) In the view of the general Lele population, do the specialists succeed in helping people? (d) How does the general Lele population see God being involved in sickness and healing; especially when it comes to traditional healing practices?

These two steps provided the base for the focus group interviews with selected, “mature” Lele Christians. This is where the core of the research problem lies. In sub-problem 3 I was dealing with five questions.

#3: How do mature Lele Christians assess traditional responses to sickness and healing? (a) To what extent do mature Christians share the etiology of sickness present among the general Lele population? (b) How is God seen to be connected to traditional healing practices? (c) Which traditional responses to sickness and healing should Christians use/not use? (d) What role does the Bible and theological understanding play

in the decision making process? (e) How do tradition and Christian teaching influence these Christian responses to sickness?

Goal

I used cognitive theory to interpret the findings. The goal was to create a case study from which to learn the cognitive processes that take place when Christians in an animistic context make meaning of their traditional culture in light of their Christian faith and the foundations of Scripture behind that faith.

Significance

First, my study provides data previously not available. It represents the perspectives of different Lele people (specialists, general population, mature Christians) about sickness and healing. As such, it opens a window for the outsider into the “cognitive environment” (Sperber and Wilson 1995, 39) of the Lele people and helps to understand their “mental representation of the world” (Hill 2006, 3). Without such knowledge meaningful communication is impossible.⁴

Second, the study has significance for the ongoing missiological discussion of the intersection of Christianity and folk religions (Hiebert, Shaw, and Tiéno 1999), especially in the area of sickness and healing. It provides insights into how mature Christians from one particular ethno-linguistic group (the Lele) in one particular aspect of their life (sickness and healing) relate their traditions to their Christian faith. The study also demonstrates the processes involved in how they are developing theology suitable for their context (Shaw 2010).

⁴ Much of what I studied and present in this dissertation also adds to data in the field of medical anthropology. I do not list this point here in the significance section, because it was not a focus of my study. However, medical anthropologists will find data here that they might use for their studies.

As a case study, the research is first of all relevant for the Lele people and their context. No quick generalizations should be drawn to other cultural themes or other regional contexts. However, others might want to take clues from the Lele Christians' way of setting tradition and Christianity in relationship and let this stir their own thinking, conceptualizing and theologizing.

Third, the study has significance for the way Christians involved in cross-cultural ministry understand their task of helping local Christians come to an appropriate understanding and appropriate expressions of their Christian faith in their particular context. Especially missionaries involved in theological education have held high the concept of contextualization⁵ and seen syncretism as their archenemy. In bringing a cognitive perspective to the issue of contextualization and syncretism, the study questions current concepts, sheds light on important issues and opens new areas of inquiry.

Delimitations

In taking a cognitive approach for this research project, I did not study people's behavior itself but wanted to find out the underlying cognitive structures (which, of course, as Ward Goodenough pointed out, have implications for their behavior).

Nor did I take a prime interest in the role of Western medicine and methods of treatment that have been introduced on Manus through the influence of the Western world. Only where this role is important to understand or explain traditional medicine and healing did I include it in the investigation.

Also, I only studied the history of missionaries' and the church's teaching as well as the development of health ministries run by ECOM, other churches, and/or the government as far as they pertained to understanding people's beliefs and practices

⁵ The term contextualization stands here representative for other expressions such as indigenization or the task of developing local theologies.

concerning sickness. In the study I did not attempt to provide an exhaustive historical description of these areas.

Although there is an overlap in interest between cultural psychology and cognitive anthropology, I concentrated on the later. I wanted to discover patterns among groups of people (rather than studying individuals), the research took place mainly in the natural setting (instead of in an office or a laboratory), the methods were mostly inductive (instead of deductive) and, except for a survey, qualitative in nature (rather than quantitative).

Definitions

Culture: In line with the cognitive orientation of my study, I find Michael Rynkiewicz's definition of culture most helpful, but I add one aspect. To him—and I concur—culture is not located in the behavior or the symbols of people, but in the underlying cognitive systems and processes. He writes:

Culture is a more or less integrated system of knowledge, [beliefs] values and feelings that people use to define their reality (worldview), interpret their experiences, and generate appropriate strategies for living; a system that people learn from other people around them and share with other people in a social setting; a system that people use to adapt to their spiritual, social, and physical environments; and a system that people use to innovate in order to change themselves as their environments change. (Rynkiewicz 2011, 19)

Rynkiewicz affirms, that “culture is influential but not determinative” (20). This shows the openness of culture to change. A further element that he mentions is important for my study, as the following chapters will show:

While the parts of culture fit together and make sense, there is never a perfect fit and culture does not always make perfect sense. Some ideas grate against each other, some values contradict each other, some feelings present people with paradoxes or just seem to be mysterious, and this sometimes as much to insiders as outsiders. Of course, the differences seem obvious when generations change as fast as they do today, or when

two cultures come into contact and ideas are exchanged. However, variation is also a feature of culture in and of itself. (2011, 20)

Evangelical Church of Manus (ECOM): The history of the church dates back to the arrival of the first German missionaries, sent by Liebenzell Mission, in 1914. The church became a corporate body in the early 1970s and today has around 40 local congregations (most, but not all of them, on Manus Island) and various ministry departments, including a health department and a Bible school where I have been teaching for the past nine years.

Mature Lele Christians: People chosen for focus group interviews in the last step of my research. Both, the criteria for what constitutes maturity as well as the people for whom these criteria apply, were chosen by Lele Christians themselves. I lay out the process in detail in Chapter 5.

Schema: A term used in cognitive studies, defined as “a pattern of interaction among strongly interconnected units [in the mind]” (Strauss and Quinn 1997, 52). A *cognitive* schema is defined as a “learned, internalized pattern of thought-feeling” (Strauss 1992, 3). Cognitive schemas are “built up from experience and stored in memory” (Quinn 2005, 38). A *cultural* schema is “a cognitive schema that is intersubjectively shared by a social group” (D’Andrade 1995, 112).

Sickness, disease, and illness: I follow the distinction between sickness, disease, and illness as laid out by Arthur Kleinman (1980) and used by others (Dahlin 2000; Keck 1993). ‘Sickness’ is used as a generic term, while ‘disease’ is used as a biomedical category and ‘illness’ as the perception of the patients in their social group.

Specialists (in the field of sickness and healing): I use the term “specialists” to refer to those shaman-like people among the Lele who have a reputation of having knowledge and/or skill in determining the cause of a sickness or traditional healing practices. This includes those who are known as *glasman*, ‘seer,’ *dokta blong ples*, ‘traditional healer,’ but also the herbalists (often women and therefore called *meri herbs*,

‘herbs woman’), as well as those who set bones back in place (*man/meri bilong stretim bun*, ‘man/woman who fixes bones’) or those involved in similar practices. I write about them in detail in Chapter 6 and distinguish in the text whenever necessary.

Tradition, traditional: I use these words when I refer to beliefs and practices that have their roots and have taken their shape in the time before outside influence on Manus, mainly the time before World War II.

Assumptions

As an evangelical Christian who did research in an environment where most people ascribe to the Christian faith, I will not qualify each statement about the existence or activity of God in this dissertation, but write from the assumption that God exists and is interested and active in this world. I also assume that God is communicating to people throughout times through his word, the Bible, and that as such, the Bible can be trusted.

In principle, I follow a critical realist epistemology (Hiebert 1999). I am convinced that people can communicate and have the capacity to understand each other, even though in our mind we might only come to close approximations of other people’s ideas. I also believe this to be true of the created world and of God. I agree with Paul Hiebert’s much used allusion to 1 Corinthians 13:12, that we do see, but as through a glass darkly. While I hold this to be true in principle, I acknowledge that different people have different worldviews (Hiebert 2008). They look at the world from different perspectives or “with different glasses on” and therefore come to very different understandings, perceptions and conclusions. Without going into too much detail at this point, I am convinced that on the basis of the incarnation (John 1:14; 20:21), an encounter and engagement with people of other cultures needs to start where they are and take their perspective seriously, at least as a starting point.

Another major assumption is that God meets people in their culture, communicates with them in their language and can be worshiped and followed in people's respective culture (Kraft 2005a). Every culture is unique in the way it responds to the eternal truth of God, the revelation of Jesus Christ, and the Bible (Shaw and Van Engen 2003). Therefore, local Christians should lead the way in applying God's word to their lives (Hiebert 1987; Shaw 2010). How mature Christians who study the Bible and are open to the leading of God's Spirit understand God's intent and expectation for their lives (in this case in regard to sickness and healing) has therefore to be taken seriously. However, as each culture is in need of being transformed (Lingenfelter 1998) and as understanding and application is always a process and never a final product, a continuing engagement with God's word in a hermeneutic community (Hiebert 1994) is needed.

Finally, I acknowledge that who I am as a researcher (male, white, German, evangelical, missionary), plus the way I approached the topic and asked questions may have biased the study in various ways, especially in the collection, analysis, and interpretation of data. No one can shake off one's own identity. However, I committed myself to rigorous research from beginning to end and to an attitude that lets people's perspective come through in the representation of the data. In the methods section, I will point out where validity and reliability may have been affected by me as the researcher and how I tried to minimize negative effects.

Overview of the Dissertation

This dissertation is presented in three Parts. Following this introduction, I will first review the literature pertaining to my research interest (Part I, Chapters 2-4). This includes discussions on sickness and healing in the Melanesian context, of cognitive studies, and of issues of contextualization and syncretism. There is a twofold intent for these chapters. First, they will highlight the theoretical concepts that guided my own

research. Second, they will show the gap where my research fits into the theoretical discussion. Chapter 4 points out the contribution my research makes to Cognitive Theory and the relationship of the Gospel and culture.

Part II presents the methods and findings of the research. In Chapter 5 I will lay out the methods that I used for the three steps of my field work (interviews with specialists, survey among the general population, focus groups with mature Christians). The selection of research participants, the data collection, questions about reliability and validity and the methods used for the analysis of the data are the central issues for each of the three steps. In this chapter I serve to justify the scientific nature of my research and to account for limitations in the process. I will spend some time explaining the selection of mature Lele Christians because I did not use a standard method but developed one for the needs of this research. This method might be of interest for other researchers who are looking for suitable representatives from a group of people.

In Chapters 6-8 I will present the findings of the three steps of the research. In Chapter 6 I lay out the traditional concept of sickness and healing as explained by the specialists. Without this foundation, I could not have carried out the following two steps. In Chapter 7, I present the findings of the survey among a sample of the general Lele population. I carried out the survey with two objectives: (1) to validate the findings from the specialist interviews and (2) to learn to what extent the perspective of the specialists match with that of the general population. In Chapter 8 I present the findings of the focus group interviews with the mature Lele Christians. This is the longest of the three chapters. I will not only re-state what research participants have said but explicate the underlying cognitive structures and processes for what they said.

In Part III I present the contribution, implications, recommendations and conclusion to the research. In Chapter 9 I draw implications for the field of missiology from what I learned in the research. In Chapter 10 I present the conclusion to the research

problem. In the Postscript, I present recommendations to ECOM Christians in the form of a salutary letter.

A number of appendices follow in which I provide research instruments, samples of collected and analyzed data and other supplementary documents.

A Note on the Use of Language

For all the words in Tok Pisin and the Lele language that are used, I provide a gloss after their first use in each paragraph (except for botanical names). The following words are used so often that I ask the reader to take note of them and remember their meaning, as they will appear without gloss:

- *dokta blong ples*, ‘village doctor’
- *glasman*, ‘seer’
- *sik bilong ples*, ‘village sickness.’

The spelling of words in Tok Pisin follows Francis Mihalic (1986). The book, though old, is still the standard work on Tok Pisin in PNG. For the spelling of Lele words, I took the dissertation of Juliane Boettger (2015) as a guide.

For better readability, I sometimes quote in English what people said in Tok Pisin. When I do so, I type the text in italics and quotation marks, even when I paraphrase.

Part I

Conceptualization: Review of Precedent Literature

In order to show the theoretical anchorage of my research, I provide an overview of the fields of study my research is most closely connected with. It is in the nature of doctoral research that these fields gave guidance to my work and that my work will in return make a contribution to them.

In Chapter 2, I look into concepts of sickness and healing in the Melanesian context, mainly leaning on Garry Trompf's publications in the field. My research has shown that the Lele concept of sickness and healing is firmly rooted in the Melanesian worldview, but it also has some specific characteristics. Taking the diversity of cultures in Melanesia into account, this should not be a surprise (Lawrence and Meggitt 1965).

In Chapter 3 I highlight aspects from the field of Cognitive Studies that have had an influence on my research, starting with the contribution of D'Andrade (1995) and Kahneman (2011) and also including newer developments in the field that show how people often operate with different mindsets.

In Chapter 4 I provide an overview of the current discussion in the field of contextualization, Stephen Bevens' (2002) models serve as an orientation and a starting point for the discussion. The contribution of Shaw (2010) and Shaw and Van Engen (2003) provide newer perspectives of contextualization. I then deal with the concept of syncretism. Robert Schreiter (2015)¹ provides a good starting point and Shaw (2018) takes up the line by introducing the term hybridity to the discussion.

¹ His book was originally published in 1985.

Chapter 2

Literature: Sickness and Healing in Melanesia

If one wants to understand sickness and healing in the Melanesian context, it is important to place it within a Melanesian worldview. Before I come to issues of sickness and healing in particular, I discuss the understanding of life as an integrated whole. The concept of retributive logic in the context of fullness of life in the here and now represent the highest good of traditional Melanesian religions.

Life as an Integrated Whole

For people in Melanesia, life is an integrated whole and not neatly structured into different individual compartments. In regard to cosmology, Trompf states that traditionally, “Melanesians saw their worlds...more horizontally than in terms of a spirit-heaven above and a hell below” (2008, 19). He agrees with Peter Lawrence and M. J. Meggitt (1965, 7-9) who pointed out that although Melanesians do distinguish between the ‘natural’ or ‘empirical’ realm and the ‘non-empirical’ realm, these distinctions are blurred; as is the distinction regarding immanence and transcendence (1991, 16).

This has implications for what we understand as “religion.” Religion is not one separate segment of life. Trompf’s best way to describe the concept of religion for Melanesia is by the phrase “‘the way of the ancestors’ (Pidgin: *pasin bilong tumbuna*), or what ‘our fathers have always done’” (2008, 10). This is of course a very broad concept, but is in line with what other scholars have stated in similar ways. Bernard Narokobi (1977, 8), for example, points out there is no dichotomy of the religious and the profane

in the Melanesian view (see also Mantovani 2000, 42). What some may call “religious experience”, Narokobi calls “a Melanesian’s vision of the cosmos, and his relationship with it” (1977, 8). Within this cosmos, spirits, deities, ancestors, people, laws, the environment, the economy and humans have their place and are part of it (Bartle 2005, 23).

It is important to be mindful of this integrated worldview in order to understand the dynamics in regard to sickness and healing, when, for example, causes of sicknesses are attributed to broken relationships within the community or with the ancestors— aspects that many Westerners would not easily connect.

Retributive Logic

In this interconnected cosmos, Melanesians believe in what Trompf calls “retributive logic” “the way people think or reason about rewards and punishments” (1991, 51). People are preoccupied with a system of give-and-take (Trompf 1991, chapter 3). This is apparent in day-to-day relationships where gifts that have been made put the person on the receiving end in a position of debt towards the giver or where harm that has been done to one person calls for payback and revenge, often by others on behalf of the offended person or group. But the concept of retributive logic also provides a framework for explaining why something good has happened to some people and something bad to others. People look for underlying reasons. Trompf explains:

each culture has its repertory of reasons to explain why a death may have occurred, why sickness has struck, why one family or person is more prosperous than others, why trouble has arisen between two parties, and the like. (1991, 21)

Based on the fluid transitions between immanence and transcendence it should not wonder that the unseen world is part of this give-and-take system. A ghost that had been angered may choose to bring harm over people and a spirit of nature might be

placated by leaving some food near the place where it resides (Trompf 1991, 66). Neville

Bartle notes:

Sickness fits into the ‘eye for an eye and tooth for a tooth’ pattern. Sickness and death always have spiritual, not just physical, causes. Either the sick person has done something wrong to displease the spirits, or someone has performed sorcery against him. (2005, 29)

Reo Fortune (1935) showed for the people along the South coast of Manus that a clan leader who died and became the “Sir Ghost” took the role of punishing his people and so upheld the order within the clan. Trompf (1991, 16) writes that the role of the sir ghost was almost like that of a god, even though only temporarily until another sir ghost took his place. Margaret Mead (1956, 323) showed for the Peri of Manus how this ‘function’ was carried over from the ancestor ghost to God. Many Christians have easily incorporated God into this system as the one who is blessing those who do good and punishing those who do evil (Eves 2010; see also Trompf 1991, 72).

The Highest Good

Trompf notes that a vision of individuals going to heaven or similar beliefs are almost absent in traditional Melanesian religions. People therefore put a greater emphasis on the here and now. He explains:

No account of the explanatory side to Melanesian retributive logic would be complete without considering the ‘security’, ‘health’ and ‘life’ of communities as perceived rewards of good relationships between human and human, between humans and the spirits....They constitute ‘salvation’ in which tangible and physical results are inseparable from a more spiritual sense of worthwhileness. (1991, 73-74).

This corresponds to what Darrell Whiteman wrote a few years earlier:

The most fundamental value, central to Melanesian cultures and religions is the continuation, protection, maintenance and celebration of Life. Life with a capital ‘L’....Make certain it is abundant, that it is protected, that it continues, that it is more than just biological existence

and that it is worthy of celebration. Time, energy and attention are given to pursuing this value. (1984, 91f)

Ennio Mantovani comes to the same conclusion and uses the Pidgin word *gutpela sindaun*, ‘sitting well together.’ For the lack of a better English translation, Mantovani uses the word “life;” Melanesians are searching for “the fullness of life” (1991, 5), or what John Strelan (1977) called a search for salvation.

There are at least three important aspects that must be considered: First, to have ‘life’ is nothing to be achieved or enjoyed individually. Trompf points this out when he states that the most important motif of the religions in Melanesia is “maintenance of collective material welfare” (Swain and Trompf 1995, 117). Melanesian people, as Mantovani concurs, find their place in “the group of people which is necessary for biological survival, for emotional support and for meaning” (1991, 4).

A second aspect, connected to the first, is the maintaining of good relationships. Without good relationships *gutpela sindaun* will be impossible (Mantovani 1991). It cannot be overstressed that the relationships are not limited to other living people of one’s own kin, but extend to the living dead (the ghosts of the ancestors), other spirit beings, the environment and the cosmos as a whole (Whiteman 1983, 92-93).

Third, ‘Life’ is not a philosophical concept or some kind of feeling, it needs to be experienced in “security, health, wealth, growth, prestige, good relationships, meaning, etc” (Mantovani 1991, 5).

People are not looking for a reward sometime in the after-life. Bartle, who himself draws heavily on Trompf, connects this desire for abundant life with the concept of power:

Power is not power unless it does something. It must have the ability to change things....Abundant life can only come from abundant power. The more power people have working for them, the greater are their chances of success. (2005, 37; see also Namunu 1984, 116f; Ahrens 1977)

The way to achieve abundant life is found in the rituals. “If ritual is performed correctly,...it links together two spheres of life and power so that one sphere is harnessed for the benefit of the other” (Whiteman 1984, 101) .

I have discussed this point in some detail because sickness stands in stark contrast to this highest value of *gutpela sindaun*. And if ‘Life’ is endangered, it affects not only the individual, but the entire community. Sickness is also often seen as an indicator of broken relationships (Bartle 2005, 30). People will look for efficacious power to regain their ‘Life’ and use various rituals in the process to restore health.

Causes of Sickness

Although there are many books that contain case studies regarding sickness and healing from various different regions and ethnic groups in Melanesia, none has attempted to write a thorough introduction about the topic that covers the entire Melanesian region. The diversity of cultures might well contribute to that fact. Although Trompf (1991) deals primarily with religions in Melanesia and the book is more than 25 years old now, his book still remains the best source as a starting point for an understanding of sickness and healing in Melanesia. In fact, whereas in the 1980s a few books were published about traditional and religious aspects of healing in Melanesia (Habel 1979; O'Brian 1981; 1982; Frankel and Lewis 1989), relatively little has been published about the topic in the past two decades.

The topic related to my study that received most attention in recent years was witchcraft and sorcery (Bartle 2005; Zocca and Urame 2008; Zocca 2009; Forsyth and Eves 2015b); the books were mainly published by the Melanesian Institute. There are also some articles (Koczberski and Curry 1999; Eves 2010; 2013) and book contributions (Sillitoe 1998a; Strathern and Stewart 2010) and a few dissertations (Keck 2005, based on the author's inaccessible 1991 doctoral dissertation), but they all deal with a limited

aspect or concentrate on a specific local context and do not attempt to provide an overall Melanesian perspective of sickness and healing with its traditional and religious undertones.

Although Trompf's illustrations on sickness come mainly from his research among the Wahgi of the Highlands of New Guinea, Trompf takes perspectives from various places into account and provides advice as to where a generalization may be permissible and where not. He also does not remain on a purely descriptive level but offers theoretical considerations as well. Nevertheless, because sickness and healing is not his main emphasis, the references are found at various places of the book.

Minor Health Issues

Trompf deals with sickness and healing mainly under the headline of "Explanation of significant events" (1991, 67-74). But not all health issues are significant events. He argues against the idea that Melanesians do not have room for categories like "natural" or even "accidental" when it comes to the causes of sickness. People in Melanesia do not bother to look for deeper causes for minor health problems like cuts, stubbed toes and similar issues. Speaking for the Wahgi, they would say that something "just happened" (Trompf 1991, 68). Others who did research in Melanesia confirm this perspective (Barker 1989, 86; Chowning 1989, 225; Counts 1989, 285). The boundaries for what is considered a minor health issue depend on the different societies, but often if the problem disappears after a short time, or if simple traditional herbal methods or Western medicine is sufficient for healing, people do not investigate any further.

Serious Health Problems

If the sickness does not fall in the above category, people start to find a deeper cause for their sickness. In Tok Pisin what they suspect is often called *sik bilong ples*,

‘village sickness;’ a sickness for which the cause has to be found in the traditional belief system (Roscoe 1989, 202). Trompf identifies sorcery, the anger of dead relatives and harmful place-spirits as causes of sickness. In reflecting on the Wahgi he states that “[in] every case the final reason for sickness concerns a spirit agency” (Trompf 1991, 71). We look at these three entities in turn:

Sorcery

Trompf notes that many scholars have seen sorcery as a means to exercise social control. He also notes the psychological aspects of sorcery. People may become sick when they hear that someone used sorcery against them. Notwithstanding these conceptions, he argues that;

most primal peoples themselves conceive sorcery to be the appropriation and effective direction of actual, harm-dealing powers (such as the ill-disposed dead or independent spirits or harnessed forces) against the unsuspecting (or against competing malevolences). (Trompf 1991, 91)

He also mentions phenomena that are difficult to explain by fear of sorcery alone (for example, if people did not even suspect that sorcery was used against them and they fell ill after someone mixed a poisoned potion in their food) and calls for a phenomenological approach that does not exclude as possible what one has difficulties to understand.

Trompf (1991) mentions witchcraft alongside sorcery but does not elaborate more on witchcraft. Leonard Glick defines sorcery and witchcraft as “mobilization and projection of superhuman powers for malevolent purposes” (1972b, 1080). The two are related but not identical. The main difference Glick mentions is that a sorcerer’s capacity to harm lies in the ability to control powers extrinsic to himself¹ whereas a witch possesses power to harm as an intrinsic part of his or her person. The use of poison

¹ The masculine pronoun Glick uses here does not imply that sorcerers are always male.

therefore would fall under the category of sorcery. Learned scholars like Franco Zocca and Jack Urame (2008, 12) still use the distinction made by Glick.

Michele Stephen (1987, 288) sees the difference rather in the social roles that the beliefs about sorcery and witchcraft can create for their practitioners. Where the use of destructive mystical power is used to gain social influence, Stephen speaks of sorcery; where it leads to social ruin, she speaks of witchcraft. Trompf, however, has convincingly argued that in post-pacification societies inner-directed sorcery became more common (Trompf 1991, 92). At least for Melanesia, then, Stephen's distinction must be considered outdated.

Sanguma constitutes a special case of sorcery, which Glick calls "assault sorcery" (1972a, 1029). It is predominantly found in the Sepik region and in the Highlands of PNG. It is a greatly feared force (Bartle 2005, 43) and has attracted considerable attention in public as well as among scholars in recent years (Zocca 2009; Gesch 2015). Obviously, because of their alleged capacity to harm, people often see witchcraft and sorcery as the reason for sickness and misfortune.

Dead Relatives

Trompf notes that sickness is often ascribed to deceased relatives; "especially those relatives cross for being disposed of at the funeral in an improper or careless manner" (1991, 39). Referring again to the Wahgi, he mentions an example in which the people through a medium learned that dead relatives had made a baby sick because of disharmony within the clan. In order to save the child, resentments had to be confessed and a pig slaughtered to appease the deceased ancestors (Trompf 1991, 69). This shows that if people believe that the ancestors were involved in making a person sick, there can be a moral issue that also needs to be solved.

Dead clan members have more functions than sending sickness. They can also be benevolent, and concepts vary in different societies, but the perception that they are one possible cause of sickness is widespread. These beliefs have been studied in diverse contexts like the Yupno of Madang province (Keck 1993, 302), the Orokaiva of Northern province (Sillitoe 1998a) and the Melpa-speaking people of the Mt. Hagen area (Strathern 1989).

Place-Spirits

Many people believe that there are spirits that inhabit trees, stones and swamps or live near waterfalls. In Tok Pisin they are known as *masalai*, 'spirits of nature.' They need to be categorically distinguished from the spirits of the dead (ghosts). People think of them usually as evil, capricious and easily offended (Bartle 2005, 42-43). Often people observe taboos or take certain measures in order to avoid being harmed by them. Trompf mentions that the Wahgi know of at least fourteen different place-spirits and connect certain states of sickness with them (Trompf 1991, 71; 1994, 138-39), but he does not elaborate on them. He deals much more with magic and sorcery than with spirits of nature. Newer studies do not give them much prominence, which does not mean that they are not feared anymore.

There are more ways to become sick than the ones just mentioned. In the context of discussions of death, Trompf also mentions causes persons are responsible for themselves, like breaking taboos, or walking in dangerous places or breaking social ties (1991, 72). As sickness often precedes death, it is therefore proper to include these as causes of sickness as well.

Taboos

When people break taboos, other members might take action against them, even kill them. This is the only way Trompf (1991) deals with negative consequences of the breaking of taboos. However, in his later book, he sets the breaking of taboos in relation to pollution and contamination. He writes:

Sickness follows contamination because a tabu has been broken, and the delict must necessarily be requited unless purification techniques are available. Along with the retributions of the dead, deities and other spirits, then, and the reprisals of sorcerers and witches, pollution can be appealed to as yet another form of payback affecting human health. (1994, 142)

In his list of etiologies of sickness in selected Melanesian traditions, Trompf lists at least two cases where sicknesses are considered as the result of breaking taboos, but does not deal with what actually causes the sickness when someone breaches a taboo.

Kenneth Nehrbass (2011, 463) mentions location taboos, menstrual taboos, and garden taboos that in the belief of the Tanna people (Vanuatu) can all lead to sickness. In the first two cases sickness would happen as a natural (or automatic) result of breaking the taboo; in the third case the sickness is linked to a spiritual being in charge of the garden. There are other, additional taboos among other people; John Paul (1982, 94) mentions the eating or harming of the tribal totem species as an example.

Tensions within the Clan

As mentioned in the discussion of sickness related to the deceased clan members, tensions within the family are sometimes considered to be the cause of sickness. In that case, the ancestors made a baby sick with the aim to bring the family back to unity in an attempt to save the baby's life. Trompf also mentions that in the eyes of many people, breaking of social ties can be the "real cause" (Trompf 1991, 72) for death, and, with that, also for sickness.

That social tensions often lead to one person trying to bring harm to another person (for example, by using sorcery). But can social tensions also lead to sickness in and of themselves? Many people in Melanesia would answer in the affirmative as Alan Rumsey illustrates. He writes that the belief is widespread “that pent-up anger and concealed wrong-doing can cause bodily illness” (2008, 460). Trompf states that even in the Western world an openness is growing among medical personnel to take the entire person’s life into consideration in an attempt to bring healing and not only to treat a person’s body (1991, 95).

Spells and Curses

Trompf does not explicitly mention spells² and curses as causes of sickness. The reason for this probably lies in his understanding of what it is that makes the use of “‘powers’, ‘principles’ or ‘occult forces’” (1991, 85) effective. He states:

The question is whether such powers can be appropriated without calling on the intervention of spiritual beings, and whether, personal or impersonal, these powers are understood to be compelled to operate automatically, after the use of spells, charms, rites, and so on, as if spirits are incidental to human management. (1991, 85)

A few lines earlier, he has already given the answer:

The typical Melanesian claim that the acquisition or control of ‘individuating “power”’ any Westerners might describe as magical was made possible only through the aid of spirit agencies (such as ancestors, deities, tutelary animal- and plant-spirits), not just through correct procedure or... ‘the internal power of things’. (Trompf 1991, 84)

In such a conception, sickness caused by spells or curses would fall in the category of sicknesses caused by spirits (of whatever kind).

² He does deal with spells, but sees them very much related to prayers as they are regularly directed to some spirit entity.

The question, however, is whether this represents the Melanesian concept correctly. The literature frequently mentions spells and curses as the cause of sickness with no reference to any kind of spirit beings and that are seen as the underlying cause of the sickness (Roscoe 1989, 204; Gesch 1979, 142f; Carrier 1989, 157). Without jumping into the findings of my research too quickly, let me say the Lele people clearly do not see the availability and use of the kinds of powers that Trompf mentions connected to spirit beings. The question whether an unseen, maybe “mystic” power can be at work will be of importance when we come to the discussion of the Lele concept of sickness and healing and of Christians’ understanding of it.

In his dealing with the causes of sickness and death, Trompf also mentions that people sometimes see God as the one in charge of putting an end to the life of someone.

God

Although God as known in Christianity can hardly be seen as a “traditional” cause for sickness and death, divine intervention and punishment fits neatly into the overall system of retributive logic that Trompf sees as fundamental of Melanesian culture. Among other examples, he mentions the death of a Wahgi returning officer who had allegedly manipulated the elections and who then died in an air crash. In their discussions, the people came to the conclusion that his death was divine punishment for his wrongdoings (Trompf 1991, 72). Notions of the deceased ancestors’ role of reward and punishment for the living seems to have been projected on the Christian God. Whereas Trompf sees talk of God coming into play in the case of significant deaths, Achsah Carrier (1989), states that for the Ponam of Manus, God is believed to be responsible for those sicknesses that Western medicine can cure, which are often the minor ailments. This, however, seems to be a rather minority perspective. It is interesting to note that the idea of God bringing sickness upon those who do wrong seems to play an

especially important role in many newer Christian movements as Joel Robbins (2004) and Richard Eves (2010) have illustrated in their works.

Diagnostics

A sickness that can be treated effectively with herbal medicine or medicine provided by the Western health system usually does not give rise to further speculations about the cause of the sickness. In this regard, the treatment can be seen as part of the diagnoses process. If the sickness persists, it must have other, deeper, traditional causes. In 1991 Trompf wrote: “Even nowadays natural causation is considered unsatisfactory” (71). This statement has lost nothing of its validity today.

So how can one find out what the real cause of a sickness is? There are a number of processes people follow to find the answer, but the exact approach they take differs from society to society. Trompf begins his discussion of healing in Melanesia with valuable advice: “The range of diagnostic and healing techniques in Melanesia is rather too complex to admit easy generalization” (96). When scholars write about different contexts, they can very well discover different diagnostic and healing methods.

In the example of the sick baby that Trompf (68-69) relayed, the clan came together and discussed their relationships, but there was also a medium present that established contact with deceased ancestors. He later states that whether shamans are to be found in Melanesia depends on the definition, but mentions some attributes that he found in the literature about the highlands of PNG that are similar to those of the Sibiran shamans that he seems to acknowledge as sort of prototype of shamanism (96-97). At another place, Trompf relays the divination technique of the Wahgi, where a diviner is called to find the cause of a sickness. Lastly, he also mentions that people find the cause of a sickness in their dreams. I will now discuss several aspects in more detail.

Discussions within the Clan

Life is not individualized in Melanesia. If someone is sick, it often involves the clan to respond in the appropriate way. As tensions within the clan can be a cause of sickness, coming together to discuss possible causes takes special importance. Trompf points out the clan usually will try to find consensus on why calamity struck. Verena Keck describes how the “Yupno start by assuming a ‘natural disorder’, a minor ailment (which is not consider to be an illness). They move on to the worst state by the method of ‘trial and error’, or rather of the principle of exclusion” (1993, 299). In the actual account of a sickness of a small child, Keck mentions various meetings of clan members to discuss the possible causes of the child’s sickness.

Their discussions of possible causes included: (1) a ghosts and/or his living son on the matrilineal side could be angry because of a marriage gift he/they had not received; (2) the ghost of the child’s deceased father’s father could have been in rage (which was confirmed by what some members of the clan had seen in their dreams; in the dream the grandfather of the child was cutting bamboo at the place where he had once planted it and this indicated his wrath); (3) the ghosts of the two clans of the child could be angry with each other because the parents had married although generations ago someone of the mother’s clan may possibly have had killed someone of the father’s clan; (4) a jealous woman who had come to the child’s mother, screaming loudly and beating about her with a stick which may have caused the baby’s soul to leave; (5) a withheld marriage payment; and (6) the mother’s suspicion (that was not shared by those present in the meeting) that someone had used *sanguma* (Keck 1993, 302-304).

It is important to see here that the clans of the child were involved in the discussion of the possible causes of sickness. In the course of the discussions, when people agreed that a certain problem could have caused the sickness of the child, they took measures to correct these problems (the ghosts were placated, the screaming woman

apologized and reconciled with the others), but all to no avail. So they had to continue with their discussions. The social function of these gatherings for strengthening the community, bringing misbehavior into the open and re-establishing relationships in order to save a life of the clan cannot be overestimated.

Finding Help from Dead Relatives

In line with the fluid boundaries between the seen and the unseen world, people often involve their dead relatives in finding the cause of a sickness. In the case of the sick baby relayed by Trompf, the medium established contact with deceased relatives in a séance. The people present heard the dead relatives whistle through the medium and knew how to interpret the information they had received (Trompf 1991, 68).

As I will show in the presentation of my research, on Manus, people who had good contact with the dead before they died would sometimes go to the place where they are buried to talk with them and receive messages from them.

Dreams

Trompf discusses the importance of dreams for Melanesians. What people see and experience in dreams is, in their perception, often just as real as what they experience when they are awake (107). Keck's case study shows that in dreams people often experience something that corresponds to their daily life and provides the basis to draw conclusions, here about the cause of sickness. Dreams therefore can play an important role in finding out what caused a certain sickness.

Stephen observed that "even ordinary people are believed to have some access and knowledge of the spirit world in their dreams, but this knowledge is hazy and incomplete compared with the insight of the medium or prophet" (1989, 227). Dreams

can provide some, but often limited help in identifying the cause of a sickness. The same is true for the interpretation of omens and other signs (Eves 2010, 502).

Divination

Melanesian cultures are not short of means of divination but there is no unified system across the region. Two examples must suffice. Trompf, again drawing from the Wahgi, writes about a diviner who would try to find the cause of a sickness of a patient. He would “set some sweet potatoes before the patient, for instance, piercing them with a sharp stick, posing alternatives before each prod, and deciding on the answer by the softness or toughness of a given tuber” (Trompf 1994, 139). For the Dobuans (Milne Bay Province), Paul Sillitoe writes:

If they suspect sorcery, diviners identify the individual responsible by gazing either into a wooden bowl of water sprinkled with hibiscus flowers or into a volcanic crystal charged with the appropriate spells, in which they can see reflected the spirit of the sorcerer. (Sillitoe 1998b, 175)

I am convinced that important questions in regard to where the ability of the diviners comes from or which, if any, role spirit beings play in the process of divination, can only be answered for the respective culture and not for Melanesia in general. In Chapter 6 I will represent the Lele perspective in some detail.

Healing/Treatment

Trompf does not elaborate on different healing methods in Melanesia. He mentions some in passing and is of course aware of such remedies as herbal medicine, the work of shamans (if one wants to call them that), the appeasement of spirits, of counter sorcery and the like. He highlights the interconnectedness of etiology, diagnosis and treatment techniques in the respective local setting and urges researchers to learn “how treatment fits in with aetiological thinking” (Trompf 1994, 145).

Treatment is closely connected with the causes. I refer once more to the story of the Wahgi boy who was sick: because there were quarrels between two clan-members and the cause was established that the deceased relatives had made the boy sick, the opponents had to come together: “Reconciliation was the prescription for the infant’s recovery” (Trompf 1991, 69). A pig was killed under the oversight of the ancestors and the meat shared. This serves only as an example that treatment has to correspond with the established cause.

People take different approaches to the reason about the possible course of treatment that should be followed. Often, both traditional and modern ways of treatment need to be set in relation to each other. At one point Trompf reports of a Wahgi magician who stated that people could go and get medicine from the clinic but to restore health, he would still need to treat the patient (1991, 71). Here, the traditional and the modern perspective somehow run parallel. Patrick Gesch (2010) notes that both the Village Traditional mindset and the Critical Methodological mindset have their own right and are used simultaneously by the people.

There are, however, other approaches. Sometimes the traditional and the modern way of treating sicknesses are more clearly separated. Carrier (1989) provides an example from the Ponam people. If a sickness can be healed by Western medicine, it is considered a ‘divine’ sickness, if not, it is an ‘earthly’ sickness and the social cause has to be uncovered and treated in the respective, traditionally appropriate way (Western medicine is then disregarded).

Eves (2010, 503) reports an incident from his time among the Lelet (New Ireland) where he suggested that a woman should go to the hospital and the people, who all agreed that her sickness was caused by sorcery, let him understand that this was a stupid suggestion because the hospital had no way to provide help in the case of sorcery.

Most people, however, seem to make use of what Lola Romanucci-Ross calls a “hierarchy of resort” in response to sickness. They start a treatment according to what seems to make most sense to them, but change or add to their actions quickly if they do not see immediate results. In one example a young boy was sick and within a very short time was treated medically against malaria with no avail, then people were called to confess ill feelings they had against each other and to reconcile. When this did not help, people started to sing Christian hymns and prayed and at the end an exorcist was called from a nearby village to deal with the demons in the boy. Nothing helped and the boy died (1977, 483-84). There might be a certain pattern people follow in Romanucci-Ross’ description, but the different methods were all used within a very short time. There is therefore no huge difference to the pragmatic use of whatever means available for healing that other authors mention (see Mead 1956, 57-58). Eves writes:

Despite their classification of illnesses as either endogenous or exogenous, considerable pragmatic negotiation occurs when Lelet are deciding what treatment to use, since the two forms are not definitely opposed. Neither is there mutual exclusivity between forms of medical knowledge, and people may move readily between treatment methods, being concerned with ‘efficacy and practical considerations’ rather than logical consistency between different medical systems. (Eves 2010, 499)

Many aspects of the traditional system are difficult to comprehend for people from Western enlightenment background. Trompf acknowledges that “traditional medicine often does appear to get results” (Trompf 1991, 97), whatever the explanation behind it might be. He calls again for more phenomenological research to be carried out and for an open mind and finally asks:

Do we have the proper tools to rule out the existence of spiritual and non-empirical factors which most peoples throughout a vast human history allege to be involved in facts as basic as harm, sickness, death, or deliverance from any of them? (98)

In this overview, I highlighted crucial aspects of the traditional concepts of sickness and healing in Melanesia. These concepts are firmly rooted in the Melanesian worldview. Although there has been an influence from the outside through the introduction of modern medicine, technology and teaching, many people still hold on to basic elements of these concepts.

In the next chapter, I turn from the context of Melanesia to cognitive studies which I used as the guiding anthropological theory for my research among the Lele.

Chapter 3

Literature from Cognitive Studies

Cognitive anthropology or, more widely, the field of cognitive studies, has been important in the setup as well as in the analysis of my research. My attempt in this chapter is not to provide a complete overview of cognitive anthropology, but to highlight those aspects that have had an impact on my study. I start with an introduction to Relevance Theory (RT), followed by Schema Theory and lastly introduce newer research of coexistence of different explanations that shows that the same person can reach different conclusions on a given issue, depending on a number of factors.

Before I deal with these three areas in turn, I provide a short introduction in what cognitive anthropology is all about and what it tries to explain. D'Andrade, in his standard work on cognitive anthropology, defines it as “the study of the relation between human society and human thought” (1995, 1). Different from many other anthropological theories, proponents of this approach are not satisfied to describe, exegete, or draw inferences from people's behavior. “The ultimate aim” write Bobbie Simova, Tara Robertosn and Duke Beasley, “is nothing less than discovering and representing mental processes” (2009) and then to discern how these mental processes affect people's lives within their society. Stephen Tyler writes that cognitive anthropology attempts “to understand the *organizing principles underlying* behavior.” The object of study is not the material phenomena, “but the way they are organized in the minds of men” (Tyler 1969, 3, italic in original).

Relevance Theory

RT grew out of communication theory. My research topic does not deal directly with communication. There are two main reasons, why it is necessary to represent the basic tenets of RT in this literature review: First, although my research topic is not about communication theory directly, there are aspects of RT that are closely connected with aspects of my research. Both, understanding God's word and how outsiders try to work among people of another culture (especially when it comes to preaching and teaching), have a lot to do with communication, and RT has made important contributions to understand communication in a new light.

Second, there are scholars who have used RT to develop theory that has to do with the intersection of gospel and culture, for example Shaw (2010; 2018). As his writings have a huge impact on my research, understanding RT builds the foundation for understanding his models that I will introduce later.

Developments in Communication Theory

“The study of communication raises two major questions: first, what is communicated, and second, how is communication achieved?” (Sperber and Wilson 1995, 1). These two questions have been answered in different ways in the past. In the middle of the last century, a ‘code’ model was developed and widely used: a message was considered to be encoded by the sender, transmitted, and then decoded by the receiver. This model, first published by Claude Shannon (1948) in the context of telecommunication science, soon found its way into the social sciences and was also adopted for Bible translation as the “sender-message-receiver” model (Nida and Taber 1969, 22). Harriett Hill explains: “The message was thought to be fully contained in the text, with the communicators’ minds functioning as coding and decoding machines” (2006, 13).

Paul Grice (1989)¹ developed a new model that was based on inferences and can therefore be called an ‘inferential model.’ In this model, “communication is achieved by producing and interpreting evidence” (Sperber and Wilson 1995, 2).

Dan Sperber and Deirdre Wilson (1995; first published in 1986) took up Grice’s ideas, developed them further (especially in explaining how context is selected and how meaning is inferred), and showed how a code model can be placed within an inferential model. Their new approach to communication has been labelled ‘Relevance Theory.’

Intension and Inference

For Sperber and Wilson the center point of RT is the relation between intent and inference. An author has a certain intention in communicating something. The act of seeking someone’s attention to communicate something² is in itself a manifestation of an intention and carries with it a guarantee of relevance (Sperber and Wilson 1995, 50). Communication is successful when the hearers infer the intent of the speaker (23).³

In the following sections I show that the idea in RT is not for an audience to copy thoughts that an author expressed in words and then store them in their mind. Authors can communicate in many ways and what they put in words explicitly may only be a part of the communication process. The meaning of something cannot be sought solely in the words someone utters; utterances are, according to Hill, “a *pointer* to meaning” (2006,

¹ The book contains his influential 1967 William James Lectures (previously not published) and various essays.

² Sperber and Wilson speak of “behaviour which makes manifest an intention to make something manifest” and call it “*ostensive* behaviour or simply *ostension*” (1995, 49; italics in original).

³ I will either use the generic terms of communicator/author and audience or those referring to verbal communication (speaker and hearer). This does not mean that what I write is not applicable to other means of communication. However, written communication, for example, has a different dynamic as reader and writer do not necessarily have to know each other and have no means of immediate response to each other (the boundaries, however, have become more fluid; take for example a chat conversation via the internet).

17; italics mine); or in the words of Wilson and Sperber, they “provide evidence of her⁴ [this is, the author’s] meaning” (2012, ix). Wilson and Sperber describe the goal of their study “to investigate an inferential *process* which takes as input the production of an utterance by a speaker, together with contextual information, and yields as output an interpretation of the speaker’s intended meaning” (2012, x; italics in original).⁵

For Sperber and Wilson “an *inferential process* starts from a set of premises and results in a set of conclusions which follow logically from, or are at least warranted by, the premises” (1995, 12-13; italics in original). Often words or phrases the communicator utters are in themselves truncated or ambiguous, but communicator and audience have no trouble understanding each other. This is possible when they are both aware in which context the utterance has to be interpreted. The word ‘context’ leads me to the next point that is of importance in order to understand RT.

Cognitive Environment and the Importance of Context

Because the way ‘context’ is understood in RT depends on the wider concept of the ‘cognitive environment,’ I deal with this term first. Sperber and Wilson define the cognitive environment of an individual as “a set of facts that are manifest⁶ to him. To be manifest, then, is to be perceptible or inferable. An individual’s total cognitive environment is a function of his physical environment and his cognitive abilities. It consists of not only all the facts that he is aware of, but also all the facts that he is capable

⁴ For some time it was common practice in RT, to assign the female pronoun to the speaker/communicator and the male pronoun to the audience/listener.

⁵ For a discussion on how meaning is created or where meaning can be found, see Yoshiyuki Nishioka (1998).

⁶ Of course, this needs a further definition of what it means that something is ‘manifest’ to a person. They write: “A fact is manifest to an individual at a given time if and only if he is capable at that time of representing it mentally and accepting its representation as true or probably true.” (Sperber and Wilson 1995, 39)

of becoming aware of, in his physical environment” (1995, 39). Hill simply calls cognitive environment “our mental representation of the world” (2006, 3).

Now, for authors to be understood in a certain way, they must ensure that the audience understands the context of their utterance in the right way. The context in which the audience understands the author can only come from their cognitive environment. “A context,” write Sperber and Wilson, “is a psychological construct, a subset of the hearer’s assumptions about the world. It is these assumptions, of course, rather than the actual state of the world, that affect the interpretation of an utterance” (1995, 15).

A huge question now is how hearers choose the context in which they understand what the communicator said. According to Hill et al. (2011) hearers select the context according to three criteria: (1) thoughts that come to mind quickly, because information associated with it has been used recently or is used frequently; (2) thoughts the audience thinks are shared with the speaker; and (3) thoughts that lead to enough cognitive benefits, a characteristic I will explain in the next section.

Robyn Carston defines context as “that subset of mentally represented assumptions which interacts with newly impinging information (whether received via perception or communication) to give rise to ‘contextual effects’ . In ostensive communication, this set is not pre-given but is selected by the hearer on the basis of the utterance and his bid for an interpretation” (2002, 376). It is therefore in the interest of communicators to at least guess⁷ in which context their utterances will be interpreted; what the context for the inference of the intent is likely to be (Hill 2006, 14). If this context should lead to an inference that was not intended, the author should help the hearer to adjust the context.

⁷ What is known as the “mutual-knowledge hypothesis” and a basis for the code-model interpretation, Sperber and Wilson find untenable (1995, 21).

Although I have not seen this idea spelled out explicitly in the RT literature, it seems to me that for the process of inferring what was intended, communication has to be considered as a two-way street: Communicators need to guess what the hearers' context will be to infer meaning from the utterance; at the same time the hearers will think about the context that the communicators had in mind when they spoke.

When contexts of communicator and hearer have enough congruence, communication can be successful. On the other side, "a contextual mismatch happens when the context intended by the speaker does not match the context the audience supplies" (Hill et al. 2011, pos. 829) and the communication is likely to lead to misunderstanding.

Relevance

Sperber and Wilson define relevance as follows: "An assumption is relevant to an individual at a given time if and only if it has *some positive cognitive effect* in one or more of the contexts accessible to him at that time" (1995, 265; italics mine). They use 'cognitive effect' to refer to "a contextual effect occurring in a cognitive system (e.g. an individual), and a *positive cognitive effect* as a cognitive effect that contributes positively to the fulfilment of cognitive functions or goals" (265; italics in original). Hill et al. in their attempt to avoid the sometimes technical language Sperber and Wilson use, explain very aptly:

For communication to 'make sense,' it needs to connect with what we already know. It also has to change what we know in certain ways. We refer to these changes in our thoughts as *cognitive benefits*,⁸ because we benefit from having more correct thoughts about our world. The better our thoughts are, the better we do in life. We consider something relevant if it brings us cognitive benefits. (Hill et al. 2011, pos. 403)

⁸ As the context makes clear, 'positive cognitive effects' are the same as 'cognitive benefits.'

Cognitive benefits can be classified into three groups: assumptions can be strengthened, false assumption can be contradicted, or new assumptions can form. Hill explains: “All three involve linking the communication to the hearer’s existing cognitive environment and changing that cognitive environment in some way” (2006, 4).

A point that is crucial for RT is that the anticipated cognitive benefit must be in relation to the effort made to gain the benefit. Only if the positive cognitive effect outweighs the processing cost, the communication is relevant (Sperber and Wilson 1995, 265-6). In short, “relevance...is a function of effect and effort” (132).

This fact has a number of implications (or, maybe better, it explains what people are doing when they communicate). In order to keep processing cost low, communicators often do not supply more information than necessary to achieve optimal relevance. Additional input requires more processing cost and if it does not lead to more cognitive benefits, relevance decreases (Sperber and Wilson 1995, 144. 265; Hill et al. 2011, pos. 1297. 419).

For the audience to keep processing cost low, they let incoming information take the path of least effort in the search for cognitive benefits. Especially, but not only, in verbal communication, “people hope that the assumption being processed is relevant (or else they would not bother to process it at all), and they try to select a context which will justify that hope: a context which will maximise relevance” (Sperber and Wilson 1995, 142).

Incoming information is connected with the cognitive context and the search for meaning stops when enough cognitive benefits have been achieved to satisfy the expectations (Hill et al. 2011, 442). The reason people do this has to do with what Sperber and Wilson call the presumption of optimal relevance:

The addressee is entitled to expect a level of relevance high enough to warrant his attending to the stimulus, and which is, moreover, the highest

level of relevance that the communicator was capable of achieving given her means and goals. (1995, 270-1)

Ernst-August Gutt explains: “the hearer has the right to assume that the first interpretation he arrives at that a rational speaker might have expected...is the interpretation intended by the communicator” (1991, 30-31).

The implications of RT for my study are clear: To understand how research participants arrive at certain conclusions, it is important to understand their cognitive environment; therefore, the cognitive-phenomenological part of the study in sub-problem #1. New ideas (whether originating from God’s word or from what a missionary or anyone else says) can only be understood on the basis of what is already manifest to people.

In addition, people do not process new ideas in a tidy, step-by-step process, but connect them to whatever comes to their mind quickly (because it has little processing cost). This is a connection to schema theory that I will explain below. And lastly, I needed to find out how the research participants considered the Christian message relevant for their lives. What, if any, were the cognitive benefits they saw in it? To be aware of these processes in theory and to discover them in practice had implications for the analysis of my research; but there are also implications for the significance of the study as I will lay out in Chapter 9.

Schema Theory: System 1 and System 2

Schema theory helps to understand how people naturally tend to think and act. George Mandler (1984, 55) defines schemas as “bounded, distinct, and unitary representation” of some aspect of our world in the mind. Underlying schema theory is the insight that the mind stores and processes information in two different ways. Schemas are built on connectionist networks (D’Andrade 1995, 140) and parallel distributed processing. If one part of a schema gets activated, the whole schema gets activated.

D'Andrade explains this on the example of writing. When we hear the word writing, this “invokes a *writer*, an *implement*, a *surface* on which traces are left, and a *product*” (1995, 123, italics in original). There are a number of “slots” that can be filled differently—the implement can be a pencil or chalk or a permanent marker; the surface can be a notebook, a blackboard or a piece of cardboard—but the schema remains the same.

Schemas exist in many variants. D'Andrade mentions “event schemas, orientational schemas, narrative schemas, propositional schemas, metaphoric schemas, [and] image schemas” (1995, 132). One type of schema that is of interest for my research are scripts; they fall under the rubric of event schemas. Bradd Shore defines scripts as “general performance models that include both verbal and nonverbal dimensions” (1996, 66). Scripts are like a template for organizing our conversations and actions. He, as many others, refer to the “restaurant script” that Roger Schank and Robert Abelson (1977) introduced. There is a certain pattern that we have internalized when it comes to eating in a restaurant, comprising of entering, being seated, ordering, eating, paying, exiting. It would be wrong to see scripts, or schemas in general, as deterministic devices. They provide us with a pattern of appropriate behavior, but are flexible enough to be adjusted to the given situation.

Maurice Bloch states that schemas are responsible for supplying us with a lot of information based on little outside stimulus, because they fill in the gaps. They help us to select evidence, they provide us with hypotheses on what to expect (because we intuitively “know”), and often overrule what we experience in reality to make it fit what we have internalized (Bloch 2012, 172-75). The pattern of our past experiences make us think and act in a way that seems natural to us and comes automatically to our mind (Strauss and Quinn 1997, 100).

At this point, it is time to introduce Kahneman's very accessible book (2011). He comes from the perspective of cultural psychology. Without referencing most of the relevant authors in cognitive anthropology, he presents findings of his research that fall in line with the findings of cognitive anthropology. He focuses on how people think and thereby distinguishes two systems. System 1, the "fast" mode of thinking, operates automatically and quickly, with little or no effort and no sense of voluntary control." System 2, the "slow" mode of thinking, "allocates attention to the effortful mental activities that demand it, including complex computations. The operations of System 2 are often associated with the subjective experience of agency, choice, and concentration" (Kahneman 2011, 20-21). He introduces the two systems further:

When we think of ourselves, we identify with System 2, the conscious, reasoning self that has beliefs, makes choices, and decides what to think about and what to do. Although System 2 believes itself to be where the action is, the automatic System 1 is the hero of the book. I describe System 1 as effortlessly originating impressions and feelings that are the main sources of the explicit beliefs and deliberate choices of System 2. The automatic operations of System 1 generate surprisingly complex patterns of ideas, but only the slower System 2 can construct thoughts in an orderly series of steps. I also describe circumstances in which System 2 takes over, overruling the freewheeling impulses and associations of System 1. You will be invited to think of the two systems as agents with their individual abilities, limitations, and functions. (Kahneman 2011, 21)

He only uses the word schema in one footnote, but schemas are directly connected to his system 1-thinking. People's default operation mode, we could say, is system 1, because it works naturally, effortlessly; it is "the secret author of many of the choices and judgments [we] make" (Kahneman 2011, xvi). Especially under stress—and sickness always produces stress—people tend to act according to their underlying schemas.

Because people within the same society often have similar experiences, they develop similar schemas, "culturally shared mental constructs" (D'Andrade 1995, 132) which than can be called "cultural schemas". When schemas meet the world, they evoke

certain meanings or interpretations (1997, 6, 54). Cultural meaning is therefore defined as “the typical (frequently recurring and widely shared aspects of the) interpretation of some type of object or event evoked in people as a result of their similar life experiences” (Strauss and Quinn 1997, 6).

If people grew up within the same culture (see Käser 1998, 113-28 for the concept of enculturation) and have enough similar life experience, it is likely that their interpretation of sickness is similar and that they share a cultural model (for the differences between cultural schemas and cultural models, see D'Andrade 1992, 230).

The theories one has learned, based on declarative knowledge (and retrieved and processed by system 2), can sometimes conflict with what one thinks and does as “default pattern” (system 1). That people naturally follow system 1 should not lead to the conclusion that they are prisoners of their schemas and are forced to act according to them alone. First, there is interplay of systems 1 and 2. Kahneman explains that most of what we think and do originates in system 1. However, when things get difficult or if anything is detected that violates the model of the world that system 1 maintains, system 2 takes over and it usually has the last word (2011, 24). Connected with this, system 2 has a monitoring function and it can take over if it recognizes that system 1 is about to make a mistake.

Second, it is entirely possible that over time responses that at the beginning were made consciously (system 2) “can themselves become habitual with practice, and henceforth activated like any other network of connections” (Strauss and Quinn 1997, 100). It would therefore be wrong to equate the schemas someone holds with the conviction someone considers to be true.

As I show later, cultural schemas and the interplay with what people have learned through instruction (for example, in the church), are an important aspect of my research, especially towards the end, where the traditional and religious perspectives interact.

Coexistence of Different Explanations

Researchers in the field of sickness and healing in PNG often came to realize that sickness can be interpreted from different points of view. In Keck's example,⁹ she investigated the perspective of the people in the village while her colleagues looked at the same phenomena from a biomedical point of view (Keck 2005, 12-13). Keck and colleagues held the two explanatory models apart. However, others noted that it is often the same person who, concerning the same issue, comes to different, sometimes seemingly contradictory, explanations. Obviously, different perspectives can exist side-by-side and people can live with it quite well. I widen the perspective here to illustrate different explanatory models.

Explanations Depending on the Use of System 1 and System 2

In the previous section, I have already introduced Kahneman's two systems of thinking: the quick, more intuitional, internalized, long grown system 1, and the slower, more theoretically learned, system 2. D'Andrade (1995) would connect these two systems with "schema" and "theory" respectively.

It is entirely possible that people, when asked for quick responses or in a way that is deeply connected to their environment, traditions or the ways they were brought up, provide different answers than when they take a step back, take time to reflect and go through the repertoire of possible options. In a reflective mode, we tend to identify ourselves with system 2 (Kahneman 2011, 21), and system 2 usually has the last say when the two systems conflict with each other. This, however, does not mean that it is always dominant or controls our behavior. It has the potential to ignore its function as a watchman and we continue to operate in "default mode," which is system 1.

⁹ See Chapter 2: Literature: Sickness and Healing in Melanesia/Diagnostics/Discussions within the Clan.

Two Mindsets Fulfilling Different Functions

Whereas the aforementioned explanatory model holds that two ways of processing the problem in the mind are at work, there are other scholars, who have suggested that people generally bring different perspectives to particular problems and that these perspectives do not necessarily have to converge. Gesch (2010), who writes based on his work in PNG, illustrates in a number of areas (health, wealth, politics, sports, land) that both the 'Village Traditional mindset' and the 'Critical Methodological mindset' operate in people and stand side-by-side; they are used simultaneously by people. Gesch defines 'mindset' as;

a personal and social living tradition of selected experiences, understandings and resolutions, which serves a purpose in living. It is oriented to explanation and action so that a person lives well and is in control of one's own life as much as possible; it is an orientation in praxis rather than theory. (45)

He writes that the two mindsets fulfill different functions or answer different questions:

The traditional village mindset wants to answer the question: how do I think and work so that I stay together with all the people who are of value to me? The modern scientific mindset asks: how do I evaluate with sure knowledge the events and the plans of the world I live in? It is not difficult to live out of two mindsets at the same time. They have their own integrity and cannot be melded into a forced harmonious marriage. (63)

Christine Legare and Susan Gelman (2008) come to a similar conclusion. They studied how people in two South-African communities understand the causes of sickness and looked especially for biological and bewitchment explanations. They found out that people upheld and endorsed both explanations and explain:

[B]ewitchment explanations were neither the result of ignorance nor replaced by biological explanations. Instead, both natural and supernatural explanations were used to explain the same phenomena, and bewitchment explanations were highest among adults. (Legare and Gelman 2008, 607)

Most people employ both explanation systems, but in different varieties. In one study in which they focused on the causes of AIDS, Legare and Gelman (2008, 634-36) found the following three explanatory models that people in their research used to accommodate “seemingly incompatible belief systems” (2008, 638):

- Juxtaposition: a person sets biological and bewitchment explanations side by side; they both have their own right but are not directly connected. Example: Someone had unprotected sex and was bewitched.
- Proximal versus distal: a person sees bewitchment as the underlying cause (answering the why-question), and biology as the more direct cause (answering the how-question). Example: A witch caused a condom to break.
- Real versus fiction: a person sees the true cause in bewitchment; the sickness only appears to be AIDS. Example: Witchcraft can cause a disease that looks like AIDS, but it is not.

The most coherent of the three models is the second one; the other two models do not integrate witchcraft and biological explanations. While some made attempts to reconcile the different explanatory frameworks for sickness—possibly spontaneously during the experiment (Legare and Gelman 2008, 636; see also Shore 1996 who speaks of constructing models “on the fly”)—others let them remain rather disconnected and somewhat ambiguous as per Melanesian expectations about reality.

Legare and Gelman conclude that the natural and the supernatural belief systems “were not viewed by participants as inconsistent with one another and, in fact, provided distinct, complementary causal information” (2008, 638).

In another paper, Legare et al. (2012, 781) reviewed research that had been carried out in various regional contexts (Western and non-Western), among children and adults, and on topics as diverse as the origin of species, illness conceptions, and death. The conclusion throughout has been that “natural and supernatural explanations can operate within the same mind..., and crucially, for the same to-be-explained phenomena.”

Explanations Depending on Different Contexts

Rita Astuti and Paul Harris (2008) did research in a totally different context (the Vezo people of Madagascar) and on a different topic (conceptions of death), with results that can still shed more light on the problem under discussion. They presented research participants two different stories about a deceased person. One focused on the corpse and the other on the tomb. The conceptions of the afterlife were different, depending on which story was presented. In the presentation of the research they show that the Vezo people “hold and act upon two different conceptions of death—one that can be regarded as grounded in everyday, biological thinking; and the other that is intimately linked to Vezo conceptions of an afterlife.”

They learned that the people they researched “subscribe to the continued existence of the ancestors but also acknowledge the biological constraints on the life cycle” (714). Regarding the beliefs in the power of the ancestors, they come to the conclusion that it cannot be answered in an abstract, general way, but that it “needs to be studied in terms of when a given conception of death is activated” (734).

Conclusion

In spite of the differences in the research context and topic, when taken together, the reviewed studies lead to the following conclusion: The same person can look at life (and death) with different questions in mind and therefore can live with concepts that often are not reconciled but—and this is the main point—obviously do not need to be reconciled to live meaningful lives. To have concepts that help one to live in or through certain situations seems to be of greater importance than to have a totally integrated worldview where all parts of the puzzle of life fit together in one great, united whole.¹⁰

¹⁰ This is in line with Rynkiewicz’s definition of culture in Chapter 1.

These authors each have two perspectives they bring to their research focus: for Gesch it is the traditional mindset on one side and the modern mindsets on the other. Legare and Gelman look at biological and bewitchment frameworks of reasoning on illness. Astuti and Harris investigated death from the perspective of biological categories and on the perceptions that are connected with the world of the ancestors.

In my research there are not two but three foundational perspectives in view: the traditional, the biomedical, and the Christian concept. As I lay out in the analysis chapters, my research has shown that at least for some participants, these various viewpoints are not totally integrated. I will have to deal with the question how Christian transformation is to take place and where to connect it when people use a variety of explanatory systems, sometimes all at the same time.

Cognitive studies help us to understand how people process ideas and come to conclusions. RT has shown that people connect incoming information with what they already know and build their interpretation on what comes easily to their mind. Schema theory made it clear that there are cognitive default mechanisms on which people often operate. These two theories, together with the insight that people can live with multiple mindsets at the same time, are of great importance for the interpretation of my data and its missiological implications.

In my research, I was interested in learning how Christians view their cultural traditions in light of their Christian faith and their understanding of the Bible. The final theoretical foundation for my study is therefore the question how the gospel and culture relate to each other. This is where I now turn in the third part of my literature review.

Chapter 4

Literature: The Gospel and Culture

The relationship of the gospel and culture is a major field in the study of missiology. As an introduction, I first give a short overview of the variety of approaches that people have taken to define the relationship of traditional approaches to sickness and healing in Melanesia. The theoretical underpinnings are often not spelled out clearly. I will then enter the more theoretical discussions and introduce different approaches for which contextualization has become a cover term. Following that, I will discuss the difficult concept of syncretism.

Evaluation of Traditional Health Concepts

Conceptions of how the traditional response to sickness and healing should be treated from a Christian point of view vary widely. They are often embedded in a larger framework of the understanding of gospel and culture (Carson 2008; Kraft 2005b; Niebuhr 2001) which I will not discuss here.

In the literature there are two contradictory positions about how to deal with traditional responses to sickness and healing. The first is generally suspicious of culture and tradition and finds little that can be used for Christians. A clear cut with the past is therefore encouraged. In a case study that Gilbert Herdt provides of the Sambia in PNG, the health worker's rejection of the shamans involvement in healing was accompanied by national Seventh Day Adventist missionaries who denounced the shamans as 'witchdoctors', 'quacks' or as the 'Anti-Christ' (1989, 104). Mark Kolandi (1981, 22),

writing for people living in the Kiripia area, speaks about ‘half’ Christians who would, disappointed by Christianity, return to old practices and make use of the traditional healers again. For him, clearly, being a Christian and making use of the traditional healer is incompatible.

But there are other voices. They see a connection of the old beliefs, customs and traditions, to the new faith in Christ. Mantovani, a long-term researcher in PNG, takes a very different starting point than those who deny a connection of tradition and Christian faith. For him, all power originally comes from God and if it is used in the right way, it is a gift of God to people (2000, 68-69). He argues:

The one who heals is God, the Father in heaven. The Christian who is healed will thank God who, either through the healer or the doctor, helped him. What the doctor and the healer think is their business. If confronted, the Christian will profess his or her faith in the healing ‘power’ of God who uses people to help whether these people admit to it or not. (70)

Mantovani criticizes the approach many missionaries have taken to condemn everything as ‘satanic’ that people did in power without acknowledging the Christian God as the one who empowered them. He states that by the blank denial of the possibility that God worked through traditional healers, missionaries have denied people to “experience God’s care for them in this important field of healing” (62). The right thing to do, he states, is to counter the *abuse* of power, *not the use* of it.

William Amo, speaking for the people of the Duke of York Island (East New Britain), is appreciative of the traditional healing practices that include spells, divination, and rituals. He writes: “We believe that healing comes from the spirits, but has originated from God alone, and is, therefore a gift from Him” (1997, 42). He sees the place of traditional healers within the church but with transformed practices that have Jesus Christ at the center and with both healer and patient having trust in Jesus.

It is important to mention, that perceptions are not static, but changing. Eves (2010, 501) remarks that for a long time the Lelet people of New Ireland had seen their traditional curing practices as something God had created but that under the rising influence of Pentecostalism the people have become less accepting of these practices, especially if they are connected to forms of magic. These few cases demonstrate that there is a broad spectrum of opinions and approaches how Christians in Melanesia juxtapose Christianity and traditional beliefs and practices concerning sickness and healing.

Contextualization

Turning now to the more theoretical concepts, I start with the topic of contextualization. The literature to the topic is wide and ever growing. Bevans (2002) provides the best starting point for an overview. He introduces six models in which the gospel (and tradition, especially for the Roman Catholic church) is set in relation to the gospel in different ways. The translation model tries to insert the gospel effectively into a certain culture; the anthropological model starts with the context in which the people live; the praxis model puts an emphasis on praxis and transformation of lives and societies; the synthetic model combines aspects of the other models and emphasizes dialogue between all partners; the transcendental model is a rather subjective, experienced-based model; and the countercultural model sees the context in constant need to be challenged by the gospel. He calls for different approaches, depending on the respective context (32).

Apart from providing a useful categorization of models, his most important insight comes right at the beginning. He starts the book with the affirmation that “[t]here is no such thing as ‘theology’; there is only *contextual theology*.” Theology is and has always to be understood “in terms of a particular context” (3; italics in original). Out of this, he comes to the very valid conclusion that in addition to the traditional sources of

theology (“experiences of the past”: scripture and tradition), theology in our modern times has to consider the context (“experiences of the present”: personal/communal experiences, culture, social location, social change) as an additional source (2002, 7).

Evangelical Christians have always been concerned that the context becomes so dominant that the true nature of the Gospel is distorted. D. A. Carson, for example, in his critique of Richard Niebuhr’s (1951) classic models of Christ and culture, asks if the “Christ of culture” model (which has at its center the idea that Christ fulfills the hopes and aspirations of people and thus highlights the aspects of Christian faith that conform with culture) deserves the attribute “Christian” at all (Carson 2008, 36). In the early days of the contextualization debate, evangelical Christians therefore favored code model approaches that follow the principle of dynamic-equivalent Bible translation as introduced by Eugene Nida and Charles Taber (1969). Such models fall under the category of translation models in Bevans’ (2002) system.

For the past three decades, Hiebert’s model of Critical Contextualization has been very influential. He wanted to avoid syncretism which he saw in both noncontextualization (stemming from a Western hegemony and modern epistemology) and uncritical contextualization (stemming from postmodern approaches that favor cultural relativism) (Hiebert 1984, 290).

Building on a critical realist epistemology, Hiebert developed a four step-model: (1) study a certain aspect of the local culture phenomenologically; (2) someone with biblical expertise (usually a pastor or a missionary) should study passages of Scripture related to this issue; (3) engage in a critical evaluation of cultural phenomenon and biblical perspective, so that, (4) the people themselves then develop new contextualized practices which both reflect God’s view and value their own experience.

While Hiebert’s approach has enjoyed much popularity among practitioners as well as scholars (Whiteman 2006), he has often been misunderstood, and the model was

not as often put into practice as it was mentioned (Shaw 2010, 212). There are points that can be criticized about Hiebert's concept, for example that he had in mind relatively homogenous societies—which in today's world are rarely to be found—or his understanding of exegesis of the biblical text as a somewhat acultural process (see my critique in Shaw et al. 2016, 100-103). Nevertheless, Hiebert pointed missiologists in the right direction in holding onto God's word as authority for Christians and taking seriously the multiplicity of cultures and their various viewpoints.

Shaw has driven the conversation further. His model (Shaw 2010) is informed by his study of cognitive models of cultural understanding and relevance theory of communication. He states that models that treat the Gospel as sort of "cargo" that has to be conveyed to people of other cultures have often been "relatively static and product oriented" (209). He wants to move from contextual theology to doing biblical theology in context (212).

For him, the central question is how God's intent—which is for people to live in relationship with him and to be transformed into his likeness—can become cognitively relevant to and understood by human beings in their respective context. This basic orientation also has implications for missionaries: He sees their role not in conveying a contextualized gospel, but in entering into a hermeneutical community with the people they want to reach. In this process, both sides are transformed.

For Shaw, therefore, a huge emphasis and responsibility is on the receptor to make inferences from God's communicated intent to his or her own culture (210). We have, as Shaw urges, "to allow local people to contemplate the implications of God-in-their-midst" (211). This necessarily requires highlighting "the process rather than the product" (210). Scott Sunquist affirms such approaches because "God's Spirit is more than able to guide the local Christian community" (2013, 256). The necessary critique of

culture will, according to Shaw's model, not come from the missionary, but from God's word being read in community (2010, 212).

Shaw's model is novel in that it emphasizes cognitive aspects in the contextualization process. Especially the idea of intent that has to be inferred, first of all from God's word itself (and not from the missionary's message) has opened new pathways. Although these aspects are new, in an overall perspective, Shaw's model has significant overlap with those models that lean towards a strong emphasis of the cultural component, as exemplified in Bevan's Anthropological Model (2002, 54-69).

Syncretism

The study of syncretism has become a field in the study of religions. For the sake of this dissertation and keeping in mind the relationship of gospel and culture as the main interest in this part of the literature review, I limit the discussion to the aspects of syncretism that have to do with the Gospel meeting cultures and other religions. For a thorough introduction to the wider field, see Anita Leopold and Jeppe Jensen (2005).

Evangelical Concerns

When evangelical scholars wrote about syncretism, they regularly portrayed it in a negative light. Taking proceedings from some evangelical conferences as an illustration, Harvie Conn (1984, 176-79) shows how a deep fear of syncretism has been evident whenever ethnotheologies or related subjects were discussed. Hiebert's article on critical contextualization (1984; 1987)¹ can be seen as an attempt to avoid syncretism. He saw syncretism as the result of "the incorporation of non-Christian beliefs and practices in the church" (Hiebert 1987, 106). A. Scott Moreau writes that among Christians the term has

¹ Hiebert revised and expanded his article on Contextualization that was originally published in *Missiology* in 1984 for publication in *IBMR* 1987. I therefore usually reference his 1987 article.

traditionally been used of “the replacement or dilution of the essential truths of the gospel through the incorporation of non-Christian elements” (Moreau 2000, 924).

The authors of the Willowbank Report (Lausanne Committee for World Evangelization 1978) write: “Elements which are intrinsically false or evil clearly cannot be assimilated into Christianity without a lapse into syncretism.” What is astonishing from today’s perspective is that in these approaches it seemed relatively clear what the standard was against which syncretism should be measured.

Leopold and Jensen (2005) write that in such approaches the fear is always that something that is pure will be diluted by outside elements and by this been made impure. This raises the question what “pure Christianity” or a “pure church” or a “pure gospel” looks like, who defines it and whether it exists at all or not. We will come back to this question later. The subject is more difficult than it was sometimes treated in a rather positivistic manner.

There are discussions in the literature about the relations between contextualization and syncretism. Most have seen proper contextualization as an antidote to syncretism. This is how Hiebert’s article (1987) must be understood. However, within the same article, he argues that contextualization can also lead to syncretism; this kind of contextualization he calls “uncritical contextualization.” He writes: “[A] call for contextualization without an equal call for preserving the gospel without compromise opens the door to syncretism” (109). His concern is for culture not to dominate the gospel, in order to avoid a distortion of the gospel. Andrew Prince argues along the same line:

Syncretism cannot be divorced from contextualization. Rather, they can be viewed as a continuum, with contextualization on one end of the spectrum and syncretism the other. Where the line is drawn between where contextualization ends and syncretism begins, who determines that line, and based on what criteria, continues to be debated. (Prince 2017, 21)

Helpful Catholic Corrections

The Roman Catholic Church, especially since Vatican II, has generally been more open to influences from other cultures and, to some extent, religions. There are streams within the Roman Catholic Church that see syncretism in a positive light, like the Ecumenical Association of Third World Theologians (Leopold and Jensen 2005, 18-19). However, there are also critical voices. Bevans states: “In Roman Catholic theology, pluralism is a fact, but it is also a fact that pluralism is often viewed with suspicion and caution” (2002, 22).

Schreiter (2015), although arguing from a semiotic rather than from a cognitive standpoint, provides some helpful insights. He is mindful of the danger of syncretism, but he sets it in the right perspective. In the last chapter of his book, he deals with both syncretism and dual religious systems together. For the first he uses the working definition of “the mixing of elements of two religious systems to the point where at least one, if not both, of the systems loses basic structure and identity” (180). He sees the emphasis in the second expression in following two different religious systems that are being kept separate. Depending on the situation and need in life, people follow one or the other system (181).

He unfolds the parameters that influence the discussion of syncretism and dual religious systems. I briefly mention some of the issues that are of relevance for my study: First, there is the question of what conversion really means and how long it takes (185). Schreiter seems to see the point of conversion in close connection with baptism, but then also as an ongoing process. What does it mean for someone to be a Christian in a certain culture? This entails the question how people who become Christians see their own identity. And I add: for missionaries the question is where they want to lead people. What is the goal of the conversion (and discipleship) process?

A second question is the way religion is seen within culture. Is it a segment that has its place and leaves culture in general untouched or is it permeating all of culture? Schreiter notes that in many cultures the second way is dominant, although in the West religion was and is often seen in the first way. In my view, the holistic understanding of life in Melanesia is often in conflict of how missionaries from the West have presented the gospel which centered on saving souls, going to church and changing some evil behavior. Schreiter repeatedly reminds that religions cannot be reduced to “*view of life*” but must be seen as a “*way of life*” (2015, 195, italics in original). If the gospel is introduced in a new culture, it must therefore bring about change in this culture as well, because “the gospel is about change, about conversion of ways, mind, and heart” (187).

Third, he observes that syncretism and dual religious systems is something only some members of the church are concerned about. Others see no problems. He writes that whereas they should be concerned as a matter of fact, they are often not. Although laxity might be part of the explanation, there must be other reasons also. He asks: “Does the need for multiple mediations or routes of access to divine power play into this? Is ‘pure’ Christianity seen as something only for foreigners? Or for certain classes or groups within the culture?” (188).

In regard to some traditional healing practices in Melanesia, one must ask: If they are continued to be practiced and local Christians do not see this in conflict with their faith, but foreigners do, what causes this different understanding? Do Melanesians not take their faith serious enough or have they found ways to make sense of what they do in a way that it does not violate their faith in God? This is a core interest of my research. Hiebert, understanding that people often come to different conclusions based on their viewpoint, therefore urges to let local Christians have the last say in the interpretation of their culture in light of the Bible, even if outsiders (like missionaries) have difficulties to agree (Hiebert 1987, 110). Moreau concurs:

The determination of syncretism in a particular local context cannot be simply left in the hands of powerful outside interests; the local community must be empowered to take their role in keeping watch over themselves and their doctrines. Christians from the West must learn to trust indigenous peoples to follow God's leading; the Spirit is fully capable of working through "others" to maintain the church's purity. (Moreau 2017)

Today, many evangelical missiologists are willing to accept a certain degree of discontent for themselves if local Christians arrive at conclusions different from their own, provided that their decisions grow out of a sincere desire to live as Christians in their context. Taking this stance, the standard against which a certain belief or practice is measured does not come from the outside but from local Christians' interpretation of their life in light of God's word. To lay charges of syncretism from the outside therefore has no strong foundation anymore.

A fourth question that needs to be asked according to Schreiter is how Christianity developed into what it is now. He states that Christianity has always borrowed practices or experienced influence from outside. He shows that throughout the centuries, the different cultural surroundings Christianity has developed in have been forces to shape the respective characteristic of the Christian faith in that time and culture.

He asks the missional community self-critically: "Is our problem now that this same process is continuing, but that things are happening too quickly and many more cultures are involved? A related question that has to be asked is: Who determines what is proper and improper borrowing?" (188). He does not ask for uncritical borrowing, but to accept the concept of borrowing—or the influence of culture on faith—as a given without which our faith today would not look like it does.

This is an aspect, not prominent among evangelical scholars, at least in the past. They fear that the integrity of the faith will be harmed. Consciously or unconsciously, they downplayed the fact that in the history of God with his people there has always been a borrowing of ideas, rituals and concepts from traditions surrounding the people of God.

Schreiter's point is exactly in line with what Bevans (2002, 4) writes when he states that culture is a source of theology. Schreiter extends this by the application to all Christians everywhere, not only to those areas where the Christians faith is only starting to take roots. He ends his book with the comment that the foundations that we are standing on today "may have looked like a dangerous syncretism to an earlier generation" (Schreiter 2015, 196). The question that lingers in the background is: If Christianity has always been influenced by other cultures and religions (and their religious beliefs and practices), what then is our problem if this happens in other cultures today? And: Is the concept of syncretism a helpful concept in this entire discussion?

Beyond Syncretism: Hybridity

Recently, scholars like Shaw and Burrows (Shaw 2018; Shaw and Burrows 2018) have used the concept of hybridity and made it useful for missiological discourse. In his recent article Shaw (2018) notes the negative and the positive connotations concerning the term syncretism but considers it as almost impossible to redeem the concept because of the too many different levels of discourse and the meanings attached to it. He therefore intends to overcome the impasse in the missiological discussion that the concept of syncretism has caused and works with term hybridity.

Shaw refers to Schreiter only once, but many of the questions he raises are the same as Schreiter's. Based on Hiebert's definition of syncretism as distortion of the truth and power of the Gospel, he asks: "But who determines the nature of distortion? What is being distorted? By what criteria is the truth established? In short, who sets the standard?" (Shaw 2018, 7). In fact, there are two questions involved: One is "what is the standard?" and the other is "who sets the standard?" He recognizes the contextual nature of all theologies and also notes that the concerns outsiders often had with traditional beliefs and practices carried over into the Christian life were not shared in the same way

by his international students. They held their local heritage in high regard and did not want to abandon it without good reason (2018, 7). Shaw explains:

When the response to local practices comes from an outside judgment, the result is almost always negative—it is not what outsiders expect; it does not reflect what they “know” to be “true.” Indigenous people, in contrast, desire to maintain their traditions and serve the God who has been with them long before any expatriate missionary showed up. (Shaw 2018, 7)

In his article Shaw acknowledges the fact that theology is always a blend. He therefore attempts to “raise appropriate questions about what is being blended and how the resulting ‘new thing’ can be viewed positively” (7). Both, the process as well as the product of such hybridization are of interest for the missiological discussion (8).

Shaw sees in hybridity “a positive force for change” (8). Building on the concept of “conceptual blending” (Fauconnier and Turner 2002), he argues that because of the differences in cultures, theology as a product will also take many different shapes. People experience God differently, depending on their point of departure. They also see different facets of what it means to live as God’s people with God in their midst (Lev 26:12). One of the central sentences is that “[e]ach expression is capable of incorporating God in its context because God is already there” (2018, 9). Far from seeing these differences as a threat to Christianity, he sees them as opportunities to learn more about God and spirituality for all those who are involved in the process.

Shaw sets the Bible as the center point for Christian theology and life. Critique of culture must come from God’s word, not from Christians who come from another background. It is the people in their context who need to develop what it means to live as God’s people in a certain place and time: “People must be given the right and the opportunity to process Scripture in light of their own socioreligious experience” (11). Instead of building on symbolic theory, Shaw uses cognitive theory, especially RT, to explain the cognitive processes that take place when people connect their life-world with

what they see revealed in God's word. From the basis of their own socio-religious heritage, they try to infer what God's intend for their life is.

In the remainder of the article, Shaw introduces some studies that use the concept of hybridity. They all "revolve around utilizing traditional elements from a society's pre-Christian past and present and seeing the struggle to incorporate such elements into meaningful Christian worship in a biblically responsible way" (Shaw 2018, 14).

There are a number of questions in response to Shaw's article; especially in regard to the relation of the global and the local. In what way is it beneficial for a local community of Christians to be part of the global family of Christ? What role does the tradition of the church as global movement (including the development of creeds, for example) play in the development of biblical theology in context? Can outsiders have a positive role? If so, which one? How do we deal with the fact that we often don't see ourselves critically enough and have blind spots?²

Notwithstanding these open questions, Shaw succeeds in taking care of three central issues that have been raised in the syncretism debate: First, the standard against which a certain theology must be measured is God's word, not another theology. Second, the decision what constitutes proper Christian belief and practice, is located in the Christian community at a certain place and time. Third, because all theology is by nature a blend, we should not be afraid of using expressions that are part of a given culture, but utilize them and see how God's intent for the Christian community can be found in these cultural expressions.

As I will show later, looking at the findings of my research with mature Christians from the perspective of hybridity provides a new and more positive perspective than the concept of syncretism could have offered.

² I purposely do not use Hiebert's formulation of that we "more readily see the sins of others than our own" (1987, 110), as this moves the locus of judgement again to the outside. Nevertheless, critical questions can serve as a catalyst to think about issues one previously paid no attention to.

My Research and the Literature

I know of no research on the relation of traditional health concepts and Christian faith, where a cognitive approach was used to make findings fruitful for missiological discourse. For Melanesia this is definitely the case; in a global context it is likely.

This is where my research and the presentation in this dissertation has importance. I start with the traditional health concepts (through the specialist interviews and the survey) and move to how mature Lele Christians make meaning of their tradition in light of their Christian faith and the Bible (based on the interviews with the mature Christians). When I collected and analyzed data, I did it from a standpoint of cognitive studies.

Towards the end of the dissertation (Chapters 9 and 10), I work out implications from the research for our understanding of the cognitive dimensions of how theology develops in context, what we learn about the issue of syncretism, how churches in a context similar to the one I researched can deal with questions of tradition and culture, and what role people from the outside (missionaries) should take in the process.

Part II

Research: Methods and Findings

Having laid out the theoretical foundations for my study in Chapters 2-4, I now illustrate what I did in my field study and present analyzed data that I gathered in the process.

In Chapter 5, I will lay out the methods I used to carry out the three steps of my research. In the following three chapters, I will then present findings from the interviews with specialists (Chapter 6), the survey among the general population (Chapter 7) and the focus groups with mature Christians (Chapter 8).

Chapter 5

Research Methods

My field research had three major steps: Interviews with Lele specialists in the field of traditional health concepts, a survey among members of the general Lele population and focus group interviews with mature Christians. In this chapter I follow the same basic outline for all three steps. I first look at theoretical foundations for the methods, then reflect on the data collection process (including the selection of research participants) and its limitations. I then move to how I analyzed the data and finish by pointing out issues of validity and reliability. I adjust this basic outline as needed in the three different steps.

Step 1: Interviews with Specialists

Through my ministry on Manus I heard people talking about sicknesses that did not fit my Western categories. They talked about having received a certain sickness from a deceased cousin or spoke about people who were able to identify the causes of sickness in a way I could not comprehend. The more I learned about their ways of thinking and reasoning, the easier it became to be part of conversations on the topic.

Taking people serious helped me to receive more information over time. My research among the specialists in this field had the purpose to move from bits and pieces of information to structured, valid and reliable data. I wanted to discover the traditional Lele understanding of the causes of sickness, the ways to find the causes and the ways of treatment that they use which also includes the understanding of how people think these treatments are effective.

Methodological Foundations

Methodologically, I followed James Spradley's (1979) Developmental Research Sequence. Unstructured interviews and asking descriptive questions led to a domain analysis; structural questions to a taxonomic analysis, contrast questions to a componential analysis which in turn led to the discovering of cultural themes. By using this approach I tried to discover categories from the point of view of those who were being researched.¹

That I built my research in this step mainly on interviews has to do with the cognitive orientation of my research in general, but also on the fact that other research methods, like participant observation, would not have worked well as not everything happens in the open space and it is likely that many people would not have felt confident with having a missionary being present in a healing ritual.

Spradley notes that in situations like mine, where the researcher needs to find structure of more or less unsorted information, data collection and analysis must go hand in hand (see also Charmaz 1996, 31-32). Fortunately, because I live in the area where I carried out research, I was able to go through recordings and transcribe interviews and then go back to the same or other research participants to build on what I had learned or to clarify what remained unclear.

In the analysis I followed a grounded theory approach (Charmaz 1996, 43). I worked with the data (recording, transcribing, coding) until I saw patterns emerge.

Limitations

Because I do not speak Lele, I conducted all interviews in Tok Pisin, the lingua franca in the Northern part of PNG and the Islands' Region. Sometimes the research

¹ Of course I came with the categories of "sickness" or "etiology"—to name just two examples. However, research is not possible without having at least an idea of the playing field. This does not mean that researchers should not be willing to readjust their preconceived ideas about even these broad categories.

participants and I mixed English into the conversation as many people often do. Neither Tok Pisin nor English are my mother tongue, but I can communicate almost effortlessly in both. Much of the conversation that is going on in everyday life, even among the Lele, is in Tok Pisin. On the other hand, there are certain activities (for example, calling upon the ancestors) that necessitate the use of the vernacular. I asked research participants to provide vernacular terms for words that seemed important to me. However, it is quite possible that I missed some insights or did not grasp connections between concepts that are based on the use of words in Lele.

No researcher has a guarantee that research participants provide correct data. In my case two aspects deserve special attention. First, I am not only a researcher, but also a missionary. Spradley writes about the difficulties that arise when the researcher “is perceived as a missionary, a trader, or a government agent” (1979, 26). My perception was that missionaries (and this includes myself) were very critical of the role of traditional healers and seers.

Three aspects helped to mitigate negative effects: First, I found some research participants that I had no contact with in the past and who are not members of our church. Second, a chief of a huge portion of the Lele people mentioned that people would probably be more open to talk with me as an outsider than they were if one of their own came to inquire about what they were doing. Apart from the encouragement he provided, his insights are most likely correct. A third point was probably most crucial: I communicated to my research participants a true interest in learning from them. I told them that although I had lived among them for so long, I still only scratched the surface of understanding how they live and that I wanted to learn more about it.

Because I knew of the negative stance towards traditional healing practices of missionaries in the past, I tried to further lower the barriers by saying that I heard different positions of Christians in regard to that topic, some opposing traditional healing

methods, some affirming them and seeing in them a way of God to reach out to people. I told them that I was not sure what to think and wanted to start a journey to find out.

The second aspect that deserves attention is the nature of the research topic. It is possible that specialists did not want to share all they knew and by that also make their knowledge and practices more public (they knew I would write a book about it). Interviewing a number of specialists who mostly knew each other and talked about what others did, helped me to carry information I received from one person back into the next conversation with the person I received more details about. The specialists might still not have told everything they know, but I am confident that through the methods I used I gained a thorough understanding of the traditional Lele concept of sickness and healing.

Data Elicitation

In the time between August 2014 and June 2015 I conducted seventeen interviews with a total of eighteen research participants whom I consider Lele specialists in the field of traditional health concepts. The interviews lasted between sixteen minutes and two hours and eleven minutes. I conducted the interviews either at my house or at the place where they lived. As the number of research participants compared to the number of interviews conducted indicates, there were some interviews where more than one specialist was present.

In addition to the mostly unstructured interviews, I used a pile-sort exercise and observed once how a traditional healer treated a woman.

Selection of Research Participants

The selection of research participants was mainly based on convenience and accessibility. I asked people of some Lele communities, whom I knew, who the

specialists were in the field of traditional sickness and healing.² For example, the contact with the first specialist I interviewed was established by a woman of our local church. Often, the specialists I had established contact with suggested others whom I could also interview.

During the first interviews I conducted, I realized that within the overall domain of sickness and healing, work is divided among different specialists. I was not sure at that time how the Lele would categorize these specialists, but the following kinds of specialists emerged from the early interviews: First, there are the *glasman* who are used to identify the cause of a sickness.³ Then, there are the traditional healers who seemed to use the spirits, deceased ancestors, or material connected to the spirit world in order to heal people. Then, there are people who help those who have loose joints or broken bones. One woman who provides treatment for twisted ankles and the like also helps mothers who cannot breastfeed their babies. What distinguishes them from other traditional healers is that they actually work with their hands on patients (for example, putting parts of broken bones back in their places, pulling nipples, and the like). Then there is a woman who is known as an herbalist and uses natural products to treat people when they are sick. Lastly, there are those who work within the Public Health system. Their input to the research was important, because at some point they have to decide whether they continue working with patients they cannot treat successfully or rather suggesting them to find other, traditional, ways to find help.

When I became aware that there are specialists with different expertise, I attempted to meet with people from these different areas in order to receive an

² There are also people who are known among the Lele for having power to make other people sick, but I did not involve them in the research. I reckoned them to be more difficult to identify and cooperate in interviews, especially when the researcher is a missionary. From my years of ministry on Manus I also knew that there are “traditional” sicknesses that do not involve human agency. Therefore, those people could only have explained one segment of the etiological side anyway.

³ They are oftentimes also used in other areas, e.g. to find hidden objects, give direction at junctures in people’s life or foretell the outcome of elections.

understanding of the domain as comprehensive as possible. I was able to interview at least two people of each area (except for the herbalist of whom I only know one even today). As a consequence, the research at this stage became relatively broad.

Interview Process

I built my research for sub-problem #1 (which is concerned with the specialists' perspective) on unstructured interviews and will lay out here how I used them. Although I often let the specialists talk freely about the domain, I also needed to ask questions that helped me to structure the information they provided. In the second part of this section, I will show the interplay of descriptive, structural and contrasting questions in my interviews.

Unstructured Interviews: In most of my interviews, especially at the beginning of my research, I started with unstructured interviews. Russell Bernard (2011, 157) mentions that this kind of interviewing is often used when both research participants and the researcher have a lot of time and there is a chance to meet with research participants on different occasions. This describes my situation well. I often told research participants about my research project and where my interests were and then let them talk. "Get people on a topic of interest and get out of the way" suggests Bernard (160). I often followed this advice and let people talk as long as they wished. Later, I needed to probe in order to understand well what my research partners said and to elicit more information that I sensed to be of importance.

Sometimes, I prepared specific questions that I wanted to have covered in an interview, but it was not always necessary to ask them directly. Giving a hint into that direction often made people talk and include the answer; sometimes I was able to let the questions flow into the discussion, without reading questions one after the other from an interview guide. In the kind of setting in which I conducted the interviews, using

unstructured interviews is the most conducive method; it made the interviews like “friendly conversations” (Spradley 1979, 58) and at the same time remained purposeful (59) and asymmetrical (67); I was the one asking the questions and the research participants talked about their beliefs, experiences and involvement in helping the sick.

The unstructured interview worked best for me to build relationships and rapport, because they are not as technical as some other interviewing methods. Only by establishing rapport, people told me more about these issues. I experienced this especially with my research participant (who I will call Patrick from here on) who disclosed more and more as we met a couple of times for interviews.

In addition, in unstructured interviews people speak from their perspective and in their terms, not in mine. In this way I learned such terms as *spetim em*, ‘to spit at someone,’ using *kawawar*, ‘the root of the ginger plant,’ *blut i kalap long en*, ‘the blood of a person who died a rather unnatural death comes over someone’ or *mekim kol*, literally: ‘to make cold,’ meaning to neutralize the power of sorcery, which is associated with “hot.” These can be considered technical terms, used within the domain. For some of these important expressions, I asked for the vernacular words. At the same time, it seems that the Tok Pisin words are also widely used.

Furthermore, the unstructured interviews provided information that is important, but that I would otherwise not have received. People often told, without me asking them, that they had received their ability to determine the cause of a sickness from another person; often the father or mother, grandfather or grandmother, but sometimes also as a sign of gratitude from someone else. They introduced this by saying: “*Mi kisim long ...*”, “I received [the gift, the ability to heal or to determine the cause of sickness] from ...”

Another example is the use of the word *kawawar*, ‘ginger.’ I had heard about ginger being used in traditional healing practices. Through the unstructured style of the interviews, people provided additional information that it is also used in sorcery to harm

people and that it can be used to protect places from enemies or gardens from wild pigs. In a later interview I revisited this issue and asked for all the different uses of ginger in order to learn the functional semantic relationship between ginger and the terms associated with it. This is an example where descriptive questions or simply comments made by research participants built the foundation for structural questions.

In Table 1 I show the terms associated with the word *kawawar*, ‘ginger.’ The specialists not only told me about the uses of ginger, but supplied additional information that I also list here. I do not mention the terms associated with the ordinary use of ginger as an ingredient for meals.

Table 1: The Word Field *Kawawar*, ‘Ginger’

1. USES	
a. to heal	
<i>bilang pinisim sik</i>	to end a sickness
<i>bilang oraitim man</i>	to cure someone
<i>bilang stretim ol man we ol i sik</i>	to heal the sick
<i>bilang stretim sik olsem kambang</i>	to heal sicknesses like those caused by lime (i.e., sorcery)
<i>bilang kilim i dai pawa bilang kambang</i>	to destroy the power of lime (i.e., sorcery)
<i>bilang masalai</i>	for [i.e., to deal with] nature spirits
<i>spetim masalai</i>	to spit at nature spirits
<i>bilang kolim</i>	to make cold (i.e., counter the effectiveness of sorcery)
<i>bilang rausim blut</i>	to get rid of the blood (i.e., the blood = spirit of someone who had died)
b. to harm	
<i>bilang kilim man i dai</i>	to kill someone
<i>bilang bagarapim man</i>	to harm someone
<i>tromoi long haus bilang wanpela man</i>	throw it near someone’s house
c. to empower	
<i>bilang taro</i>	for taro
<i>i wokim taro i kamap planti</i>	makes the taro to become plenty
<i>planim i go log graun wantim taro</i>	planting it in the soil with the taro
<i>bilang pig</i>	for pigs
<i>power bilang growim pig</i>	power to make pigs grow
<i>ol i feedim pig blong en</i>	they feed the pigs with it
d. to protect	
<i>bilang lukautim gaden</i>	to look after (i.e., protect) the garden
<i>spetim skin blong ol taim ol i kisim sting</i>	spitting at their skin when they extract body fluids from a corpse

e. to manipulate	
<i>bilang kisim meri</i>	to find a woman
<i>i twistim attraction blong dispela meri</i>	it twists the attraction of a certain woman
<i>bilang pig</i>	for pigs
<i>bilang rausim pig [long banis] na i go wild</i>	to make pigs leave [their fence] and go wild
<i>spetim pekpek bilang pig</i>	spitting on the feces of a pig
<i>bilang singautim moni</i>	to collect money (here: in a bride price ceremony)
<i>bilang winim kot</i>	to win a court case
2. MOST COMMON ACTIONS	
<i>kaikai</i>	eat (but most often onlw chew)
<i>spettim</i>	spit at
<i>toktok with/long</i>	talking with/to
3. CONNECTION TO THE SPIRIT WORLD	
<i>masalai bilang dispela kawawar</i>	the (nature) spirit of this ginger
<i>singautim spirit bilang dispela kawawar</i>	calling the spirit of this ginger
<i>spirit i perform long dispela kawawar</i>	the spirit performing through this ginger
<i>kickback bilang em i kisim em</i>	the counter-effects [of the ginger] “got” him (because a man did not use the ginger according to the instruction given, the power of the ginger killed him)
4. HOW TO MAKE IT EFFECTIVE	
<i>toktok wantaim/long dispela kawawar</i>	talk with/to this ginger
<i>lapun man i wokim dispela kawawar</i>	the old man prepared the ginger for use
<i>i gat blessing pinis long en</i>	the ginger had already been blessed
5. TRANSFER	
<i>wanpela man givim mi, mi kisim long</i>	a man gave it, I got it from
<i>ol tumbuna i transferrim</i>	the forefathers transferred it
6. LOOKING AFTER IT	
<i>lukautim</i>	looking after/taking care of it
<i>planim long as bilang diwai</i>	planting it at the root of a tree

Descriptive, Structural, and Contrast Questions: My research with the specialists had four sub-questions. They built on each other. Spradley mentions that descriptive questions are the easiest to ask and should therefore be the ones to start with (1979, 60). However, I realized that my first sub-question (What are the causes of sickness?) was in itself a structural question. I needed to elicit the various causes for sickness first and then let the specialists provide examples for the respective cause.

For example, in one interview, I let the person speak very freely about the entire domain. He began by mentioning the spirit of the deceased, sorcery, and cursing as causes of sickness. Later in the interview I asked him to describe how sorcery is used to harm people and he illustrated by providing examples: *kambang*, ‘lime’ needs to be mixed with body parts or fluids of the deceased. It is then poured into the water the one to

be harmed was going to drink, or mixed into the food he or she was going to eat. He frequently used direct speech. When using *poisin*, ‘sorcery and material used for sorcery’ one has to talk to the deceased whose body parts have been mixed with the lime: “*Harim, bai mipela go killim man nau. Kam wantaim mi, mipela go*”, “Listen, we are going to kill that man now. Come with me, let’s go”.’ In order to receive this description, I first had to ask at least for parts of the overall structure. Then, the conversation went back and forth between the structure and the description, following Spradley’s advise to use both type of questions concurrently (1979, 120).

For the second and third sub-questions (How can the cause of a sickness be identified? How can sickness be treated?),⁴ asking for descriptions was easier. I sometimes introduced a fictive person, PoManus, at the start of the interview. I said that he was sick and that the hospital couldn’t help. I then asked what PoManus should do next. One participant said that in such a case people automatically start to think about witchcraft or sorcery as a cause of sickness. First, PoManus needed to find someone who could identify the cause of the sickness and then there are doctors in the village that could heal him.

After this grand-tour question, I asked if he could tell me more about the first step, finding out what the cause of a sickness was. In this I followed Spradley’s advise to investigate smaller aspects of experience with small tour questions (1979, 88) and it worked well to come to a rich description of the cultural scene. This particular participant was an excellent story teller and he gave a detailed description of what happens in the process of identifying the cause of a sickness.

Because he is one of the specialists in this area, he could tell from his own experience. However, and I realized this in a couple of interviews, people sometimes hesitated to speak about their own involvement at the beginning. Spradley mentions that

⁴ Most of the time, the fourth sub-question (How is the treatment believed to be effective?) was answered with the third questions; sometimes it only needed a short, additional probe.

“questions can be phrased in both personal and cultural terms” (1979, 90). If research participants felt uncomfortable to start with their own experience, I encouraged them to describe in more general terms, what someone should do or what the proper procedure was (knowing that they are insiders!), as I did with the example of PoManus. Later, I guided the discussion in a direction that helped them to speak about their own experience. I found the simple introduction of the PoManus character helpful, to move from an abstract, theoretical level of investigation, to a more real, practical level.

Other research participants did not hesitate to describe and even illustrate what they did. I asked my main participant, Patrick, if he could show me the different bush materials he used to prepare medicine. During the next meeting he brought various leaves and also some scrapped skin of the *pakpak* tree and illustrated how he mixes it with water, strains it, and eventually drinks the juice that he would also give to the patient. One traditional healer allowed me to be present when he treated a sick woman using *kambang*, ‘lime.’ In both cases, the observation generated more questions.

Structural questions include those that are designed to find out how knowledge within a certain domain is organized. I have used them often in my interviews. In the interview with Patrick, I asked him to list all the different bush materials that he used to treat people. At some points, research participants started to provide answers to structural questions and I did not follow through to ask for an exhaustive structure (Spradley 1979, 124). I realized this only later in the analysis and brought up the point again in another interview where possible.

Another use of structural questions is to ask for step-by-step procedures. An example is my request to my main participant to guide me through the whole process of a sick person contacting him for help, all the way to the end of the treatment.

Structural questions help to develop folk taxonomies. As one aid to discover these taxonomies, I used a pile sort exercise (Weller and Romney 1988) with Patrick about the

causes of sickness. When he had sorted the cards, I asked him to provide a cover term or short explanation for each pile he had made.⁵ After providing the answer, he then went on to contrast the different piles with each other. Had he not done so, I would have asked him what distinguished one pile from the other in order to learn more about the contrasts between one and the other type of causes for sickness (Spradley 1979, 168-69). I repeated the pile sort with another participant who sorted the cards almost identically. So pile sorts have shown to be a suitable way to understand both structure of and contrast within the domain of causes of sickness.

Additional Resources: In addition to the interviews that I conducted, I also wrote a diary about my thoughts and impressions and recorded a number of stories that I heard either from the specialists or from other Lele people concerning sickness and healing. The diary helped me to process my thoughts. The stories served as a repertoire to draw from when I wanted to show research participants that I am familiar with their thought world or to compare them with the stories I heard from them. I never disclosed from whom I heard a story or who the persons in the story were.

Data Analysis Methods

I had recorded almost all interviews. In a few cases, the specialists asked me not to record or gave permission only after we had talked for some time. In these cases I took notes and typed the main points they mentioned shortly after the interview. For the analysis of the data, I transcribed almost all the recorded interviews. Transcribing helped me to become thoroughly familiar with the data. Often, new questions developed out of the process of going through the recordings again in the transcription process. Especially

⁵ He sorted the piles according to the treatment these sicknesses require, which, in itself, was probably indicative of the way he organized these experiences in his mind. I asked him if he could sort the cards again in a different way and provided an example of cars that could be sorted according to color, brand, or type, but he could not think of any other way to sort the cards that made sense to him.

at the beginning, transcribing helped to identify important words and phrases the specialists used.

Transcribing the interviews served as a preparation to code the data. I coded most of my interviews from the transcripts. However, towards the end, when I was already familiar with the domain in general and only needed to close gaps, I saved the time for transcribing and coded directly from the audio-files. I used the software atlas.ti for coding; one of the standard programs for coding and analyzing qualitative data. I attach screenshots of coding from text as well as from audio-files in Appendices A1 and A2. Besides the coding, I also attached memos to the text in atlas.ti; especially about questions that developed out of the interviews or about significant information I received in a certain passage.

Following the advice provided by Graham Gibbs (2007, 42-44), I worked with three levels of codes: descriptive codes, codes that describe categories and analytical codes. In doing so, I usually used Tok Pisin for the descriptive codes (coming straight from the interviews)⁶ and English for the other two, although I rarely used analytic codes which, according to Gibbs, contain a huge element of interpretation by the researcher. I often combined both, descriptive codes and codes for categories, as can be seen in the following example where I coded “*graun*” (reasons for the ancestors to send sickness) that I use here to illustrate work with atlas.ti.

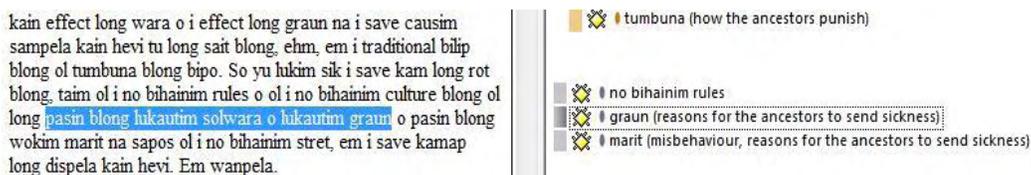


Figure 1: Coding the Text

⁶ When the specialists used English in the interview, the descriptive code is also in English.

As the example shows, the Tok Pisin word *graun*, ‘land’ comes straight from the text; the English addition presents the code for a category; anticipating that there are other reasons for the ancestors to send sicknesses.

The software enables the researcher to look up all passages in all documents that used the same code (or parts of the code). Therefore, when I enter the word “*graun*” in the code manager, I receive a list with all codes that contain the word “*graun*” as shown in Figure 2. The column on the right shows how often I have used each code.

Name	Grounded
✖ blut blong ples graun i gat strong	1
✖ concept of healing in case of pisokei (involves papa graun)	3
✖ graun ("sik i pas long graun" - whatever the exact meaning is)	2
✖ graun (disputes as reasons to harm)	11
✖ graun (reasons for the ancestors to send sickness)	5
✖ ndrem ndra ndranaga (tok ples Lele: spirit blong dispela hap - graun, diwai...	1
✖ sik blong graun	2
✖ tewel blong graun	1

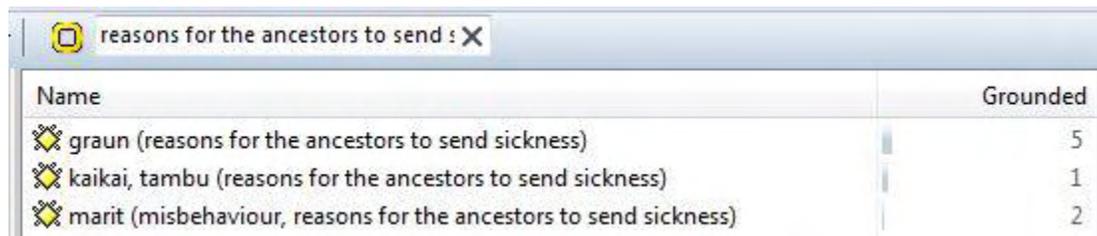
Figure 2: Codes that Include the Tok Pisin Word *Graun*

Clicking on each code opens a list with references to the passages where the code has been used; clicking on the respective passage will show it in context. Even the quick look into the codes shows that land plays an important role in the domain of sickness and healing.⁷ Not only can ancestors send sickness when there are quarrels in the clan about land, but some sickness is directly related to the land, there are spirits that are attached to

⁷ There is one code typed in red letters; I used this to denote Lele language and to quickly distinguish it from Pidgin and English.

the land and sometimes people harm each other because of land disputes (often by using sorcery).

Looking up the category-code “reasons for the ancestors to send sickness” shows that there are other reasons than land issues why the ancestors can take the initiative to make a clan member sick:



The screenshot shows a window titled "reasons for the ancestors to send sickness". It contains a table with two columns: "Name" and "Grounded". The table lists three codes with their respective grounded counts.

Name	Grounded
graun (reasons for the ancestors to send sickness)	5
kaikai, tambu (reasons for the ancestors to send sickness)	1
marit (misbehaviour, reasons for the ancestors to send sickness)	2

Figure 3: Structural Code: Reasons for the Ancestors to Send Sickness

The codes show that not only land issues, but also eating tabooed food and false behavior in marriages can cause the ancestors to send sickness.

In the analysis of the data (presented in Chapter 6), I used the codes to look for answers to my four sub-questions, taking into account the information about the domain I received as a whole. Often information connected to one code led to others through which I received a more exhaustive answer to my sub-questions.

At the end of my analysis, I asked my main participant to listen to what I had written and comment on it. He made some useful comments that I worked into my final analysis.

Validity and Reliability

Every researcher must be concerned about the validity and reliability of the research. Bernard defines validity as “the accuracy and trustworthiness of instruments,

data, and findings in research” (2011, 41). Another way to say this is: “Are we measuring what we think we are measuring?” (Søgaard 1996, 159).

I have mentioned a couple of issues in this regard already when I discussed the limitations of this step in the research. Another concern has to do with the terms “traditional” and “Lele.” Trompf notes that traditional religions (“the way of the ancestors” as he defines it), have not been static but changed. At least aspects or component parts of them changed (2008, 10-12). The Lele are not a secluded tribe without contact to the outside world. The point in my research where this became most evident was when I decided if I could include Patrick in the study. I learned that he had only settled in the Lele area in 2006 coming originally from an outer island, in the South-East of Manus with people speaking a different vernacular. He only knew bits and pieces of the Lele language. In addition, he had learned to heal people when he was employed in New Ireland, another province of PNG. Later I learned that he received his ability to be a *glasman*, from an old man from the West coast of Manus. In a strict sense he is not a traditional healer from among the Lele. What convinced me to include him as one of the key research participants is that he was mentioned by three people I talked to, independently of each other, as one of the most outstanding healers in the region and is obviously used by many of the Lele people in time of need.

Others told me that especially young people look for knowledge and sorcery related material from outside the province which shows that changes in the domain are taking place. I had good reason to believe that the basic concepts were shared widely among the Lele and that they have been there for a long time, because I heard them in very similar ways from many different research participants. However, it is necessary to acknowledge a certain fluidity which I saw more on the symbolic level (like, what items are being used for treatment, or how exactly one tries to stop a spirit from coming to harm a person) than on the underlying level of concepts and beliefs.

The question about reliability asks whether one would get “the same answer by using an instrument to measure something more than once” (Bernard 2011, 42). Except for minor aspects that I have just mentioned, towards the end of the data collection, I achieved saturation. I am confident that if I asked other specialists in the field, the insights I would have received would not be much different. Although in steps 2 and 3 in the fieldwork (which I will describe next) I did not work with the specialists, their understanding and concepts were largely affirmed.

Step 2: Survey among the General Population

In the months of May and June 2015 I conducted a survey among 162 people from the Lele population. I designed the instrument to provide the data for sub-problem #2 of my research which asked for the general Lele population’s perspective on sickness and healing.

Methodological Foundations

I took guidance for constructing the survey from Bernard (2011), Floyd Fowler (2014), and Viggo Sjøgaard (1996).⁸ The survey I conducted forms a small piece in my research project and it served a specific purpose (see below). If researchers want to understand people and at the same time connect the world of the people with the global world, they must gain a deeper understanding of how these people understand and structure their worlds, and at the same time find a way to communicate their findings to others (Eriksen 2015, 46-47). I therefore chose methods like in-depth interviews and focus groups for my research project. The survey *has* a limited function and it only *can have* a limited function. If standing alone, surveys in anthropological research will never

⁸ I also had conducted a survey with similar questions in the first year of my studies among a Bible Study group of Lake Avenue Church in Pasadena, CA. Experiences from constructing, administering and analyzing the data helped me for the survey among the Lele. The findings of that earlier survey, however, play no role in the current study.

be able to help the researcher to come to what Clifford Geertz (1973) called a thick description of culture; their findings will lack depth and richness. However, surveys are a valuable tool in the toolbox of the researcher, which is useful if combined with others tools that are of even greater importance.

I consider surveys in anthropological studies to be useful in two main areas: One is at the beginning of a research process in order to get an idea of the overall orientation among a group of people. In this case researchers use their own categories to ask questions. Based on the outcome of the survey, questions for further research (for example, interviews) can be developed. The other way to use surveys meaningfully in anthropological research is to measure the extent a general population agrees or disagrees with findings that come from work with a smaller group of people within that society (Maxwell 1996, 73; see Shaw 1968 as an example). In this case, researchers can use the categories of the people they have already worked with.⁹

The survey I conducted acts as a hinge in the research process, connecting the part of understanding traditional health concepts on one side with “mature” Christians’ evaluation of these concepts on the other. In this way, the survey fulfilled both functions surveys are most useful for in anthropological research. I used it in a confirmatory way to check among a greater population what a smaller part of the population indicated and in addition I used it in an exploratory way. I asked people in the survey about their own evaluation of their own spiritual status (committed Christian/Christians, but not very active/non-Christian). In the analysis this allowed me to see whether beliefs, perceptions and experiences differed, depending on the self-described spiritual status and as such

⁹ There is a third area in which I find surveys useful in anthropological research. By asking specific questions with limited answer choices, surveys can be used to compare answers between different cultures and languages. Of course, there are huge issues to tackle concerning translatability and varying concepts, to name only two (Fowler 2014, 83-84). I do not elaborate more on this issue here because it is not relevant for my current research project.

provided information for the preparation of the focus group interviews with the mature Christians¹⁰ that followed in the research of sub-problem #3 (Bernard 2011, 222).

According to Stanley Barrett (2009), surveys are only suitable for that which is objectively countable, for example canoes, bicycles, motorcycles, and radios. He writes: “Most fieldworkers, fortunately, did not attempt to gather quantitative data on what people thought and felt, on values and attitudes” (pos. 2119). Sjøgaard on the other hand does not hesitate to include questions about attitudes in surveys, which have cognitive, affective, and behavioral components (1996, 160). I included many questions about beliefs in my survey and did not see valid reasons not to do so. I had explicated the categories and possible answers from the interviews with the specialists and then had a good basis for asking the general population about their perspectives.

Limitations

Most researchers in social and cultural anthropology favor qualitative methods in their research; so do I. To include surveys means to add a quantitative research method which as a means of triangulation is a positive thing to do (Maxwell 1996, 75). However, the researcher either has to delve fully into the wide field of statistics (which includes learning new terminology and potentially the use of specialized quantitative analysis software) or to do a quantitative analysis, looking at figures and interpreting percentages, without conducting a full statistical analysis (this is what I did). This latter approach may cause those who work mainly quantitatively to raise questions about the scientific validity of such an analysis. Nevertheless, my analysis of the survey shows it is possible to gain basic, valuable insights from a survey even without a full statistical analysis.¹¹

¹⁰ It is important to distinguish the self-described “committed Christians” in the survey from the “mature Christians” that were chosen by other Christians in sub-problem #3.

¹¹ Even Fowler, who makes a strong case for statistical credibility in surveys, mentions that there can be instances where nonstatistical sampling procedures serve the purpose of soliciting the views of a broader spectrum of the population well (2014, 150).

Data Elicitation

I conducted the survey in four Lele villages and explain here in detail the procedure of my data collection.

Preparation

The questions for the survey are based on my analysis of the specialist interviews. The survey form, together with comments on the rationale behind the questions is attached as Appendix C.

I decided to write the survey form in Tok Pisin and asked my former language teacher to go through the wording with me until he was convinced that it was good Tok Pisin and I was convinced that the wording represented exactly what I had in mind. I then tested the survey with five Lele people who did not participate in the actual survey. I used their feedback in constructing the final version of the survey and noted where I needed to take extra care to fully explain the questions that they found rather challenging to answer.

Selection of Research Participants

In conducting the survey, I took advantage of the Manus-wide community week which is held every first week of the month. Normally, a good number of the population come together to discuss issues pertaining to the community and to work together. I had informed the people in the villages (through my acquaintances) that I would come; however the information did not always reach the villages. Nevertheless, I managed to receive between thirty and forty-eight responses from each village.¹²

During the community meetings, old and young villagers were there, women and men and also people of different denominations. That most respondents were part of ECOM has to do with because among the Lele this is the church with the most followers.

¹² In the village of Lundret, not many people attended the meeting, so I visited some at their houses or wherever I could find people willing to participate in the survey.

So although the sample was based on convenience (as planned), the community meetings were the best occasion to conduct the survey (better than after church, at the market, or during meetings with parents at the local schools, which would also have been possible but where only small segments of the population would have been present).

Administering the Survey

I had printed the questions on A5 paper (landscape) and read the questions to the group of people, sometimes with short additional explanations that I had written on my form, so that I would not change my comments when conducting the survey with different groups. When all the respondents had enough time to mark their answer, we moved to the next question or the next page respectively.

My aim in this procedure was threefold: (1) to get a lot of responses within a short time; (2) for respondents not to omit questions; and (3) to find a balance between providing enough but not too much written information, so that people would not be too busy reading long instructions. Many people do not read much and need a lot of time for it.¹³ In presenting some instructions or further explanations orally, the survey became like a structured interview in which the responses were given on paper. Responses were limited to putting an “x” at possible answers; so nothing had to be written; again, this was in consideration of the limited literacy of some respondents.

Data Analysis Methods

In this section I first show how I prepared the data for analysis and then provide examples of how I analyzed the data.

¹³ For those who had difficulties to read even the little information on the survey form, I allowed that others could assist. I deal with this issue under the point “validity and reliability.”

Data Preparation for Analysis

Because of the limited scope of quantitative research in the overall outline of my research, I decided not to use a special statistics software package. Instead, I chose the software Paradox to analyze the data. It is a database management system that has a very good query function. I have been working with the software for years and although it is not originally designed to analyze surveys, I knew that the function it provides would be suitable for my work. To enter the data in the database, I coded each field with a number or a letter; missing or faulty responses (responses not in line with the instructions) were given an “x”.¹⁴

When I entered the data, I had to decide what to do with survey forms that were not completely filled in and with responses that were not given according to the rules stated (for example, if it was required to mark one box, but instead, two boxes were marked). Incomplete or falsely filled in answers present a problem in the analysis, because they lessen the opportunity to check for internal consistency and to compare results. If I had completely disregarded all deficient data sets, I would have ended up with a far smaller number of data sets. I decided to use all the responses of all respondents as long as they were given according to the instructions. I took a conscious decision for a broader database even if it created problems in regard to the analysis. For some respondents to fill in the form was quite a challenge but that they did not answer some questions or that they answered some questions against instructions given does not automatically mean that those other answers they provided are of no value.¹⁵

¹⁴ I decided to code both, not provided and faulty responses, in the same way. It seemed to me that what I could learn from keeping them apart by assigning different codes was minimal. The data was much easier to deal with by giving the same code for responses that cannot be taken into account for the analysis.

¹⁵ For a more detailed discussion of the issue of incomplete data sets, see the validity and reliability section.

Counting the Responses

In the next step, I counted the responses to each answer and noted these figures; I also took some time to look through the figures for anything that would catch my attention and made some notes. Based on my deep engagement with the matter, some figures immediately were of huge interest.

For example, in question 2 I asked if certain beings/entities/powers can cause people to become sick. I asked by using a Likert scale (Bernard 2011, 244-50) with five possible answers (yes, I think so, I am not sure, I don't think so, No). As suggested by SØgaard (1996, 164) and in line with common practice, I combined the first two as affirmative and the last two as negative answers. The counting brought the following results as given in Table 2.¹⁶

Table 2: Results for Question 2a-g

What can cause people to get sick?	Affirmative	Unsure	Negative	x
a) Pisukei (tree Spirit)	134	8	11	9
b) snel (masalai, spirit being)	140	3	12	7
c) Kambang (lime), used to harm	154	1	2	5
d) Kawawar (ginger), used to harm	148	3	4	7
e) Sting/bun (body fluids, bones) of the deceased	137	9	9	7
f) curses/power speech	147	3	5	7
g) ndrai (blood), the blood/spirit of the deceased person jumping on someone	153	1	2	6

These figures reveal that the traditional etiology is shared by the vast majority of the population, in some cases almost by the entire sample (as in the case of *kambang*, 'lime' and *ndrai*, 'the blood of a deceased person'). This result alone is of great meaning. It shows that the population shares with the specialist what could be possible causes for a person to be sick and it also reveals that most committed Christians share these

¹⁶ I only provide a Lele or Tok Pisin keyword and then give a short English explanation.

convictions, since there are much more committed Christians than negative responses (a more detailed analysis will follow).

In other cases it can be clearly seen that respondents are divided over an issue. For example, in question 7 I asked whether sorcery is still effective, even if the person to be harmed was not afraid of its power. There, 69 people answered with yes, 83 with no (10 x). Again, the mere figures provide a first, rough picture of how answers are distributed and how people think.

Checking for Consistency

In the survey, I built in questions which, beyond providing data, served as an opportunity to check for internal consistency. It is obvious that those who mention that God *has caused them* to become sick necessarily need to be convinced that God *can cause* sickness. My analysis showed that a number of people provided data that is not consistent. Because I decided to also use data sets that were incomplete or were partially not filled in according to the guidelines, this check could not be carried out for all data sets (for example, if someone indicated that God has caused sickness but did not indicate whether God can cause sickness, a check for consistency is not possible in this case).

I decided to use the data that was provided for each question and, if possible, tried to find a suitable explanation for the inconsistency. The question concerning curses as potential cause for sickness provides an example. According to question 2f, curses (I also used *strongpela tok* to describe powerful words or words loaded with power) can make people sick (147 yes, 1 ?, 2 no, 6 x).¹⁷ The result is confirmed by the answers to Question 5a, where 152 respondents see curses as a cause of sickness, only 7 do not (with 3 x).

The question appeared again in a similar way in the context of quarrels within the family (question 6, choice b). There respondents could mark numerous boxes and 100

¹⁷ The question mark stands for the answer “I am not sure” or in other cases “I do not know.”

respondents saw curses or powerful speech as a cause of sickness (with 2 no, 22 x). This is a much lower figure than in the other two questions. Only 94 of the 147 people who answered question 2f in the affirmative did so in question 6. Out of the 152 people who indicated in question 5a that curses can cause sickness, only 97 did so in question 6.

Inconsistencies can have various reasons and I will come back to the issue in the validity and reliability section. I believe that in this case, the different answers have to do with the different format of the question. For the first time in the survey, respondents were allowed to mark more than one box. This seems to have confused some respondents; the relatively high number of respondents who chose to check only one box, who did not answer the question at all or who provided invalid responses can also be interpreted in this direction.

Comparing Results from the Survey with the Specialist Interviews

As one important part of the analysis, I compared the data gained from the survey with the insights from the specialist interviews. Writing up findings (see Chapter 7) helped me to look carefully into the data and compare it.

In Appendix C I provide the rationale for asking specific questions in the survey and also mention where I expected agreement from the general population. For example, the specialists made a clear distinction between the two categories: *sik bilong ples* on one side and natural/normal sickness on the other. I expected the survey to confirm this view and indeed, the respondents confirmed this clear distinction (question 1a: 142 yes, 12 no, 8 x). They also agreed that the hospital¹⁸ cannot help in case of *sik bilong ples* (question 1b: 141 yes, 11 no, 10 x). Sickness that can be successfully treated by the hospital is considered as natural sickness according to the specialists; on the opposite side, sickness

¹⁸ Note that “hospital” stand *pars pro toto* for the Western health-system, including medicine available through the dispensary, aid posts, and the personnel working in aid posts, hospitals and the like.

that cannot be treated successfully by the hospital is considered *sik bilong ples*. Again, in question 1c, 144 respondents agreed with this statement (9 no, 9 x).

In most cases where I heard different statements from various specialists, the general population was also divided in their response. For example, some—but not all—specialists mentioned that normal sickness is sent by God. In the survey (question 1d) 90 people agreed, but 54 disagreed (6 ?, 12 x). Although there were many more respondents that agreed to the statement than those who disagreed, there is no general consensus. This corresponds with the different opinions that exist among the specialists.

Sometimes in the interviews with the specialists, one or two made a remark regarding a certain issue that I was unable to confirm among others, because the issues came up rather late in the research process. In the survey, I had built in a couple of questions in regard to these remarks to find out if they are commonly shared. For example, I heard from some specialists that some sicknesses do not fit the category of normal/natural sickness, nor are they considered *sik bilong ples*. One participant mentioned something like a “psychological” reason for sickness. I added a question to find out if such an additional category exists and the responses to question 1e were clear: 143 agreed to what I thought could be the case; only 6 disagreed (13 x).

Combining Parameters in Queries for Special Areas of Interest

Following the counting of responses, I compared variables in areas I had special interest in. Here is an example: In preparation for the work on sub-problem #3 (focus groups with mature Christians), I took special interest in knowing whether people with different spiritual status (according to their own description) answered questions differently from the rest.

I want to illustrate what I did on one point. In question 7 of the survey, I asked for the effectiveness of sorcery for those who are not afraid of its power. The responses are

not uniform. A majority of 83 people (54.6%) stated that if one does not believe in the power of sorcery, sorcery cannot harm this person, but 69 people (45.4%) stated the opposite. Ten people did not answer the question or the answer could not be used.

I then combined the answers given to question 7 (effectiveness of sorcery) with the spiritual status of the respondents (as indicated by themselves in question 23). Figure 4 shows the responses:

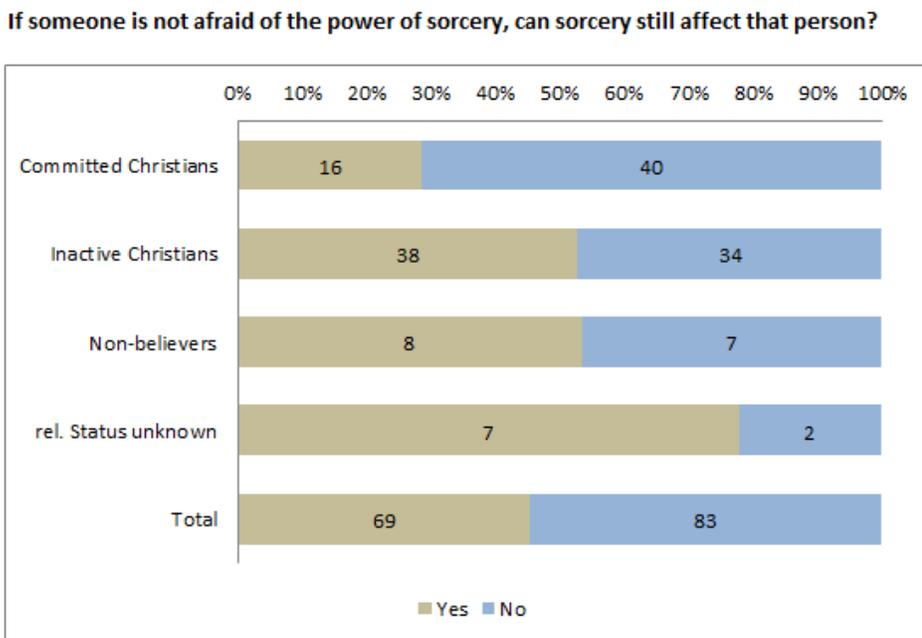


Figure 4: Bar Chart, Showing Responses to Question 7 According to the Religious Status of the Respondents

The bar chart in this example illustrates well the differences that exist among those respondents who describe themselves as committed Christians and the other sub-groups.

Are Differences Significant?

It is possible that answers certain groups of respondents provided reflect only chance variations. If no advanced statistical measures are used to demonstrate correlation, the researcher must concentrate on those tables where the differences obviously are so large that they could not be due to chance (Søgaard 1996, 196). This is what I usually relied on. For question 7 the figures plus the stacked bar chart make it fairly obvious that committed Christians differ from the average population in how they assess the effectiveness of sorcery for those who do not believe in its power. Nevertheless, I want to use this example to show how one can statistically measure¹⁹ whether these variations are due to chance or not. I follow the *chi square analysis* (also: Chi^2 or X^2) as described by Søgaard (1996, 192-96) without explaining the steps in too much detail. In Table 3 I show the distribution of answers according to the religious status of the respondents:

Table 3: Chi Square Analysis, Part 1

Question 7 If someone is not afraid of the power of sorcery, can sorcery still affect that person?

	Committed Christians		Inactive Christians		Non-believers		rel. status unknown		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	16	28.6%	38	52.8%	8	53.3%	7	77.8%	69	45.4%
No	40	71.4%	34	47.2%	7	46.7%	2	22.2%	83	54.6%
Total	56	100%	72	100%	15	100%	9	100%	152	100%

¹⁹ Although I follow proper statistical procedures in the calculation of *chi square* on the basis of the data collected, the validity of the result can be questioned by the fact that I had chosen my sample by convenience, not by random. Validity of the results is therefore only given within the framework set by this early decision.

In Table 4 “O” stands for the actual, observed values and “E” for the answer one would expect members of the subgroup to give if there were no differences from one subgroup to another. In a next step, the calculation of X^2 is presented in Table 5:

Table 4: Chi Square Analysis, Part 2

	Committed Christians		Inactive Christians		Non-believers		rel. status unknown		Total	
	O	E	O	E	O	E	O	E	O	E
Yes	16	25.4	38	32.7	8	6.8	7	4.1	69	69.0
No	40	30.6	34	39.3	7	8.2	2	4.9	83	83.0
Total	56	56	72	72	15	15	9	9	152	152

Table 5: Chi Square Analysis, Part 3

	Committed Christians	Inactive Christians	Non-believers	rel. status unknown
	$(O-E)^2/E$	$(O-E)^2/E$	$(O-E)^2/E$	$(O-E)^2/E$
Yes	3.49323	0.86323	0.20794	2.07817
No	2.90462	0.71778	0.17291	1.72800

X^2 = Sum of the values above: 12.16588

The Degree of Freedom for this question is three (2 rows - 1, multiplied by 4 columns - 1 = 3). According to the X^2 table (Bernard 2011), the Critical Value at the 95% confidence level for Degree of Freedom 3 is 7.815. The computed value of X^2 in my example exceeds the Critical Value; therefore there is less than 5 percent chance that differences as large as those observed in the data are due to chance. In other words: The differences are statistically significant.

Reliability and Validity

I deal here with validity and reliability together. Edgar Elliston correctly understands reliability as a “subset” (1996, 62) of validity. If we do not “get the same answer by using an instrument to measure something more than once,” (Bernard 2011, 42) answers are not reliable and at the same time our findings not valid. Some aspects in my survey were a challenge to validity. I will mention these aspects and how I attempted to maximize validity.

Questions More Complex than I had Envisioned

In question 15 I asked where healing originates, with a special emphasis on the traditional healer. In question 15c, for example, I wanted to know whether it is true or not that God uses the traditional healer to help people. Today, after the entire research process is over, I am convinced that it is almost impossible to answer this question meaningfully. The mature Christians, at least, taught me that it depends very much on what exactly the traditional healer does and with what intent people approach the healer. The perceptions of the general population can vary from that of the mature Christians, but I have reason to believe that the expression “traditional healer” was not specific enough to give an unambiguous answer. With this, I cannot use the answers to draw any valid conclusions.

Language Skills of the Participants

Literacy skills of some respondents were limited. However, I did not want to leave out those people who had difficulties to read and write. I had designed the survey in a way that reading was kept to a limit and nothing had to be written. All responses could be made by putting an “x” in a respective field. Although I tried to make answering the questions as easy as possible, I cannot rule out that some participants understood the

questions in a way I had not intended or answered a question without fully comprehending either the question itself or the possible answers. When I checked various answers for consistency and found that there were data sets that, at least to the best of my understanding and according to my logic, were inconsistent, people's literacy skills are a possible contributing factor.

For those who had difficulties to read and write, I asked those sitting next to them to explain the task and even put the marks for them if necessary, but always emphasized that the answers needed to come straight from the person whom they assisted. In most instances those who assisted signaled me that they understood my concern. I have not observed attempts by readers to cajole a less-literate partner into changing their mind, but it is still possible that the influence of those who assisted had an impact on how those who had been assisted answered the questions.

Missionary as Researcher

Most people on Manus know me and they know me as missionary and Bible school teacher. Generally speaking, missionaries have been critical in regard to traditional understandings and practices concerning sickness and healing. I am sure the people I researched (the specialists as well as those participating in the survey) knew this. Therefore, there was a danger that people would attempt to respond in a way that they felt might best please me. I tried to avoid this by making the following statement to introduce the survey and then assured them of the confidentiality of the data they provided.

I have been living here for eight years now. I realized that there is so much I still do not understand. I want to get to know you better. The aspect of life I have chosen to learn more about has to do with sickness and healing—a topic that is important to all of us. For the following questions, please mark the box or boxes that you think best represents what you think or what you do. There is no right or wrong answer. I simply want to understand better what you think and do.

I am confident that many of the respondents followed these instructions for most of the questions. However, I have reason to believe that when I asked questions that have to do with Christian beliefs or practices, some respondents thought about what a “good” Christian answer would look like and then wanted to provide that answer. They might have expected that I would favor this kind of response.

The following example shows that this is not only speculation but that there is evidence from the results in the survey: In question 16, I asked if people had seen a *glasman* or *dokta blong ples* within the last 12 months. 57 respondents answered with yes, 92 with no (13 x). Then, in question 20, 109 respondents marked answer “c” which reads (translated): “The *glasman* and *dokta blong ples* are able to help the sick, but I do not go and see them because of my faith.” Out of the 109 people who chose this answer, 32 had indicated earlier that they *had* seen a specialist within the last 12 months. I interpret this to suggest that people wanted to provide answers as “good Christians;” an answer they thought the missionary would expect or that would be appropriate to give as a Christian (of these 32, 15—which is almost half and a disproportionately high quota—indicated in question 23 that they are committed Christians). Although I had tried my best not to influence the kind of answers respondents would give, I cannot rule out that it happened.

Incomplete or Falsely Filled Forms

The issue of how to deal with survey forms that are not completely filled in is a rather complex question (Enders 2010). Many researchers discard the data for any case that has one or more missing values (known as listwise deletion). This limits the number of data sets that can be used for the analysis. Others impute values (this is, they fill in missing data) before starting the analysis. There are numerous approaches on how to find the values that should be filled in in order to have complete sets of data (Fowler 2014,

136). The method I employed is called pairwise deletion, also known as available-case analysis (Anderson 2011, 40-42). It has the advantage that it uses all the available data for a certain variable. The disadvantage is that it cannot exclude possible bias and that it works with a different sample size for each variable which makes comparisons and the measure of association difficult. Nevertheless, for what I wanted to find out with the survey I conducted, to use pairwise deletion seemed to be the best choice.

Conclusion

In the kind of survey I used, the researcher has no opportunity to receive additional information, find out how well questions were understood or what makes answering difficult. This is certainly a downside and the issues I have just raised about validity must be taken serious. In my research design the survey had a limited function and was subordinate to the qualitative methods used in the investigation of sub-problems #1 and #3. With all the limitations mentioned, I am convinced that the survey gave basic insights in how the general Lele population thinks about important aspects like the causes of sickness, how they themselves have been affected by traditional sicknesses in their lives and how they make use of the traditional ways to find help, to name only a few.

Step 3: Focus Group Interviews with Mature Christians

In this third step of my fieldwork I wanted to answer sub-problem #3 of my research design. It is the centerpiece of the entire research. In January 2017 I conducted three focus groups with a total of twenty “mature Christians.” Here I lay out the methods used, with special emphasis on the rationale for working with mature Christians and their selection for the focus groups.

Methodological Foundations

I chose focus groups as the means of data collection, because here people can interact with each other and respond to each other's statements and ideas. The process of "sharing and comparing among the participants" (Morgan 1998, 12) in focus groups generates data that is otherwise not available.

My intent was to find out how the mature Lele Christians work through their traditional concepts of sickness and healing from their Christian perspective. My main focus was not on the outcome. I was interested in the product, but more importantly, I wanted to uncover the processes of how they arrived there. By conducting focus groups I wanted to find out:

- which factors play an important role in how they make decisions and which do not
- how these factors contribute from moving from the traditional model to a Lele Christian model
- what structures of reasoning they use (or: What are their criteria and what is the rationale behind using these criteria?)
- how they use and understand Scripture in their argument
- how confidence and doubt play a role in finding conclusions
- how they reach conclusions in the community of Christians.

The questions I prepared and listed in the discussion guide (Appendix E) were designed to elicit responses that provide insights into the questions listed above.

By dealing with the same subject matter as the specialist interviews and the survey, this step also served as a form of triangulation in a limited sense. I purposely asked different groups of people in this third step of my study. However, if they told me something that was totally disconnected to what the specialists told me or to what I learned in the survey, this should have raised questions about the validity of the earlier findings. But to the contrary, a lot of what I had learned from the specialists was

confirmed by the mature Christians—at least in phenomenological perspective. The interpretation about the traditional system and the underlying factors (like the understanding of the powers involved or the usefulness and effectiveness of the rituals in general) however, varied to a certain degree, but this was what I expected.

Conceptually, this research builds on Hiebert's (1987) critical contextualization approach, but it moves beyond it, in focusing on the cognitive processes that are at work as Christians reflect on their traditions in light of their faith and their understanding of God's word (Shaw 2010; Shaw et al. 2016; Shaw and Van Engen 2003).

Limitations

Most Manusians are rather hesitant to confront others and do not openly express disagreement. The tone in all discussions was therefore very respectful. I sometimes wished for more controversial discussions, but there were cultural boundaries that participants generally did not want to cross. There was one situation in which one person said that he uses ginger for protection of spirit attacks and another participant told him that if that were the case, he would “serve two masters.” The first person did not take offense but responded in a way that allowed the discussion to be controversial but still respectful. This was a very interesting situation, but situations like this were rare. If someone uses focus groups in a shame culture it is not realistic to expect very controversial debates.

When I thought about the research design, I was wondering if I should interview people individually first and then reflect on the findings of these interviews in the focus groups. I decided against it, mainly because of the immense time this process would have needed. There were people who started to talk about their experiences and ideas right away when I asked them to participate in one of the focus groups but who were then rather silent during the group discussions. To gain the perspective of these research

participants, individual interviews would have been the better way to start. In addition, it is possible that people were holding back positions that had the potential of putting them in a negative light in the eyes of other participants. Maybe some not so confident research participants would have opened up more in individual interviews.

Rationale for Working with “Mature” Christians

Among the Lele, just as in PNG in general, a vast majority of people profess to be Christians. Due to the long Christian history on Manus and the fast spread of Christianity, today, almost all people are associated with a Christian church. Not all of them go to church regularly, are baptized, have a vibrant faith, or show evidence that they want the Christian message to transform their lives. In other words, there are many, what are commonly called, nominal Christians.

In the survey I conducted, almost all participants stated that they were Christians. When I asked people what they think about themselves concerning the liveliness of their faith, fifty-seven marked that they are strong, committed Christian, whereas seventy-six indicated that they are Christians, but not very active in regard to their Christian faith, and another sixteen responded by checking the field “I have not much to do with faith and the church”.²⁰ This indicated that not all who call themselves Christians are interested in living a Christian life or following Jesus.

In singling out some Christians, who—by the assessment of other Christians—are considered “mature,” I wanted to learn how people who take their Christian faith seriously, set their traditional culture in relation to their Christian faith.²¹ If I had worked with anyone who professed to be a Christian in this last part of my study, the research

²⁰ The survey was conducted in Tok Pisin; the translation here comes closest to capturing the meaning of the Tok Pisin phrase “*Mi no man/meri blong lotu.*”

²¹ This could only happen within the bounds of this research which focused on the concepts the research participants have or use rather than on their actual behavior. I relied on what participants told me and analyzed what they said from a cognitive point of view.

participants would almost completely have resembled a cross-section of the Lele population in general, as almost all somehow “are” Christians. I would have what Schreiter calls popular religion (2015, 157).

By choosing “mature” Christians, I expected those who were selected to show a certain degree of seriousness in their Christian faith, and willingness—if not desire—to let their Christian faith influence their lives, including their traditions and culture. I wanted to find an authentic Christian way to think about sickness and healing; a way other Lele Christians can learn from and lean on. In addition, and on a deeper level, I wanted to learn how people who are considered to be a good example of what it means to live as Christians, conceptually set culture and tradition in relation to each other.²² To discover these processes could assist missionaries in communicating the Gospel in a certain context in a more relevant way.²³

The church I work with as a missionary is ECOM, which is the largest denomination within the Lele area.²⁴ My research for this step was limited to people who are affiliated with ECOM.²⁵ It was not my aim to select the twenty or twenty-five most mature ECOM Christians among the Lele,²⁶ but some of those, who are considered to be good examples of what it means to live as a Lele Christian.

ECOM developed out of the ministry of Liebenzell Mission on Manus Island. There are good reasons to assume that missionaries had some impact on the theology of

²² At one point in the research design I had the idea to select pastors or other spiritual leaders who hold a position within ECOM. I decided against it as being a pastor or holding a position does not automatically mean that someone is a good example of what it means to live as Christian.

²³ Concerning the generalization of research findings, see my remarks in the introduction.

²⁴ This is the common understanding; concrete figures that list church affiliation within the various language groups are not available.

²⁵ I have chosen the phrase “being affiliated with ECOM” over “being a member of ECOM” as membership is officially constituted by baptism. On Manus almost everyone “belongs” to a church; normally following family traditions. When in the following I refer to ECOM Christians this means people who describe themselves as “belonging” to ECOM. Baptism or a personal faith commitment is not the criterion here, but their self-designation as being part of ECOM.

²⁶ Methodically this would have presented a challenge and not ruled out subjectivity.

the ECOM Christians; including what it means to be a mature Christians.²⁷ However, there have been many other influences from the outside world that may have, to a greater or lesser extent, shaped how people think, experience their world today, and live their life as Christians today.

During World War II, Japanese and US soldiers were on Manus. Australia as a colonial power left its mark on people, and so did the public education system and the medical health care system. In regard to theology, many denominations have found their way into Manus and people may hear a preacher of the Seventh Day Adventist church on the radio or read a magazine published by a charismatic healing ministry from overseas. In a globalized world, these influences are increasing.

It was not my aim to learn how Liebenzell Mission or any other outside influence contributed to shaping ideas about who is a mature Christians or on the beliefs about sickness and healing. The study is a snapshot of how ECOM Christians, who are at this time considered mature in their faith, think about sickness and healing from their current Christian perspective.

Selection of Research Participants

Given the above decision to work with people who are good examples of what it means to live as a Christian, the challenge was to identify such people. In line with the overall aim of the research to work from the Lele's perspective, it was clear that I could not be the one to choose the research participants for the focus groups. The selection needed to come from the Lele Christians themselves. I wanted to leave the selection to the Lele Christians and also the definition of what constitutes maturity.

There are two ways of thinking about maturity: One is in a concrete, prototypical way (Bloch 2012, 166); as someone who is a good example of a Christian. The other is

²⁷ I thank my outside reader, Garry Trompf, for pointing out this important aspect.

more abstract, namely looking for defining criteria of maturity. Melanesian people think much more in concrete than in abstract ways and find it easier to think of a person than to start with certain criteria. If I asked only for people who are good examples of Christian faith, this would have been a highly individualistic approach and many different people might have been named. I therefore combined the two aspects and developed a process in three phases to identify suitable candidates for the focus group discussions.

Because the process was elaborate and the explanation in this section will be in detail, I provide a short overview. In phase 1 I asked people to think about a person they consider being a good example of what it means to live as a Christian and to think of characteristics of that person that show that he or she is such a person. From all the characteristics mentioned by all research participants, I chose those that were mentioned most often for phase 2. Then, I asked people to mark those four characteristics that they thought most important for a Christian. In phase 3 I took the four characteristics that were mentioned most often in phase 2 and always asked two people at a time to identify together one or two people who show these characteristics in their lives. The people suggested in phase 3 then became the candidates for the focus groups.

I worked with different people in all three phases. I did not want anyone to be influenced in a later phase by what he or she had processed earlier. Although I generally chose the people I asked by convenience (for example, after church service, at the market, people living nearby, people I knew personally), I made sure that they were taken from different age groups, various villages and included men and women in roughly the same number. A slightly higher number of women than men were included, as this reflects the situation in many ECOM churches. While in phase 1 and 2 only people from a few villages were included, I made an effort in the crucial phase 3 to include people from all Lele villages that have an ECOM congregation.

Phase 1: Who is a Good Example of Christian Faith and Why?

For phase 1, I asked people the following question: “Please think of a man or a woman whose life as a Christian is a good example for other Christians to follow.”²⁸ I asked them to think of someone concrete;²⁹ someone they knew personally,³⁰ possibly someone from their community or maybe from Manus.³¹ If they had “locked in” someone, I asked my second question: “Now, can you note five characteristics of this man or woman that you think make him or her a good example for other Christians?”³² Almost always I repeated the question in another form without changing the substance.³³

I had prepared a form that stated the essence of the task again and had space to write down the answers.³⁴ Some people noted down the answers themselves; some preferred to respond orally and I noted their response. For this first phase, I asked eighteen people from seven different villages; eight of them were male and ten female. The average age of the respondents was forty-eight (mean).³⁵

My initial plan was to take the ten characteristics that were mentioned most often and work with them in step 2. The problem, however, was that the answers were not uniform enough to simply count which characteristic was mentioned how many times.

²⁸ In a reverse of the usual ‘language-gloss’ order, I provide the *Tok Pisin* question here so as not to disrupt the flow of my presentation. In Tok Pisin: “*Plis, tingim wanpela man o wanpela meri we laip bilong em olsem Kristen i kamap gutpela piksa ol arapela Kristen i ken bihainim.*”

²⁹ I told them that I was not interested in who they were thinking of; some still told me.

³⁰ The first person I asked thought of choosing Abraham or Moses. This prompted me to give that additional piece of instruction.

³¹ Some told me that they chose someone who has passed away already; someone else mentioned a former missionary. I did not restrict whom they could choose any further than stated above.

³² Similar to #29 above, the wording in Tok Pisin was: “*Nau, inap yu notim faivpela mak bilong dispela man o meri we yu ting i mekim em i kamap gutpela exampel long ol arapela Kristen?*”

³³ I had prepared an illustration that I used when I realized that an analogy would help them to better understand what I wanted them to do. I referred to people saying “This is a good dog” and then said: “When I ask for what makes that dog a good dog, you might say: ‘it is good at hunting, it listens to its master, it watches over the house by night, it does not poo inside the house...’ These are the marks/characteristics that make that dog a good dog. So now, think of the characteristics that make a person a good example of what it means to live as a Christian.”

³⁴ See Appendix D1.

³⁵ For a list with some more details, see Appendix D2.

Some people responded in English and some in Tok Pisin; some used long explanations while others used single words to describe the characteristics of the Christian they considered to be a good example. All of this made the analysis rather difficult, but it is inevitable when working with this kind of inductive approach.

In order to analyze the data collected, I transferred all answers from all the people I asked into a single file. The list in Appendix D3 shows all the answers I received. I then deleted those that were off the mark; for example answer 1/4 which in English reads: “All sisters came and I prayed for my father’s leg and the leg got fine again.” Apart from some words that were difficult to read or make sense of in Tok Pisin, it seems the respondent was speaking about what he/she did and not of the characteristics of the person she had in mind.

Next, I assigned one or a few catchword(s) to each answer and prepared a paper slip for each answer. This should help me to combine all answers that belong together.³⁶ I sorted according to the catchwords and then checked the original phrasing again to see if they really expressed the same idea. For example, I assigned the catchword “humble” to the following four responses:

8/1: *Pasin long daunim em*

10/4: *Humbelim em yet*

13/1: Humble

14/2: Humble

Whereas the first answer is given in Tok Pisin, the second is a mix of Tok Pisin and English and the third and fourth responses are given in pure English. Nevertheless, all responses without doubt refer to the same character trait of humbleness or humility. A second example is more difficult to be evaluated:

³⁶ See Appendix D4.

2/1: *Dispela man em i helpim planti man/meri long tok blo bikpela na nau ol i sanap strong long wok blo bikpla*, ‘This man helped many people with God’s word and now they stand firm in the ministry of God.’

6/2: *Autim Gudnews long ples Lessau, Nyada na Tingou*, ‘Preaching the Good News in the villages Lessau, Nyada and Tingou.’

10/3: *Em i witness how God i blessim em*, ‘He/She witnessed how God was blessing him/her.’

18/3: The way he preach [sic!] the word of God

All four responses carry the notion of talking with others about God. The first does not state clearly how the man helped people with God’s word and adds that through this people now stand firm in the ministry of God. The second response was very specific and explicitly mentions preaching. The third response focuses on witnessing to others about the blessings he/she experienced in his/her own life, and the fourth response highlights more the way of preaching than preaching itself. My decision was to include the first, second and fourth response under the Tok Pisin phrase “*Serim tok blong God*”, “‘Sharing/passing on God’s word’” and let the third (witnessing about the blessings) stand for itself. The distinctive emphasis of the three that I grouped together is that *God’s word* is shared with others whereas the witnessing is about *experiences* someone had made with God.

As a general rule, I decided rather to differentiate and follow the wording of the respondents as closely as possible. I only lumped together responses under one phrase if they were closely related, and, although different words were being used, a clear common idea was present. There is a certain measure of subjectivity present in this step and I will deal with it in the following validity and reliability section.

Phase 2: Selecting the Most Important Characteristics

For this phase, the selection of the most important characteristics, I asked seventeen people (eight male, nine female) from four different villages. The average age of the respondents was forty-four years (mean).³⁷

When I looked at the responses of the eighteen people whom I asked in phase 1, there were ten items that were mentioned three, four or five times. Another seven items were mentioned two times.³⁸ Bernard (2011, 349) suggests, as a rule of thumb, to work with responses made by at least 10% of the people who were being asked. This would include the items that were mentioned only two times. Because the group of people asked in phase 1 was rather small ($n = 18$), I decided to include the seven items mentioned only twice in a pre-test with my students.³⁹

I asked five of my students—who are all from Manus but not from the Lele—to choose the four most important characteristics out of the list of seventeen. Five of the items were selected three times, whereas all other items were selected only once or not at all. Four of the items that were selected three times in the pre-test of phase 2 were from the list of the ten items that were mentioned at least three times during phase 1; however, the fifth item that was selected three times (honesty) was only mentioned twice by the respondents in phase 1. This revealed that it is possible that an item mentioned only twice during phase 1 is ranking high in the list of important characteristics for Christians who are considered being good examples for others to follow.

I asked the students whether it was difficult to make a choice out of a list of seventeen items. Four said that it was no problem while only one student found it rather

³⁷ See Appendix D5 for an anonymized list of the people I asked.

³⁸ See Appendix D6, marked green and yellow in column 1.

³⁹ I also had three more responses that I had accidentally taken; two from people under the age of 18 and one from a man from another tribe. I only learned that I could not include them in the research when I asked them to fill in the list of respondents. Although I could not use their answers (and should not have asked the two minors in the first place), I saw that two of the three had mentioned “honesty”—an item that was only mentioned by two of the 18 people whose responses I could use. This fact showed me that a slightly different set of respondents could have changed the frequency of how often an item is mentioned.

difficult but still mastered to answer the question. I decided to include all seventeen items for the research in phase 2.

I also was in doubt whether some of the items mentioned during phase 1 would represent characteristics for women and others those for men as role models of the Christian faith. For example, one item was *man bilong toktok* which can mean a talkative man, but more often is used to characterize a man having something to say and talking with authority. On the other hand, I have never heard it in this way as referring to women. *A meri bilong toktok* has negative connotations and always means a talkative woman or even a gossiping woman. One of my students remarked that being “humble”⁴⁰ might describe women better than men. Nevertheless, the advice was clear: While roles may differ between men and women in family life, church and society, the character traits for what makes someone an example of Christian life do not and I therefore was encouraged to work with one list only (and not with separate lists for men and women) which I then did.

I had set out to ask people to choose three items they found most important, but lifted that to four items. When I saw the responses in phase 1, I realized that some of the characteristics mentioned were rather general and could apply to many people, not just Christians. This is nothing that should disturb. However, in order to raise the likelihood to receive items that characterize Christians as good examples and not only describe respectable persons of good character in the society, I decided to increase the number of items I asked for in phase 2 (which I then also worked with in phase 3) to four.

I randomized the order of how the items appeared on the list.⁴¹ I then rotated the items in the list so that each item would appear at the top once. I decided to ask seventeen

⁴⁰ Whereas the English adjective is frequently used in spoken Tok Pisin, the nouns “humbleness” and “humility” are seldom heard in Tok Pisin. I therefore decided to use the adjective in the list, although in other cases I rather chose the noun. I wanted to stay as close to the common way words are being used as possible.

⁴¹ I printed the 17 items, cut the paper into stripes; one item on each stripe of paper, and then drew the stripes from an opaque bag.

respondents (in that way there were seventeen different lists), which was approximately the number of people I had in mind to ask.

When meeting with the respondents, I introduced my question as follows: “I have asked a number of people this question: ‘What makes a Christian to become a good example other Christians can follow?’”⁴² I sometimes explained the process I went through with the respondents in phase 1, so that they would better understand what I was doing. I then said: “This list shows their responses. Can you please choose the four responses that you find most important?”⁴³ I reminded them that the overall question was what the characteristics of Christians were who are good examples for other Christians to follow. The four items that were mentioned most are the following:⁴⁴

10x: “Humble, pasin bilong daunim em yet”

8x: “Love, laikim ol arapela”

8x: “Honesty”

8x: “Serim tok bilong God” (this is: sharing God’s word).

All other items were chosen six times or less. In an overall estimation, this was the phase that was the easiest for the respondents to complete and it did not seem to me to be a problem for the respondents that the list contained seventeen items instead of the ten I had initially planned for.

Phase 3: Finding People Who Meet the Criteria

The task in this phase was to find two people at a time who would identify one or two people that meet the requirements for meeting with me in the upcoming focus groups. In this crucial phase, I put extra care on asking people from all Lele villages that

⁴² The wording in Tok Pisin was: “*Mi bin askim sampela manmeri dispela askim: Wanem samting i mekim wanpela Kristen i kamap gutpela piksa ol arapela Kristen i ken bihainim?*”

⁴³ Tok Pisin: “*Ol planti response ol i givim i stap long dispela lista hia. Inap yu makim fopela (4) mak (or characteristics) we yu ting ol i important tru?*”

⁴⁴ For the entire list, see Appendix D6.

have an ECOM church. I also made sure to ask at least three and not more than four (in one case—Powat—five) people from one village and to include at least one man and one woman from each village.⁴⁵ The main purpose of this was to have a high number of potential candidates for the focus groups from whom I hoped the respondents would choose those that meet the criteria without doubt. I expected that it was most likely that the people I asked nominated people from their own village. Hence, by including people from different villages in phase 3, I wanted to increase the likelihood of people from many different villages to participate in the focus groups.

When I had gathered two people, I introduced the task as follows: “I am trying to find some people for my studies.⁴⁶ The people I try to find are Lele, are Christians and belong to ECOM, live on Manus Island and are able to come to Lugos.”⁴⁷ I had printed the shape of a person on a piece of paper, showing these personal requirements. I then added one card at a time showing the four characteristics obtained during phase 2. Figure 5 shows the paper I used.

⁴⁵ I also had a man from Bulihat as a respondent (pair 4). Bulihat is a Lele village, but does not have an ECOM church. He joins the church at Powat. The strong representation of Powat people in phase 3 did not carry with it an overrepresentation of nominees for the focus groups from Powat, as the list below reveals.

⁴⁶ Whereas some people knew the topic of my research, most did not. I did not tell them what exactly I needed the people for until they had made their decision. I did not want the topic of my research to influence the kind of people the pairs nominated.

⁴⁷ Tok Pisin: “*Long studies blong mi, mi wok long painim sampela man o meri. Kain man o meri mi laik painim em i Lele, em Kristen na em blong ECOM sios, em i stap long Manus, na em i mas inap long kam long Lugos.*”

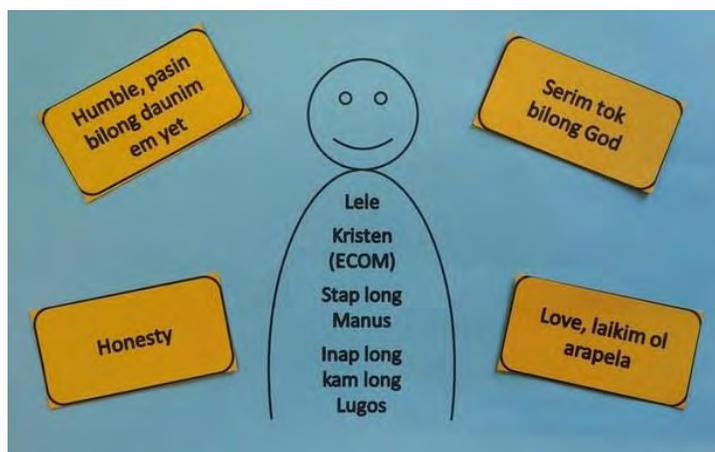


Figure 5: Research Instrument in Phase 3 of Step 3 of the Fieldwork

I said: “The life of these people show the following characteristics: They are humble, love others, are honest, and share God’s word with others.”⁴⁸ I usually put the “humble” card out first as this was the one mentioned most often during step 2. I then placed the other cards on the piece of paper in no specific order and gave the following instruction: “I want the two of you to ponder and evaluate together, whose life shows all these characteristics. Maybe you can think of one or two persons.”⁴⁹ I then reiterated that I wanted them to think of the people they suggest together and that both of them must agree. After the respondents had mentioned their nominee(s), I told them that I would contact these nominees directly. I asked for permission to tell the nominees who mentioned their names to me. All agreed.

During this step, I asked eighteen pairs who mentioned a total of twenty-five different people. All pairs except two (pairs 4 and 7) suggested two people. Two nominees (N01 and N11) were suggested three times and five nominees (N03, N04, N06,

⁴⁸ Tok Pisin: “*Laip bilong dispela kain man o meri i soim ol dispela mak: Em i gat dispela pasin bilong daunim em yet, em i save laikim ol arapela, em i honest, na em i save serim tok bilong God.*” In a few of the early interviews I added, in regard to that last characteristic, that they may think of this in a wide sense (not only preaching from the pulpit), but this is what they did anyway as I figured out. So I did not make that comment anymore in order not to lead people in any specific direction.

⁴⁹ Tok Pisin: “*Mi laikim yutupela i puttim tingting wantaim na skelim: laip bilong husait man o meri i gat ol dispela mak. Nogut yutupela i ken tingim wanpela o tupela man o meri.*”

N08, and N09) were suggested two times. Table 6 presents an anonymized list showing the results from this step.⁵⁰ Some observations from the research process are of interest:

- Almost all people suggested someone from the home village of at least one of the respondents of the respective pair. Only in some cases people from another village (usually the neighboring village) were suggested.
- There is no observable pattern how the gender of the respondents is related to the nominees suggested. There were cases where two women suggested two women, but in another case two women suggested two men; the same was the case when I asked two men together. When I asked a man and a woman, they often, but not always, suggested one man and one woman.
- In some conversations I observed that the older of the two or the man in a mixed pair was dominant in suggesting the nominees. This is a phenomenon that I expected. If this was the case, I took extra care to ask the younger one or the woman if they agreed.
- In my proposal I wrote that it was unlikely that those I ask would nominate themselves. In two pairs (pairs 5 and 18) it happened anyway. I had thought through the possibility in advance and had not ruled out such a nomination; therefore I accepted it.

It resulted in the thirty-six respondents in phase 3 who came from eleven villages nominated twenty-five people from all of the ten villages that have an ECOM church.⁵¹ From each local church at least two people were nominated. Table 7 shows the details.

⁵⁰ The ones crossed out in the list of nominees are those that have been suggested by an earlier pair, as indicated by their nominee-number (Nxx).

⁵¹ No one from Bulihat was nominated; there are a few Christians affiliated with ECOM at Bulihat, but there is no ECOM church.

Table 6: Anonymized List of Respondents and Nominees from Phase 3

<i>Pair #</i>	<i>Village</i>	<i>Gender</i>	<i>Age</i>		<i>N#</i>	<i>N.-Place</i>	<i>N.-Gender</i>
1	Sapon	Male	55	}	N01	Sapon	Male
	Puluso	Female	53		N02	Sapon	Male
2	Warambei	Male	50	}	N03	Warambei	Male
	Warambei	Female	47		N04	Warambei	Female
3	Lundret	Female	36	}	N05	Lundret	Female
	Powat	Female	38		N06	Powat	Male
4	Powat	Male	42	}	N06	Powat	Male
	Bulihat	Male	58			-	-
5	Northcoast	Female	66	}	N07	Northcoast	Female
	Northcoast	Female	37		N08	Dungoumasih	Female
6	Dungoumasih	Male	60	}	N09	Ndranou	Male
	Ndranou	Female	58		N10	Dungoumasih	Female
7	Powat	Female	49	}	N11	Powat	Male
	Powat	Female	51			-	-
8	Lundret	Male	42	}	N12	Lundret	Female
	Powat	Female	39		N11	Powat	Male
9	Ndranou	Female	33	}	N13	Ndranou	Male
	Ndranou	Female	51		N09	Ndranou	Male
10	Northcoast	Male	18	}	N14	Northcoast	Female
	Northcoast	Male	19		N15	Northcoast	Female
11	Warambei	Male	50	}	N03	Warambei	Male
	Warambei	Female	60		N04	Warambei	Female
12	Ndrelap	Male	52	}	N16	Ndrelap	Female
	Ndrelap	Male	51		N01	Sapon	Male
13	Pondelis	Male	47	}	N17	Pondelis	Male
	Pondelis	Male	26		N18	Pondelis	Female
14	Dungoumasih	Female	69	}	N19	Dungoumasih	Female
	Ndrelap	Female	58		N08	Dungoumasih	Female
15	Lundret	Male	65	}	N20	Lundret	Male
	Ndranou	Male	50		N11	Powat	Male
16	Pondelis	Female	58	}	N21	Lundret	Male
	Dungoumasih	Female	60		N22	Ndrelap	Male
17	Sapon	Male	36	}	N23	Sapon	Female
	Sapon	Female	38		N01	Sapon	Male
18	Puluso	Female	67	}	N24	Puluso	Female
	Puluso	Female	65		N25	Puluso	Female

Table 7: People Nominated According to Villages and Gender

#	Place	Men	Women	Total
1	Ndranou	2	0	2
2	Lundret	2	2	4
3	Powat	2	0	2
4	Sapon	2	1	3
5	Puluso	0	2	2
6	Warambei	1	1	2
7	Ndrelap	1	1	2
8	Dungoumasih	0	3	3
9	Pondelis	1	1	2
10	Northcoast	0	3	3
	Total	11	14	25

This is a very satisfying result from the research process. Not only were all Lele villages with an ECOM church represented, but there was also a good distribution of men and women among the nominees. Methodologically this way of asking two people at a time worked very well and I suggest it for further research. The method seems to work best with pairs in which both partners have similar social standing. Each one should be in a position where he or she dares to question the other's view or suggestion. This maximizes the check and balance aspect of the method. In a culture like that of the Lele, it is unlikely that a child dissents with the mother's or father's suggestion or a wife with that of her husband.

Much, of course, depends on the personal character of the people interviewed. At one point, I observed how a husband mentioned someone he would like to suggest, but his wife vetoed. After some discussion, the two of them together found someone else who fit the characteristics better. In one case (pair 4) one man came some hours after meeting with him and another man and reversed the one nomination they had made because one of the persons they mentioned did not really meet the criteria. It seems that he did not want to speak out against the suggestion the other man had made but did not want me to include an unfitting person. I often observed how the pair discussed who would be the

best fit for my description. This is exactly what I had in mind when I set up the outline of this part of the research.

Preparation for the Focus Groups

The total number of people nominated for the focus groups was twenty-five. In December 2016 I contacted them all. I talked to twenty-two of them in person (usually meeting them in their village), and three through letters that I gave to people who lived in their vicinity. I explained what would happen during the focus group and provided them with a printed copy of the Informed Consent Statement. I asked if they were willing to come to our church and mission station and mentioned the date that I had chosen for them. All agreed to participate.

When I put the three groups together, I was mindful of constellations among the participants that could make it difficult for someone to speak openly in the presence of someone else. I knew almost all participants personally and tried to avoid such constellations. For example, two young women were participating who come from the same area as a very powerful and respected community leader who was also nominated. I did not put them into the same group but joined the two younger women with a middle-aged woman who could function as a bridge to the other participants who were more advanced in age and experience. This seemed to be quite helpful.

I had scheduled the meeting of the three focus groups within one week (Thursday, 19th through Saturday, 21st of January 2017). Initially, I planned for nine people to participate in the first group, and eight people each in the second and third group. However, because five nominees did not come⁵² and one asked me to move him from one group to another due to time constraints. This resulted in eight participants in the first

⁵² One is almost deaf which made it impossible for him to participate in a group discussion. Unfortunately we could not find a way to enable his active participation. Two suggested participants were visiting relatives, one missed a bus, and from one I did not receive news why he did not come.

group, seven in the second, and five in the third group.⁵³ Parallel to inviting people to come to the focus groups, I developed questions for the focus group discussions. I will elaborate more on it below.

Conducting the Focus Groups

At the beginning of each focus group session, I briefly introduced my research topic and explained why I wanted the people to come together. I highlighted that I was interested in each individual's perspective and encouraged each one to participate actively. I observed that when groups meet on Manus, the comments and responses are often directed to the group facilitator (especially in "official" meetings). I therefore pointed out that in these focus groups people were welcome to respond directly to comments made by other group members and to address them directly.

The discussion guide that I had prepared proved to be very helpful. Most of the time we followed the order of the discussion guide. Some questions were answered by the participants in passing so it was not necessary to take them up again later. I sometimes skipped a question if it was directly related to one already discussed. Of the two concluding case studies I only used the first in all three groups.

Some participants contributed more to the discussions than others. Whereas some talked a lot, others were very silent. Sometimes I encouraged those who were very quiet to contribute their point of view to a question or to share their experience. The reasons for some participants to speak little can be manifold. To some extent it has to do with their individual personality. One young participant seemed to have little cultural competence concerning our topic. My concern that some younger participants would not feel confident to speak in the presence of older ones or that women would be shy to talk in the presence of men was not substantiated from what I could observe.

⁵³ David Morgan (1998, 1) suggests groups of six to eight participants.

All three focus groups started at 10:00 A.M. We then had lunch break from 12:00 P.M. for one hour and convened the discussions at 1:00 P.M. for another two hours.

Questions for the Focus Groups

Interaction from live focus groups cannot be planned in detail in advance. However, it is necessary to guide the conversation. I took guidance from Richard Krueger and Mary Anne Casey (2015) in developing the question route for the focus groups. I developed questions based on my work with the specialists in this field (traditional healers and seers), the results of the survey among the general Lele population, and a discussion with some of my Bible school students where I tested some of the questions.

The discussion guide, together with some comments to the rationale behind the questions, is attached in Appendix E. When I conducted the focus groups, I only deviated from the question guide in insignificant ways. In Appendix E, I add some footnotes in which I refer to some of the adaptations I made during the group discussions.

I used different kinds of questions. In some questions, my first objective was to receive a quick overview of what mature Christians think about certain practices and beliefs (for example: Can spirits of nature cause sickness?). But in the discussions that followed, my second objective was to find out how these Christians reached their conclusions. Often, even when I asked questions that could easily have been answered with “yes” or “no,” participants added their thoughts in response or they answered by telling a story or sharing their own experience. They often also provided their own interpretation of what they reported. Sometimes I asked them directly if they could explain more about how they reached a certain conclusion.

Then, I built in questions that asked directly for reasoning from a Christian perspective (for example: Is it okay for Christians to use a *glasman* in order to find out the cause of a sickness?). Here, I asked people explicitly to argue from a Christian point

of view. Because I was interested in the role the Bible and theology played in the formation of their understanding, I also listened intently for Bible passages or theological concepts that the participants mentioned. I sometimes asked if they could explain how they understood a certain passage in light of their experience.

Knowing from my literature review that the same person sometimes comes to different conclusions on the same issue, depending on a number of factors (for example, system 1 versus system 2 reasoning, priming, village mindset versus modern or Christian mindset), I also asked questions that put people in a “real-life story mode.” I constructed stories (case studies) and asked participants to argue from a standpoint within the story or to provide advice to the person in the story.

An important element in the focus groups (that I could not include in the question guide) was that I took up comments of participants that to me seemed incompatible with each other and asked people to elaborate more on them. Often, this sparked insightful discussions. At some points, what did not go together for me in the first place became comprehensible after further discussions. At other points, participants acknowledged that tensions existed between the different perspectives they had presented.

Data Analysis Methods

I recorded the interviews on multiple audio recording devices and on two video cameras. From earlier interviews I knew that good audio quality makes analysis much easier. The videos sometimes provided more information than the audio recordings, especially in regard to people’s gestures.

I analyzed the data in a similar way as those I gained from the specialists, with some modifications. In a first step, I mixed a number of recordings for each session together to one audio file where all participants could be heard as clearly as possible. I then used the software atlas.ti to work straight from these audio files. While listening to

the recordings, I assigned codes to the entire conversation. In most cases I used descriptive codes (Gibbs 2007, 43), stating what the participants said in a condensed form and usually in English. In some codes I used important Tok Pisin words or those that do not have a direct equivalent in English. There are also some direct quotes as codes in Tok Pisin; these I put in quotation marks. Coding the files in this way provided me the opportunity to quickly see the flow of the conversation. While coding, I took note of sections that seemed to be worthwhile to be transcribed and translated into English.⁵⁴

In addition to descriptive codes I also used codes that describe categories or move a step closer to analysis, like “BIBLE,” “THEOLOGY,” or “REASON.”⁵⁵ A screenshot that serves as an illustration of the coding is included in appendix F. Coding the interviews in this way helped me to find passages quickly that contain certain information. In anthropological research, both is necessary: the descriptive approach that comes “close to the native conceptualisation of the world” (Eriksen 2015, 46) as well as the analytical approach, in order to connect the local concepts to the wider world.

When I marked a passage of the interviews and assigned a code, I also included a reference to the person who made the respective comment. This enabled me to look up all the statements made by a certain participant.

Transcribed interviews offer the reader the opportunity to come as close as possible to the world of the people who provided the information. I therefore transcribed significant passages from the focus groups and translated them into English.⁵⁶ The transcriptions add credibility to what I have written in my own words. There is, however, the challenge to “translate” what research participants said into a language readers can

⁵⁴ I was so well acquainted with the subject matter that I felt confident to code directly from the audio files and then transcribe relevant passages that contain important information or what I wanted to use to illustrate a point made by the mature Christians. To have the entire conversation coded also was of immense help in analyzing the data. As a side-effect, not having to transcribe and translate all the conversations saved me a lot of time.

⁵⁵ I purposely typed these more analytical codes in capital letters to be able to distinguish them easily from descriptive codes.

⁵⁶ See Appendix G.

understand. On one side this has to do with the actual language used during the focus groups (which was mainly Tok Pisin), but on the other side there is also the challenge of putting concepts of the Lele people into words that make sense to readers from another part of the world, or, as Thomas Eriksen (2015, 46) puts it, to “translate an alien way of experiencing the world into our own mode of thought.”

Many people do not form grammatically correct and complete sentences in conversations. They often repeat themselves or use fill-words when they speak. This way of talking is characteristic of oral cultures that are much more shaped by speaking and listening than by the use of literature. In the transcription, I carefully typed what people said⁵⁷ but in the translations I tried to put what they said (in Tok Pisin) into somehow readable English. Whenever a more literal translation would be difficult to read in English, I decided to choose expressions that bring across the intended meaning of the respective sentence to the best of my understanding and ability.

I then continued with the analysis, following Gibbs, by looking for patterns that emerge from the data (2007, 145), possibly among the three focus groups. However, by searching for patterns, I also took note of the areas where the mature Christians did not agree and tried to find out where the difference in their reasoning laid. Some of the points in the focus groups had produced good discussions where different perspectives came to light.

I went through the passages that I had coded “Bible” or “Theology” to see how Bible passages or theological concepts influenced the participants’ point of view. In addition, I looked for areas where research participants made seemingly contradictory statements or seemed to argue from different mindsets and set this in relation to what I had learned in the literature.

⁵⁷ The only exceptions are my questions or remarks. I usually spoke Tok Pisin, but sometimes I translated that into English right away for the transcription.

In line with the cognitive orientation of the research, I looked for ways the mature Christians made sense of their being Christian for their life as Lele in the domain of sickness and healing. As the analysis will show, the traditional beliefs (often in the form of schemas) are not gone and Christians build on them, but often also included an element of critique. In my analysis I will show the interplay of traditional and Christian beliefs and practices in the life of these mature Lele Christians, based on what I learned from them in the focus group discussions.

Reliability and Validity

I have two comments to make concerning the validity and reliability of this third step in my field study. The first has to do with the selection of characteristics of Christians who are a good example for others to follow. The challenge was to decide which of the characteristics mentioned by individuals in the first step of finding mature Christians are so similar that they can be put together. I made this decision myself and followed some criteria that I set for myself in the decision process. However, without doubt, there is an element of subjectivity involved. The only way to avoid this would have been to let some Lele Christians do a pile sort exercise. Taking their categories as a point of departure, I could have selected those characteristics that were mentioned most often as those from which Christians in the second phase of the process could have chosen the four most important. However, this would have prolonged the already lengthy process of finding research participants.

The second point that might have influenced validity and reliability has to do with the conversations in the focus groups themselves. I had made it very clear at the beginning of each focus group meeting that the purpose of the conversation was not for me to judge who was a good Christian but that they had been selected as people others see as good examples in their Christian life. I tried to create an atmosphere where

everyone could share their views openly. However, some of the participants made firm statements that Christians should not engage in some traditional practices. It is possible that those who were more open to follow traditional practices felt intimidated and did not want to appear as weak or immature Christians. On the other hand, this argument as an impediment to validity loses some of its force when the focus groups are not seen as sharing pre-formed viewpoints but as a process in which viewpoints were developed, strengthened and also challenged. At many points it became obvious that the participants had no clear concepts about the relationship of Christianity and traditional health concepts when they came and tried to work through the issue as we proceeded. It is possible—and was mentioned by some participants at the end—that in the course of the discussions they came to the conclusion that some of the traditional practices are incompatible with their Christian faith. The entire setting might have contributed to these comments, but they nevertheless must be taken seriously as having been formed in a community of Christians thinking about this important issue.

With this methodology clearly in place and with the resulting data coded and processed into a coherent analysis, I present this material in Chapters 6, 7, and 8. My objective is to build on each stage of the research in order to appreciate the Lele perspective on the impact of spiritual activity on issues of sickness and healing and apply that information within the Lele community of believers as represented by ECOM.

Chapter 6

Findings I: Specialists' Perspective

My main interest in this study lies with the mature Lele Christians' evaluation of traditional health concepts. As a necessary prerequisite of this I needed to understand these beliefs and practices. It was my aim to know enough that if I were a Lele, I could behave correctly in their midst (Goodenough 1956); even more, I not only wanted to know what an ordinary member of the Lele people would need to know, but I wanted to gain knowledge from the specialists, so that what I know about the domain would come close to what they know.

In the first part of this chapter, I follow the four sub-questions of my first research problem (What are the causes of sickness? How can one find out what causes a sickness? Which traditional medicines and healing practices exist? How are these medicines and healing methods believed to bring about their desired effect?). In this presentation I will combine the third and the fourth sub-question and deal with them together. I will constantly relate what I write to the interviews I conducted and coded. The second part of this chapter consists of issues that evolved from the interviews that go beyond the actual sub-questions of my research problem but are of relevance for the investigation of cultural themes concerning sickness and healing.

During my field study, people told me many stories and experiences about their sicknesses or those of people they know. In Appendix B I retell some of these stories that can help the reader to understand better the Lele people's perspective about issues they are facing and need to deal with. The objective of this chapter, then, is to present structured findings from the interviews conducted with specialists in the field of sickness and healing.

Causes of Sickness

I include all the causes that have been mentioned; not just those that are definitely connected to the traditional system. I defined “traditional” as referring to beliefs and practices that have their roots and have taken their shape in the time before outside influence became strong, which is mainly before World War II. This does not exclude, however, that this traditional system has experienced modifications in the meantime. For example, some practices connected to sorcery have been introduced to the Lele area not too long ago from the Sepik Region and from New Ireland. They are not exactly the same as the ones that have been here for a very long time. On the basis of my research I am convinced that the basic understanding of the causes of sickness has remained the same. The way sorcery is performed today has been influenced by what people in other provinces believe or do. The fact that sorcery is considered a cause of sickness has remained stable throughout time.

When I asked two specialists (independent from each other) to do a pile-sort on the causes for sickness, they sorted them as shown in Table 8. In my presentation, I will follow this list; sometimes I combine causes but only within the same category.

Natural, or Normal Causes; Sickness Sent by God

The specialists I talked to know that there are germs, viruses and bacteria that can cause people to become sick. Some might have a deeper understanding of how the body is affected by these disease agents than others. In general, those who have been trained in the public health system¹ have a deeper knowledge in this area. Sicknesses that fall into this category include, but are not limited to: a cold, malaria, pneumonia, or diabetes. Also, all minor health issues fall into this category, like sicknesses that come in the morning and are gone in the afternoon, or that are treated once with an aspirin or for a

¹ Two of the specialists I interviewed have also received medical training.

few days, for example by inhaling the steam of citrus fruit or lemon grass that was put into hot water.

Table 8: Causes of Sickness, Sorted by Categories

Cause of sickness	Category
Minor health issues ²	Normal sickness
<i>Sik we haus sik inap long wok long en</i> , ‘sicknesses the hospital can deal with’	
<i>Man yet i responsible long sik bilong em (emotions, smoking marihuana...)</i> , ‘people are themselves responsible for the sickness they have (emotions, smoking marihuana...)’	
<i>Maus (cursing)</i> , ‘[sickness caused by use of the] mouth (cursing)’	Curses ³
<i>Pisokei</i> ; “dwarf”. <i>Spirit bilong head blong diwai</i> , ‘spirit who lives in the crown of trees’	<i>Masalai</i> , ‘spirit of nature’
<i>Snel (wara)</i> , ‘spirit of nature, [living at the] water’	
<i>Snel (stone)</i> , ‘spirit of nature, [living near huge] stones’	
<i>Wanpela i askim ol man i dai pinis long salim sik long narapela man</i> , ‘someone asked the deceased to send sickness to someone’	<i>Ol man i dai pinis</i> , ‘the deceased’
<i>Ol man i dai pinis i salim sik bikos ol i no wanbel long wamen family i wokim</i> , ‘the deceased send sickness because they do not agree what the family did’ ⁴	
<i>Blut long daiman i kalap long man</i> , ‘the blood of a deceased person “jumps” on a person’	
<i>Poison: kambang and body parts o fluid long ol man i dai pinis; puttim long kaikai, tromoi long rot...</i> , ‘Sorcery: lime and body parts/fluids of the deceases, put into food or tossed on the road...’	<i>Poisin</i> , ‘sorcery’
<i>Sanguma: spirit blong wanpela man i go insait long ol animal</i> , ‘Sanguma: the spirit of a person entering an animal’	

What makes a sickness a normal or natural sickness is that it can be treated successfully by the hospital.⁵ One of my research participants, who worked in an aid post for many years remarked: “*If [he] comes and we treat him and he is fine, that shows us*

² Although this item on the list as well as the next are not a “cause” of a sickness, they need to be included here as I will show in the discussion below. The fact that they are minor issues or can be treated at the hospital is relevant for the question of causation.

³ One of the two specialists did not see cursing as a possible cause of sickness in this interview.

⁴ This cause of sickness was questioned by the other specialist; however, he put it into the category with the aforementioned two items.

⁵ When I use the term hospital, it often includes the whole range of measures and services the public health system offers. It could include facilities like aid posts, staff like aid post orderlies, nurses, medical practitioners, or ways of medical treatment, including medicine and surgery. The hospital thus stands representative for the public health system that is often connected to the western way of dealing with sickness. The specialists I talked with often used the term in exactly that broad way.

that it is a normal sickness, a natural sickness.” These kind of sicknesses are often, but not always, also referred to as *sik bikman i salim*, ‘a sickness sent by God’. The idea is that if God had sent the sickness, he has also provided a remedy through the public health system.⁶

Normally, if a sickness disappears again quickly or can be treated by the hospital, people do not ask further who or what exactly made them sick or why they have become sick. Patrick mentioned that if the hospital had better ways to help patients, more sicknesses would probably be considered as natural sickness. It is likely that this has already happened in the past as some sicknesses today can be treated medically which could not be treated effectively a few decades ago.

Sicknesses People Themselves Are Responsible For

Another category of sickness is the illnesses people themselves are responsible for including the sicknesses that have their cause in people’s own wrong behavior. The example mentioned most often are people who turned *longlong*, ‘mentally disturbed’ after having smoked marihuana. Also, sicknesses that are connected to the emotions and the mind and are caused, for example, by people worrying too much, are usually seen as being the fault or responsibility of these sick people themselves. One traditional healer used the word “*psychologically*” in describing how people become sick when they have negative thought about others; this is clearly differentiated from sicknesses that are caused by spirits or sorcery or the like. This kind is not described as *sik bilong ples*.

Sickness Caused by Nature Spirits

The Lele know spirits connected to the natural world. Some say that they have seen them. Two Lele words and spirit beings are relevant here. The first is *pisokei*, the

⁶ Not everyone agreed to this idea. I included a question about it in the survey in order to find out whether this is an understanding that is widely shared or not.

second *snel*. Sometimes a third one is mentioned, *pilit*, described as a female *snel*. Tok Pisin uses the word *masalai*, a term used to refer to “the spirits thought to inhabit streams, rocks, trees, whirlpools, whirlwinds, eddies, and such” (Mihalic 1986). The *snel* fit the Pidgin word *masalai* better, but in the absence of a better word, the *pisokei* are often called *masalai* in Tok Pisin.

The *pisokei* live in huge trees and are sometimes described as “dwarfs.” They become dangerous only for little children, especially in the late afternoon and night. Parents should not carry little children on the shoulders or even throw them in the air to catch them again underneath these huge trees. If they do, the child is likely to become sick and will cry and not sleep, because “*the spirit of that treetop has taken away the soul/spirit of that child.*”

Different from the *pisokei*, the *snel* can also become dangerous for grown-ups. The idea is the same; the *snel* will snatch the spirit of the person and that person will become sick. Some research participants speak of “*the spirit of nature or its spirit/soul jump onto you.*” The *snel* will come over a person and trouble its victim. To use the English word possession here seems to be too strong, it is rather a troublesome, repeated visit of the *snel* in most cases, and phenomena are shivering or sensing that one is being overcome by a force.

There are certain symptoms that can point towards a *snel* being the cause of a sickness. For example, when people feel normal in the morning, but cold in the afternoon and at night. The same specialist mentioned *skin i lus*, ‘getting emaciated’ as another symptom. Whereas the symptoms can provide a hint to what the cause of a sickness may be, the sick person usually seeks the help of a *glasman* to get proof.

Reasons for *snel* to harm people vary. It often has to do with people not knowing or ignoring that a *snel* lives at a certain place and therefore doing foolish things, like

throwing a bone of the meat they have eaten into the water⁷ or having sexual intercourse near where these spirits live.

Cursing

Cursing was mentioned by a number of the specialists when we talked about the causes of sickness. The aunt of a person has an elevated role in this, but there are also other relatives who have the power to curse and people believe that this curse will definitely come true. Sickness, however, was usually not the first thing that came to the mind of the people I interviewed when we talked about cursing. Most of the stories the specialists told that were connected to cursing, center around two areas of life: those cursed will not have children and the curse will hinder them from prospering in their education and their career.

However, some of my research participants also mentioned cursing as a direct cause for sickness.⁸ If someone holds grievances against someone else within the family, that person may speak words with the effect to make the opponent sick. The Tok Pisin word for this action is *tromoi toktok*, 'lit. "throwing" words'. These words are thought to have power in themselves. One example I heard was: If "A" asks "B" for help all the time and "B" is generous in following the request, but then "B" needs the help of "A" and "A" turns "B" down, then "B" would curse "A" and "A" would get sick. Another specialist mentioned as a possible case that a husband's relatives do not agree with what the wife's relatives are doing. They would then curse a relative of the wife and that person would become sick.

⁷ *Snel* are believed to have an extraordinary sense of smelling.

⁸ One specialist, who in one interview mentioned curses as a cause of sickness, later when I engaged him in a pile-sort of various causes of sickness, put the card reading "cursing" aside and explained that it was not a cause of sickness. I was unable to figure out the reasons behind this perceived inconsistency. I did include a question about curses as cause of sickness in the survey.

The concept that the spoken word has power is widespread in Manus,⁹ not only among the Lele—especially if it is spoken by certain people. One of the specialists I talked to mentioned missionaries, parents, and aunts and uncles as those whose words have power. The idea is widely shared that the curse is effective without the use of any objects, sorcery-related materials, or spirit beings. The power of the word is enough.¹⁰

Someone Asked the Ancestors to Send Sickness

The Lele believe that their deceased family members are still near and involved in the lives of their families. In case someone in the family¹¹ does something wrong (claiming a garden that belongs to someone else, cutting a sago tree on the ground of another family member, taking the wife of someone else), the mistreated clan member can call on the ancestors to make the violator sick. A way to do this is to go to the grave of the ancestor, and *tromoi lek antap long matmat*, ‘stamp on the grave’ and then call the ancestor to wake up, to take action and to kill the offender or to make him or her sick. As we will see in discussing the responses to sickness, to investigate disunity within the clan and to settle it promptly, is one of the important steps in finding healing. To call upon the ancestors for punishment of culturally inappropriate behavior is normally only used to harm someone within the same clan.¹² It does not need a specialist; just one who had a close relation to the deceased person.

⁹ In fact this is true for all of Melanesia and has implications far beyond the topic under discussion. Not only are curses believed to be effective, but so are blessings or the claims that people make. In some neo-Christian movements people claim their health or success and believe that by claiming and believing firmly in what they say, they will receive it.

¹⁰ This is different from the observation shared by Trompf (1991, 84-85) that I referred to in Chapter 2: Literature: Sickness and Healing in Melanesia / Causes of Sickness / Serious Health Problems / Spells and Curses.

¹¹ Family always refers to the extended family or even a clan.

¹² However, see the concept of sorcery, below, where the situation is different and one’s own ancestors can be used to attack people outside one’s own clan. When I asked two specialists (independent of each other) to do a pile-sort of causes of sickness, they both clearly distinguished between causes that are related to deceased ancestors and those related to sorcery.

Ancestors Send Sickness

It is also possible that the ancestors themselves take the initiative to make someone sick. According to the specialists this happens if there are quarrels within the family (mainly about land), if taboos were broken or rules overstepped. In that case the ancestors might single out someone from the family (usually the offender, but not necessarily) and make that person sick with the purpose to make the clan members to comply with the rules and to find together to save the sick person's life.

Whereas this has been confirmed as a possible cause of sickness in many interviews, one *glasman* said that he did not believe in it. The reason he does not believe in it is that when he performs as a *glasman* he never sees it appear as the cause of a sickness. For him, when people believe that ancestors sent the sickness, this is better explained “psychologically,” meaning that people are in conflict with each other, worrying and entertaining the grievances and this causing them to become sick. Another traditional healer whom I asked about the possibility of ancestors to take the initiative to send sickness was unsure but personally does not think that this happens. It seems to me that even the specialists are divided here; I decided to include the question in the survey to find out if there is a clear tendency among the general population (Question 6c).

Blood of a Person who Died Unnaturally “Jumps” on Those Who Come Near

There is one more cause of sickness that has to do with those deceased already. The Lele call this belief after their word for blood, *ndrai*.¹³ There is no danger expected from the spirit of someone who died a “normal” death after a long life. However, if someone was killed or died in the bush, in a stream or in the sea, then this person's spirit is believed to be active in that area and will roam about and make anyone sick who comes near.

¹³ There is BTh thesis on this topic focusing on Ndranou, one of the Lele villages (Kolpai 2009).

There is a way to deal with the angry spirit of the deceased and send it away from that place. But if people were unaware that someone was killed there or if they were looking for someone who had been absent from the village for too long and they find the corpse in the bush or in the river, it might already be too late and the *blut*, ‘blood’ (or sometimes the *tewel*, ‘the spirit’) of the deceased has already come over the unwary person.

The symptoms a patient develops do not always lead to a certain cause of the sickness.¹⁴ However, if someone develops *strongpela grille*, ‘a prolonged skin disease’ many people take it as an indication that the sickness has its cause in *ndrai*, ‘the blood of a deceased person.’ One traditional healer told the story of how while he was still a boy, the spirits of killed Japanese soldiers came upon him, shortly after World War II. There was only one woman who was able to cure that disease. He is convinced that if he had not been cured, today he would most likely be either *longlong*, ‘mentally disturbed’ or already dead. Virtually everyone I talked to confirmed that *ndrai* is a common cause for sickness; no single person disputed it.

Someone Used Sorcery

Glick’s definition of sorcery as “mobilization and projection of superhuman powers for malevolent purposes” (1972b, 1080) is useful for the Lele context. In extension of this definition, I will show that sorcery among the Lele usually has a material dimension. The purpose is not restricted to making someone sick. Other purposes can be to kill or to stop the court to proceed by disturbing the magistrate,¹⁵ among many others. Sorcery among the Lele can take many forms and often they are combined. The most common materials used in sorcery are lime, ginger, *tanget* leaves, as well as body parts or fluids of deceased people, but this list is not comprehensive. A

¹⁴ It is therefore not possible to list symptoms with their corresponding causes.

¹⁵ See story 4 in Appendix B.

central feature of sorcery among the Lele is that any material that is to be used must be made effective (“hot”). A certain power must be attached to it; usually the power of the spirit of a deceased person or the power of a spirit being or both.

Lime is used in many ways to harm people. It can be blown into people’s direction, put on the road on which the one to be harmed is likely to walk, rubbed into sandals or on the laundry hanging on the line to dry, or transmitted to someone by a handshake. The idea is that the one to be harmed needs to come in physical or almost physical contact with the material used for sorcery. What makes the lime effective is that it has been given to people by the spirits who use its power. The one who uses it may have received it directly from the spirits, or it has been transmitted to him or her through other people (usually from someone in the family). In the latter case, the line of transmission is also mentioned when the lime is being used, but it always goes back to a spirit being who initially gave the lime.

Another way to use sorcery is to obtain body fluids or body parts of the deceased and to use their power to harm others. Although a number of the persons I interviewed mentioned that this is not traditional Manus practice, many referred to it all the time in the interviews and it seems to have become a commonly suspected cause of sickness.

There are different ways that were mentioned to obtain these body fluids or body parts. For fluids, often referred to as *sting blong daiman*, ‘fluids developed in a corpse,’ people would go to the place where a person had been buried, push iron rods or pipes down to where the corpse lays, bring the fluid to the surface and put it in a container.¹⁶ Bones can be obtained from a corpse when it rests in the morgue waiting for burial. One specialist mentioned that an old person might give some fingernails or hair to someone in

¹⁶ To avoid this, many graves today have a cemented, an iron sheet is put on top of the coffin or a separate chamber is dug in the grave in which the coffin is pushed so that it is not located directly under loose soil.

the family to be used for sorcery in the future. In sorcery, it is possible to use both ones own ancestors (and their bones or fluids) or those of another clan.¹⁷

Care—and often protective measures—must be taken when obtaining these materials, lest the spirit of the deceased takes action against the one who collects them. Therefore, for activities connected to sorcery, specialists are needed. Bones and fingernails need to be ground first; body fluid can be used directly. The idea is that the spirit of the deceased is “in” the material taken from the body and that the spirit of the deceased performs according to the wishes or commands of those who use it. Because people believe that the character of people extends beyond their death, preferably powerful and fierce ancestors are used in sorcery. People who have intentions to harm someone need to find a specialist who has the power to use sorcery against others; the specialist can be from one’s own clan or from another clan. The substances can be inserted in sago, or in the water someone drinks, mixed with tobacco and then offered to someone as a cigarette¹⁸ or injected into a pineapple by using a syringe.

Oftentimes, the two methods described above are combined and body parts or fluids are mixed with lime. Each time this lime is used, the spirit of the deceased ancestor must be called and spoken to, as one specialist illustrated: “*Harim, bai mipela go killim man nau. Kam wantaim mi, mipela go*”, “Listen, we go and kill that man now. Come with me, let’s go”.

Around the same time I interviewed the specialists, I also had conversations with two local church leaders. Both told stories of how sorcery was used against them. In one case, ginger and *tanget* leaves were put under the entrance at his house and two of his

¹⁷ In case the material comes from another clan, usually it is usually bought for quite a substantial amount of money.

¹⁸ One of my students told me in a colloquial conversation that in his village, someone had done exactly this. The man used a piece of a skull, smashed the bone, prepared a cigarette and offered it to the one he wanted to harm. That person was killed and the sorcerer fined to pay compensation for the death he had caused, which he apparently accepted. The first instalment of the penalty, so my student, has been paid already, indicating acceptance of the verdict.

brothers who lived there became sick. In the other case, they found ginger, mimosa leaves and other substances buried in a plastic container near their house and were sure that it had to do with a sorcery attack against their family. One brother died from nothing shortly before a *glasman* pointed them to the plastic container. As in many other areas of PNG, ginger and *tanget* leaves are often used in sorcery related attacks.

Sometimes belongings of the one to be harmed (for example, a piece of clothing) are taken and presented to the spirits of the deceased, together with some money. The spirit of the dead person is then sent to act against the enemy, which in this case is someone from outside one's clan. One specialist mentioned that ginger and *tanget* leaves are also used in such a case. Patrick confirmed that the use of objects associated with the prospective victim may, but not necessarily have to, be used in an act of sorcery.¹⁹ In the case described here, the spirit is called upon and sent to the enemy in order to bring harm (instead of bringing the material used in sorcery close to the victim).

Symptoms as a possible outcome of a sorcery attack include, but are not limited to, a swollen abdomen, losing weight, feeling weak, feeling sick as if one had caught malaria. The symptoms can look as if it were a normal sickness, but in fact have a different cause. As I mentioned in the case of the blood of a deceased person, symptoms can sometimes give a hint to a cause—but not more. To connect symptoms directly with causes is not rewarding for the Lele context. Symptoms would also be vague, because if a sickness can be clearly named, it is more likely to fall into the category of natural or normal sicknesses.

¹⁹ When I talked with a local acquaintance of mine about the research I was carrying out, he mentioned that he does not throw away the husk of a betelnut in another village, but usually puts it in his pocket and then throw it into the sea, because he does not want it to be collected by others and used in sorcery. Although the specialists did not talk much about what James Frazer (1923, 37-39) called “contagious magic,” the idea is definitely there among the Lele as the example illustrates.

Sanguma

I asked some of my research participants if *sanguma*, ‘a special kind of sorcery/witchcraft’ was considered a cause of sickness among the Lele. I inquired about the two main aspects, namely that someone can send his/her spirit away and use an animal to harm others (Bartle 2005, 223-35). It is definitely not a practice that has been on Manus for a long time. To many of the specialists this was a concept only heard about, but not present on Manus. Others mentioned it as a cause of sickness, but did not relate to it often. They sometimes mentioned it in conjunction with other, more common practices like sorcery that uses lime and body parts of the deceased and often did not distinguish this from *sanguma*. Only one of the specialists was very firm on his opinion that *sanguma* had already been introduced from other provinces and is being used by some on Manus as he illustrated in a story in which a crocodile killed a man. It seems to me that *sanguma* in the way described above is not a cause for sickness that comes easily to the mind of Lele people when they want to figure out where their sickness comes from.

Ways to Learn What Caused the Sickness

In this section I deal with the different ways and stages that are involved for the Lele people to find out what caused them to become sick. This is an important step to finding the right response to the sickness. To some extent, the step of finding out the cause of a sickness involves healing procedures; for example, an inconclusive diagnosis or ineffective treatment at the hospital will show that there must be other than natural causes of the sickness.

Common Practice

What I describe here, is what people generally do in order to find the cause of a sickness. In one of the interviews a traditional healer mentioned exactly this pattern and it

can be established from other interviews as well.²⁰ It is possible to act in a different way as with many things people do in their lives and I will mention alternative approaches later.

Treat the Sickness as a Normal/Natural Sickness

If people feel sick, they usually make use of household remedies or go to the local aid post or to the hospital. When I visited a traditional healer, his father had a towel around his shoulders and had prepared some hot water with *muli*, ‘citrus fruit’ in it to inhale the steam, because he had a cold. The first resort was not to engage his son, but to use the means open and accessible to anyone.

Besides the use of household remedies, in the Lele area, most people have relatively easy access to an aid post, the hospital in Lorengau, the provincial capital, or can see a health worker in or near their village. People rely on their own diagnosis or seek the advice of medical personnel and their diagnostic methods (which are sometimes quite simple such as using a thermometer, but could also involve blood tests, urine tests and x-rays). People often use pain killers and antibiotics prescribed by the hospital²¹ or inhale medicine to help them breathing normally when they have an asthma attack. The list could easily be expanded. People make use of the public health care system, especially at the beginning of a sickness.

One specialist who is both *glasman* and a traditional healer said that he would send people away to go to the hospital first, if they had not been there yet. If the sickness can there be treated satisfactorily, it is considered a normal/natural sickness and if healing

²⁰ The Lele structure is quite close to what Carrier (1989) found out for the Ponam people who live on an island north of the coast of Manus; in both areas there exists what she calls “a single medical system.” She writes that “the choice between Western and indigenous medicine was not a choice between alternative systems, but a choice between alternative diagnoses within a single medical system” (155). In what I lay out here, it becomes clear that this is also the case in the Lele understanding of the issue.

²¹ Sometimes for reasons doubtful to anyone with some medical knowledge; especially in case of the antibiotics.

takes place, people continue with their day to day lives without inquiring further what may have caused the sickness. The approach is pragmatic: people treat for what makes sense to them and if it goes away, they forget about it.

The situation looks totally different if no clear diagnosis can be made or if the treatment does not have the desired effect. Sometimes, as the specialists, the hospital comes to the conclusion that the patient “*i no gat sik*”, “‘is not sick/does not have a sickness.’” Such a statement does not deny that the patient might feel sick, but it implies that the sickness does not fit a natural category available to those who work in the public health care system.²² If no clear diagnosis can be given or the treatment does not work, it is taken as an indicator that the sickness cannot be considered normal/natural and is therefore designated as a *sik bilong ples*. This categorical distinction between normal sickness and village sickness and their different causes was also confirmed by the two specialists I interviewed who work in the public health sector.

If it has become clear that the patient has a *sik bilong ples*, the health worker would say something like: “*Go long ples pastaim, na painim wanpela man long ples long oraitim yu. Sik hia, sik bilong ples*”, “‘Go to the village and find someone to cure you. This sick [of yours] is a village sickness’.”²³ For people it is clear: If the hospital cannot help, they probably have a *sik bilong ples* and therefore need to deal with it in a suitable way.

²² This, it seems to me, often hinders a more thorough investigation into possible medical causes of the problem. That there are causes that—according to the traditional understanding of the people—the hospital is not competent to treat, can serve as an easy excuse not to use all possible medical means that could be used.

²³ While I heard this comment in my interviews, it is not the official policy of the public health care system. I talked with someone responsible for public health care on Manus who said that those who worked in the public health sector would stay within their playing field. They would diagnose and treat what they are able to but acknowledge that at some points they need to tell people that they had exhausted their means, could not help them any further and therefore send them back home to the village. They would not refer them to a traditional healer (my main informant confirmed this position). They would also make no statement about a possible traditional cause of the sickness. They would simply remain silent about it. In that way they officially neither reject nor confirm the possibility of the *sik bilong ples* category.

Call the Family Together to see if There is Disunity

The next step, not always, but often mentioned by the specialists, is to call the family together to see if the sickness is connected to family quarrels, disunity, or if anyone holds grievances against someone else within the clan. Sometimes the causes of sickness have their roots in such problems, as the specialists mentioned: the ancestors might have sent sickness, someone might have asked the ancestors to send sickness, or someone might have made a family member sick by the power of words.

Should any family problems be discovered that could be the cause of the sickness, they must be solved in order to save the life of the sick person.²⁴ If not, the next step follows:

See the *Glasman*

If the hospital could not help and the cause does not lie within the family, the sick person then must seek the help of someone who is able to identify the cause of the sickness by looking into the spiritual world. Such persons are sometimes described as having “double eye” and so can see things not only in the physical, but also in the spiritual world.

Among the Lele, at least three techniques are known: First, what is called *kau* or *kombul* in the Lele language: Here a *glasman* rolls the leaf of a *daka* tree, chews betelnut and lime and then cuts the leave with his teeth. The saliva that turned red by using betelnut and lime, forms a pattern on the leaf from which the *glasman* “reads” the answer to the question. A second technique involves a bowl of water into which a *kuswas* leaf is thrown. The *glasman* “sees” the answer to the question in twinkling stars emerging from

²⁴ An elaborate account of such a procedure from the Yupno people on the Huon Peninsula in PNG is presented by Keck (2005).

the bowl of water.²⁵ Others yet say that their blood “shoots” into certain body parts which they feel as if a needle pricked them. This tells them what they need to know.

The *glasman* works with the help of the spirits, usually understood as spirits of the ancestors, but one participant also mentioned *masalai*, ‘nature spirits’ without further definition in this context. Patrick claims that he had received the ability from an older man who had not disclosed everything to him. He just performs as the old man told him. But even though Patrick does not know exactly what happens in the spiritual world or *how* the spirits are involved, he affirmed that the spirits *are* involved when he performs.

One important aspect in finding the cause of a sickness with the help of the *glasman* is that the sick person must cooperate. The *glasman* usually “checks” the cause of a sickness and would then ask the sick person questions, like: “*Did you walk in this area?*” or “*Is it right that you had an argument with your brother?*” The exact cause of the sickness is then determined. Patrick mentioned that he could not do much for a patient if the patient did not tell the truth or did not cooperate.

For the right response to the sickness it is usually essential not only to know that sorcery was used or that a dead man’s spirit jumped on the patient, but to know exactly who is responsible for the sorcery or who the dead man was and where it took place.²⁶ Only then can the treatment be successful.

What if the *glasman* is unable to find out what caused the sickness? This is a real dilemma for the patient and there are different possible explanations for this. One is that the patient was not honest and did not cooperate. Another explanation that was mentioned is that the sickness is not a *sik bilong ples* and therefore the *glasman* is not qualified to figure out the cause. Maybe the hospital overlooked something or the person is

²⁵ There are special requirements for the water and the leaves that are being used.

²⁶ Patrick told me that he often sees who was responsible for the sorcery (and needs to know in order for the following treatment to work), but he often does not disclose the information to those who come to find his help. If he did, he said, this would only bring more trouble and fighting and in addition, the one he blames as the sorcerer would take actions against him.

himself/herself responsible for the sickness. There are also cases in which there is no good explanation at all. One older traditional healer I interviewed had lost his son some time earlier due to a sickness. He had called the *glasman* but when that *glasman* performed, he could only see “*smoke*.” The *glasman* then directed them to use a mix of various treatments, hoping that one (or all together) would heal the young man. Tragically, the man died.²⁷

Alternative Approaches

While the pattern that I described above is the standard, another course of action is also possible and can make as much or more sense for the people in their respective circumstances. The system is highly pragmatic and flexible.

Someone might go to the *glasman* (instead of the hospital) first to check if the sickness is caused by another person or a spirit. The reason for that is simply convenience. Sometimes a community health worker might be on leave, the aid post not in operation and it would involve much time and effort to go to the hospital. Then it is more convenient, faster and cheaper to see the *glasman* first. If the *glasman* finds that the sickness is not *sik bilong ples*, the effort to go to the hospital would not be in vain.

If someone went to the hospital and could not be healed, that person might go straight to the *glasman* instead of looking for disunity within the family as a cause of the person’s sickness. A number of my research participants did not explicitly mention the step of calling the family together. Some also said that the *glasman* might point out problems that exist in the family.

²⁷ I do not list communicating with deceased ancestors of the clan here to find the cause of a sickness, because it was rarely mentioned by the specialists. Later, when I asked one of the mature Christians whether she was willing to participate in one of the focus groups, she mentioned that her clan pressured her to talk to her deceased relative to find a person who had been missing for some time. This example is not linked directly to sickness but to receiving information otherwise unknown and I suspect that it plays a certain, even though menial, role in the finding of the cause of a sickness.

A traditional healer I talked to mentioned that sometimes people come to him without having gone to the hospital or the *glasman* first and he might try to help them. People needed to tell him what the cause of their sickness was, he said, in order for him to be able to heal them. Quite frequently, people know what is wrong with them, because they could feel it or they had a dream or a vision in which they saw what had been done to them. In such a case, he would then try to help the sick person, but if the treatment did not help, maybe because patients were not honest or did not tell him the correct cause, he would send them back to a *glasman*. In this case, the standard steps described above are reversed.

This all shows that although there is a usual, common way to act in time of sickness, there are other equally logical approaches to the problem. The overall perception however, that causes of sickness can be divided in those the hospital can deal with and those that are to be dealt with in the village, remains the same. Also, just as in the public health system, a diagnosis (in one form or the other) precedes the treatment.

Treatment and How It Is Believed to be Effective

In this section, I combine the third and fourth questions of sub-problem #1 of my study. Both aspects—the treatment and how it is believed to be effective—are directly linked with each other. The treatment of the sick person follows the cause that has been discovered for the sickness.

Use of the Public Health Care System or of Simple Bush Medicine

Normally sick people try to find help from the aid post or the hospital and their health workers first, rely on medicine they know (though this is rarely the case), or use the bush medicine they have at hand and believe to be effective for the sickness they have. I did not inquire into how people believe antibiotics or flu-medicines work, but they

provided an answer not unlike many people in the western world; depending on the depth of each person's biomedical knowledge. What I call bush medicine here is a concept more difficult to comprehend than it might seem at first and I will come back to this issue later.²⁸

In the case of injuries of the bones, muscles or joints, there are two specialists in the area that I talked to who are not connected to the public health system. Just as people who have diarrhea could refer to bush medicine or ask the doctor for medicine from the dispensary, so people with broken arms or loose joints could either go to the hospital or to these two specialists (without thinking about underlying spiritual issues). There might be more people among the Lele who do similar things. Some of what these people do or some of the successes they reported to have are difficult to explain from a purely biomedical perspective.²⁹ They have a certain power or gift, but nobody I talked to connected it to the spirit world and they themselves also did not do so but rather saw the source of their gift from God.

Reconciliation within the Family

If the family is called together to learn if there are any quarrels or grievances that are believed to be the cause of a sickness, the parties involved need to reconcile. The word used in Tok Pisin for this is *stretim*, which has a broad range of meaning and is here best rendered with 'to put in order, to reconcile.' Usually, the offender admits that he or she has done something wrong, apologizes, and brings a gift (often money) to the offended party.

If the ancestors were involved in sending the sickness, they are informed that the conflict has been resolved. They are then asked to "*take your hand away from him/her*" and so restore the person's health. The one who asked the ancestors to make the person

²⁸ See section "use of herbs, barks, roots and other bush materials by the healer" in this chapter.

²⁹ For similar phenomena among Philippine folk healers, see Leonardo Mercado (1988).

sick is also the one who asks them to make the person well again. This concept only works within the same clan and requires that the conflicting parties reconcile first.

Because cursing does not involve spirits or ancestors and the curse is believed to be effective if it is uttered by the right person, in order to reverse its consequences it is enough to simply cancel the curse. If an aunt had cursed her niece, she will take back the curse only after the niece has apologized and presented a gift. The aunt would then say a blessing to the niece, such as: “*You now can go and study and you will do well!*” Just as the curse was believed to come true, so the blessing is believed to come true simply by the power of the spoken word. The connection to physical sickness is often indirect (as in the case someone was getting sick and could not advance in his/her studies), but the curse could also be directed straight to the person’s health condition.

Healing Methods that Need a Specialist with Access to the Spirit World

Whenever spirits are involved in the causation of sickness, they have to be dealt with in the right manner and this needs the help of a specialist. Not everyone can deal with the spirits and not every specialist can deal with every kind of spirit or cause of sickness. For example, if someone can help in the case of sickness caused by the blood of a deceased person “jumping” on someone, that same healer might not be qualified to deal with sorcery related sicknesses or where people believe that a nature spirit caused them to be sick. It is therefore of great importance to find the right specialist, who is able to deal with the respective cause of the sickness. In all cases where spirits are involved, the traditional healer uses material for treatment that is connected to the ancestors and/or other spirits; especially ginger and lime.

In case nature spirits caused the sickness, the concept is that the spirit had stolen the *tewel*, ‘spirit/soul’ of the sick person and took it to where it lives (up into the crown of the tree, to the water, into the cave for example). To restore health, the *tewel* needs to be

recovered.³⁰ One participant said that he sometimes sends people whose children have been made sick by a *pisokei*, ‘tree spirit, dwarf’ to the landowners of the area where it happened. The parents make the landowners a gift and ask them to talk to the *pisokei* on their behalf to return the child’s *tewel*.

Another procedure among the Lele in case a nature spirit caused sickness, is to find a specialist who uses lime (such lime that is empowered by inviting the ancestors to work through it) and blows it at the sick person. It is the work of the spirit of the ancestor in the lime to make the nature spirit return the spirit/soul of the person. If the sickness caused by a nature spirit is different, namely, that it comes and troubles the sick person repeatedly (instead of having snatched the person’s soul/spirit), a specialist might use lime to “*block the road*” so that the nature spirit does not come back. Lime prevents a tree spirits and other nature spirits from returning, because they cannot stand it.³¹ The treatment for sickness caused by the blood of a dead person, is also lime and ginger. The idea is clear: the spirit of the dead person needs to be removed from the one made sick.

If sorcery is the cause of sickness, spirits of the deceased together with nature spirits were used to make the victim sick. If, as a remedy, lime is blown or ginger spit at the patient, it is now spirit that fights against spirit. This is, in principle, also true for the cases I have just described (*snel*, *pisokei*, *ndrai*). In order for the treatment to be effective, it is essential that the spirits used in combating sorcery are stronger than those used in the attack.

Lime, ginger and *tanget* leaves are very common in harming as well as in healing people. Also, each of them has a common use in the ordinary life of people. However, if

³⁰ From one person I heard that when a *snel* was believed to have stolen the *tewel* of a woman, a specialist went to the water where it happened and fired a shot with a rifle. This startled the *snel* and caused it to let the *tewel* go so that it returned to the woman (Int4, 26:24). When other specialists heard that someone fired a shot to recover a person’s *tewel*, they were surprised. This man originally came from the Sepik region and might have used what he learned there and applied it here. It must have been a rather idiosyncratic or imported way to deal with the problem. Nevertheless, my informant told me that the method worked and the woman’s health was restored.

³¹ See story 3 in Appendix B.

they are used in sorcery or healing, they are always connected with or inhabited by spirits. It is therefore not uncommon to use more than one of these material (and the spirits associated with it) in the healing process. One participant regularly blows lime at patients when they come to him, but in addition gives them a small piece of ginger to eat. In many cases he also binds the spirit used in sorcery in a *tanget* leaf and burns it in the fire.

In my research I could not discover a clear pattern in which cases lime is used and in which cases ginger. It seems to me that this depends on the individual healer and what is available to that respective healer. There also seems to be some local differences.³²

Sorcery as a destructive force—often connected with the idea of being “hot”—needs to be countered and stopped. In this concept, the expression the Lele use is *mekim kol*, ‘to make cold, this is, to stop it from being effective.’ When one of the traditional healers showed me the lime he uses to treat patients, there was also a small piece of bark in the container. He said its purpose was to make the *kambang hot*, ‘hot = effective.’ He then used it to deal with a case of suspected sorcery. The power of the sorcery used against the woman had to be made *kol*, ‘cold’. These expressions are common idioms throughout Melanesia.

Healers’ Use of Herbs, Barks, Roots and Other Bush Material

When I discussed healing procedures with the specialists, they often mentioned that the traditional healer uses herbs, barks, and other bush materials (in the following called “herbs” for simplicity) when treating the patient. I mentioned that ordinary people often use what I called “simple bush medicine”—plants from the bush, that are believed to provide relief or healing for certain health problems. Their medical effectiveness is

³² See question 13 in the survey; Appendix C.

common (or almost common) knowledge. The question that arises is whether there is a qualitative difference in the use of bush medicine if *the healer* uses it.

Patrick told me, even showed me, how he prepares the bark of the *pakpak* tree to become medicine for people who the hospital could not help. Patrick is both, a *glasman* and a *dokta blong ples* and often uses ginger to spit at people. These activities involve the power of the spirits. But the herbs that he uses, anyone could use he said. People could see how he is preparing the *pakpak* drink and do it themselves when they need it.³³

In an interview with another healer, the same kind of medicine made of *pakpak* bark was mentioned and the specialist, too, explicitly said that it did not involve the spirits. This, however, was later disputed by another specialist who knows what Patrick is doing. We spoke about the very example of using the bark of *pakpak* trees for healing and this specialist said it would only be effective if prepared by Patrick as he is connected to the spirits. These are contradicting statements and I was not able to find further clarification.

On other occasions, material from the same tree, *pakpak*, was clearly used in conjunction with recovering the spirit/soul of a child from a tree spirit. Another *glasman* and traditional healer said he used the roots of a tree (called *korkor*) to deal with a man who had been attacked by sorcery. He said: “*This korkor can take away, eh, say, this sorcery, or that belief, or that spirit.*” So in this case, again, herbs were used to combat a clear case of sorcery.³⁴

In one interview the participant mentioned that they used herbs to cure the sickness, “*but we go and find the right man.*” When I asked another healer what it depended whether the *dokta blong ples* used ginger or lime or certain barks of the trees,

³³ Interestingly, he said that if he gives the medicine to the sick person, he himself must drink of it, too. On my question what the reason for this was, he answered that this is what he was told to do when he was introduced to various healing methods. Another specialist, who knows this practice of Patrick, said it was to prove that there was nothing wrong with the drink (meaning, that there is no poison in it).

³⁴ There was no doubt about sorcery to be involved, because a tooth that had been used as an object in harming the person had already been discovered in the cushion of the person’s chair.

the answer was: “*Ol yet ol i gat save*”, ““They themselves have the knowledge’.” Often, the research participant continued, the healer (who in this case was called *poisinman*, ‘someone working with the power of the spirits’) would use a combination of herbs and in calling on the spirits and inviting them to act, heal the patient.

These examples show that in many cases where a traditional healer is consulted, spiritual power is involved, and people rely on the knowledge and competency of the healer.³⁵

Lastly, the herbalist I talked to would also use all kinds of herbs for treatment. She even subscribes to the same beliefs about the possible causes of sickness, but does not see the material she uses to be empowered by spirits. She often prays and works from the assumption that God has given her the gift to use these natural materials for healing.

The picture that emerges concerning the use of herbs is complex. Herbs can be used in a way where they are thought to work in a biomedical system on one side and in a way they combat spiritual forces and their effects on the other. However, these two positions should not be seen as two clearly separated categories, but on a continuum and with one side often (but probably not always) having a role to play in the other. It would be wrong to assume that everything is connected to the spirit world, but the distinctions and boundaries are blurred. From conversations I had with people in the Lele area it seems to me that many people have a good sense to determine when the power of the spirits is involved and when it is not.

I tried to come to a good categorization of traditional healers, but the nomenclature was difficult. When I asked two people on separate occasions how they called the specialists involved in bringing healing, both were looking for words. At the end, they distinguished those who work as sorcerers (also *poisinman* in Tok Pisin, but sometimes also called “someone using witchcraft”) from those working with herbs (and

³⁵ For the acquisition of spiritual power, see the next section.

not being associated with spirits), and those who fix broken bones. The wording however, was not fixed.³⁶ One would call the first two *dokta blong ples* the other would call all three *dokta blong ples*.

Healing in Cases Where the Sickness May Have Various Causes

There is a possibility that someone is affected by two kinds of sickness: a normal sickness, like malaria, and a village sickness. The *glasman* would see the *sik bilong ples*-side, but in order to restore health, both aspects must be taken care of. Therefore, one *glasman* told me that he refers patients who come to him in order to find the cause of a sickness to the hospital. They should check if there is any normal sickness involved. If the patient had a sickness that is considered a normal sickness, this had to be taken care of first by means available to the public health system; the patient could later come back to take care of the traditional cause. This specialist argued that malaria would still kill the patient if it was not treated, even if the *sik bilong ples*-aspect was taken care of.

Another specialist, however, suggested dealing with the *sik bilong ples*-aspect of the sickness first, because otherwise the treatment at the hospital would not heal the patient. In practice, this probably means that in order to be on the safe side, one would let the hospital check for sickness, follow through with the treatment if necessary, but if one still feels sick, check with the *glasman* for another reason for not getting better. According to the suggestion of the second specialist mentioned here, the patient could go back to the hospital after the village dimension had been taken care of.

There is also a scenario in which all options have been exhausted. The hospital did its best to heal the patient, the *glasman* and the traditional healer have been involved, but still the patient does not get better. Sometimes patients give up and accept that they must die. However, as the one traditional healer told about the time when his own son

³⁶ In some of the interviews, the term *glasman* was also used for some healers; most likely when they were engaged in both kinds of work.

passed away, there was a health worker, a *dokta blong ples* and a pastor present who all worked to help the patient, all at the same time, and each with their expertise. It seems that in such extreme situations, when life is at stake, the stages in treatment that I have described earlier, become unimportant (or may have been gone through already). Everyone does what is in his or her hands to save the patient, using all kinds of approaches and attempts in hope that something would work. This also seems to be the time, when prayer or calling for the pastor enters the scene. It was mentioned to me a couple of times that, if everything else fails, people turn to God for help.

Additional Important Aspects about Sickness and Healing

There are a number of aspects connected to my research topic that evolved from analyzing the interviews that are not directly linked to one of the sub-questions of my research problem, but are nevertheless essential to understand the overall conception. I therefore deal with them here.

Importance of Believing in Something in Order for it to Work

The idea that if someone believes in something it will take place or exercise a certain influence on that person is prevalent everywhere; the opposite is also the case (at least in general): if you do not believe it, it does not happen. I have heard this confirmed many times by the specialists in different regards: people believe that the ancestors can send sickness, therefore it happens; people believe that the *glasman* can look into the spirit world, therefore the system works; people believe that their aunt's curse will come true, therefore it comes true.

The same idea was mentioned by the Christian herbalist I interviewed. She said that people who drink her herbal medicine should believe in God and that according to their faith

they would receive healing. If they did not have faith, the herbal medicine would still work, but the sickness would come back.

The other side is also true. One person I met (not a specialist) told me that his toe was affected by diabetes. A traditional healer came to see him. The person I talked to did not really believe that the traditional healer could help him but as he was already there, he let him spit at the toe using ginger. There was no positive outcome and the toe had to be amputated. This did not surprise the patient as he had not expected much of the treatment anyway.

Right Time and Right Number of Times for a Healing Ritual to Take Place

A healing ritual is often (not always) bound to a certain time. Often, the early morning and even more often, the late afternoon, around sunset, are preferred times for the traditional healer to work on the patient. The reason for this is that these are the times the spirits are thought to be most active and are coming to attack the person. The healer will therefore be there around the same time, to combat the evil spirits. Connected to this is that the ritual often needs to be performed a number of times, for example, for three days or for five days, each day in the morning and in the afternoon. Should the treatment not be successful after the set time, other options are considered.

In the example just mentioned, where the *dokta blong ples* treated a woman in a suspected case of sorcery, the healer did the first treatment on the afternoon on the day before we met. Had he not been visiting me the next morning, he would have treated her again. We then went together to see the woman around 4:30 P.M. on that day. He let her stand facing the setting sun, and after he had marked certain parts of her body with lime, he also blew lime towards her. The treatment then would continue, he said, the following morning.

Importance of Relationships

A thread running through the interviews is that one needs to have good relationships with the right people. One of the specialists brings up the point when he remarked: *“So the most important thing here, in order to avoid or to heal sickness, is to maintain your public relationship with others.”* Family unity is of greatest importance, but one also needs specialists that can and are willing to assist in times of crisis. Sometimes there is only one person in the entire area who is able to combat a certain cause that made someone sick. In one village specialists told me that two young men were affected by the blood of a killed man “jumping” on them but none of the traditional healers were willing to help them, which for the two young men was a real problem. Another aspect in this regard is that one needs good relationships in order not to be harmed by sorcery. Enemies can always use sorcery or other means to harm a person; therefore it is best to live in harmony or to protect oneself through all kinds of protective measures.³⁷

Acquisition of Spiritual Power

Spiritual power has to be acquired and there are different ways to do this. The most common way is that it is passed on from one person to the other, often in the form of a blessing and by handing over physically some material that is connected to the power, for example, a ginger plant or some lime. The power can be transferred so that it is not being lost in the family line or it can be given as a gift for some service provided. It can also be bought, which is often the case when sorcery related material is acquired.

When I inquired where people would get the power from, the answer was that it always comes from a spirit being, even if it is passed on through a long line of ancestors. Just like the spirits have given power to the ancestors in earlier generations, they can still do

³⁷ These protective measures exist, but I did not inquire much into that direction. Some aspects came to light in the discussions with the mature Christians; see Chapter 8.

it today. People who sleep underneath a tree that is inhabited by a tree spirit can receive power from that spirit.

It is not only tree spirits that give spiritual power to people, but also other spirit beings with certain names, that appear to people and give them direction on what to do in order to act power. One specialist told me that when lime and ginger were given to the people along the Manus highway in the Lele area, according to their myth, it was given to a man by the name Ponape from a *snel*, 'nature spirit' by the name Pouli who lived in this area. The specialist said that the people, empowered by the spirits, would use these spirits and the spell they received from the spirit when they use the power.

Patrick mentioned that today, people who want to receive power from a nature spirit might ask an old man who is familiar with the spirits to call them, block their road and introduce the one who seeks the spiritual power to this spirit being.

In one of my conversations with Patrick I told him that I heard someone saying that some people sleep at the graveyards to obtain power from the deceased. Patrick affirmed that this is possible. He added, however, that even the spiritual power of the ancestors goes back to some spirit being who provided it in the first place.

Use of the Power Determines Whether it is Good or Evil

Lime, ginger and *tanget* leaves can all be used to harm and to heal. Often, the same spirits that are associated with these substances can be used to harm and to heal, too. Spirits connected to the natural world can attack people, but they also look after nature and can equip people with power and in this way help them. According to what I learned from the specialists, the powers are not in and of themselves malevolent or

benevolent, although some are generally rather feared than welcomed. There seems to be no clear, given dichotomy of good and evil. It all depends on how the power is used.³⁸

Presence of Fear

Although I have not inquired much in that direction, at various points the specialists mentioned that fear played a large role in their lives. When I interviewed two specialists together, they said that they were always concerned when they eat food others serve them, because of the danger of sorcery. While this is probably an issue for most people (and not only for the specialists), some have reasons for being afraid that are directly linked to their work. One *glasman* said that when he discovered who was responsible for a sorcery attack, those that he blames automatically become his enemies. So he “*checks*” before he leaves his house if enemies wait for him on the road he wants to travel and if necessary chooses another route.

When some Japanese recently came to our church and mission station and said that they learned that two Japanese soldiers had been buried there during World War II, people started to become concerned about the danger associated with their ghosts. It is likely that they tell their children not to play there anymore in order not to provoke the spirits of the deceased soldiers.

To some extent, the concern that someone could do something evil is dealt with in developing certain habits. In these cases it is probably not right to speak of a fear that is consciously present, but more of a subtle concern that some things need to be avoided. One of my research participants mentioned that people would not leave their sandals outside the house overnight, lest someone could come and rub lime into them. He also said that they rarely leave their houses unattended. There is usually someone in the

³⁸ About the relativity of good and evil and cases where sorcery was seen as something beneficial, see Trompf (1991, 57-62). See also the discussion about who the victims are in sorcery-related killings by Mirinda Forsyth and Richard Eves (2015a).

vicinity to watch over it. The fear is not so much that something could be stolen, but that someone could perform sorcery and mix harmful substances into the food or water in the house. These examples show the impact the latent fear has on people's lives. It restrains their freedom and makes them cautious in many different situations as they experience the dangers coming from the unseen world as something that is very real.

At the end of this first step in my research, I had a good answer to sub-problem #1. My aim was to learn how sickness and healing are understood in a traditional way by the specialists in the field. They have a clear system of possible causes, means to identify the causes and corresponding ways of treatment. It is a largely coherent system in which people assigned the newer, modern medical system, a demarcated place. The seers and traditional healers take a prominent role in the concept; especially when it comes to dealing with spiritual forces of the unseen world.

The interviews with the specialists built the necessary foundation for the second step of my fieldwork (corresponding to sub-problem #2): I worked what I had learned from the specialists into a survey that I conducted among a sample of the general population. Without the knowledge gathered in step 1, I would not have been able to elicit the perspective of the general population, because I would have lacked the conceptual knowledge and been ignorant of the categories that exist in the Lele understanding of sickness and healing. By building the survey on the interviews with the specialists I was able to learn to what extent the general population shares the concepts with the specialists. In Chapter 7 I will present the findings from the survey.

Chapter 7

Findings II: The General Populations' Perspective

For the analysis of the survey, I will follow the main structure as the previous chapter. I will first deal with the causes of sickness, then ways to identify the cause of a sickness and then the concepts and procedures to bring about healing. The presentation will note the results from the survey and set them in relation to the information received from the specialists. In a further section I will highlight religious aspects; that is, findings from the survey that deal with God's or Satan's role in sending sickness or providing healing. I will then look at people who consider themselves committed Christians and show how their responses vary from the rest. Lastly, I will note questions and issues that arose from the survey and that I included in the focus groups with mature Christians.

In the outline of this chapter, I follow the purpose for which I created the survey (see Appendix C): my intent was for it to function as a hinge between the specialist interviews (setting their perspective in relation to the general population) and the focus groups with mature Christians, bringing to light areas that are worthwhile for further investigation.

Causes for Sickness

The main focus in this section is on the traditional causes of sickness. First, I will briefly present how people in the survey understand natural/normal sickness in relation to *sik bilong ples* and their understanding of sicknesses people are themselves responsible for which do not fall under the rubric *sik bilong ples*.

Natural, or Normal Causes

The specialists made a clear distinction between the two categories: *sik bilong ples* and natural/normal sickness. The respondents to the survey confirm this clear distinction (142 yes, 12 no, 8 x)¹ and also agree that the hospital cannot help in cases of *sik bilong ples* (141 yes, 11 no, 10 x). Sickness that can be successfully treated by the hospital is considered as natural sickness according to the specialists; sickness that cannot be treated successfully by the hospital is considered *sik bilong ples*. Again, 144 respondents agree to this statement (9 no, 9 x).

Sickness People Themselves are Responsible for

A vast majority of the respondents agreed that sometimes people do not become sick because of germs, viruses, or similar reasons, nor does their sickness fall into the *sik bilong ples*-category (question 1e). What makes them sick are their sorrows and their negative thinking. These people are themselves responsible for their sickness (143 yes, 6 no, 13 x). This corresponds with what I learned from the specialists.

Traditional Causes for Sickness

In question 2 of the survey I asked whether or not what I listed could cause people to become sick. Except for the last one (God), these potential causes all came from the interviews with the specialists. All of these traditional causes were confirmed by a vast majority of the respondents. In my presentation here, I also include the responses to questions 3 through 7 where I inquired about some causes in more detail. In question 8, I went a step further, moving from concepts to people's experience. I wanted to learn about the causes they believed were behind their own sickness in the past.

¹ For the way I analyzed the survey, see Chapter 4: Step 2: Survey among the General Population/Data Analysis Methods. See also Appendix C.

Sickness Caused by Nature Spirits

There are two kinds of spirits connected to the natural world, *pisukei*, ‘tree spirit’ and *snel*, ‘*masalai*, spirit being.’ In the survey I asked if people saw them as a possible cause of sickness and if they thought that they themselves had been affected by them. The results for questions 2 (concepts) and 8 (experience) look as follows:

Table 9: Results for Question 2a+b

What can cause people to become sick?				
	Affirmative	Unsure	Negative	x
a) <i>Pisukei</i> (tree spirit)	134	8	11	9
b) <i>snel</i> (<i>masalai</i> , spirit being)	140	3	12	7

Table 10: Results for Question 8a

Do you think you have you ever been sick in your life because of...				
	Affirmative	Unsure	Negative	x
a) <i>Pisukei</i> (tree spirit) or <i>snel</i> (nature spirit)	36	7	102	17

The *pisukei* were considered by 134 respondents as a potential cause for sickness (3 ?, 11 no, 9 x). The specialists said that they were only dangerous for little children, not for adults. In question 3, the respondents to the survey confirmed their danger for children (151 yes, 6 no, 5x) but with a little less assentation also considered them as dangerous for adults (135 yes, 20 no, 7 x). In this point, specialists and participants in the survey clearly disagree. A few specialists mentioned that the *pisukei* did not live in the Lele area anymore, but the majority of people taking the survey noted that they were still living in the Lele area (111 yes, 39 no, 12 x).

The number of respondents that affirmed that *snel* can cause sickness is even higher than for *pisukei* (140 yes, 3 ?, 12 no, 7 x). According to question 4, the idea that the *snel* jumps on people in order to make them sick (135 yes, 19 no, 8 x) is more widely spread than that of the *snel* making someone sick by stealing his or her spirit (97 yes, 53 no, 12 x). According to about two third of the valid responses (101 yes) the *snel* were still around in the Lele area, about one third (46 no) were convinced that they did not live in their midst anymore (with 15 x).

Concerning people's own experience, 36 respondents² believed that they had been made sick by *pisukei* or *snel*³ at some point in their life; 102 did not think this had happened to them so far (with 7 ? and 17 x). Whereas the vast majority of the people who took part in the survey did not believe that these spirits of nature had made them sick in the past, still about one in four of those people who gave a valid response mentioned them as a cause of sickness at some point in their life. This shows that according to the traditional understanding spirits connected to the natural world must not be ignored as a potential cause of sickness.

Cursing

In the interviews with the specialist it remained ambivalent if curses can be considered as a direct cause of sickness or only as an indirect cause. I therefore included a number of questions in the survey in order to determine the perspective of ordinary people.

² The combined answers for "yes" and "I think so".

³ When asking for people's experience, I did not distinguish between *pisukei* and *snel*.

Table 11: Results for Question 2f

What can cause people to become sick?				
	Affirmative	Unsure	Negative	x
f) Curses/power speech	147	3	5	7

According to the answers to question 2f, respondents believe that curses⁴ can make people sick (147 yes, 1 ?, 2 no, 6 x). This is a clear statement, because almost everyone considered curses as a potential cause for sickness. The result was confirmed by the answers to question 5a, where I asked the question again in a similar way. There, 152 respondents saw curses as a cause of sickness, only 7 did not (with 3 x). Whereas the information I received from the specialists was not completely clear, according to the respondents in the survey there can be no doubt: curses can be the direct cause for sickness. The question appeared again in a similar way when I asked about quarrels within the family (question 6b). There, respondents could mark numerous boxes:

Table 12: Results for Question 6

You can mark one, two, three or four answers. If you think that none of these have the potential to make someone sick, mark the last choice (e).⁵

Some questions about quarrels within the family: If there are quarrels within the family:		
a)	95	These quarrels alone are reason enough for a person to become sick
b)	100	If someone uses powerful words against someone else/curses someone else, this can cause a person to become sick
c)	81	If the deceased are angry about to the quarrels that are present within the family, they can make someone sick (not because someone asked them to do so; they themselves take the initiative)
d)	89	Someone asked the deceased to make someone sick and it happens
e)	2	None of the above is a cause for sickness

Number of responses invalid or question not answered: 22 (n = 164)

⁴ I also used *strongpela tok* to describe powerful words or words loaded with power.

⁵ I added the verbal instruction: "If you mark box (e), you cannot mark any other box."

As shown in Table 12 (question 6b), 100 respondents saw curses or powerful words as a cause of sickness. This is a significantly lower figure than those I had received in questions 2f and 5a. I believe this has to do with the different format of this question, which seems to have confused some respondents (see also the relatively high number of respondents who did not answer the question or provided invalid responses).⁶

The belief in the efficacy of a curse spoken by the right person (question 5b) was affirmed by almost everyone (148 yes, 7 no, 7 x), which in turn confirmed findings from the interviews (as well as my overall perception when speaking with Lele people over the past years). Although most respondents saw curses as having power in and of themselves⁷ with no spirit beings involved to make them efficient (130 yes), 24 respondents saw this differently. According to the specialists, there are no other powers (objects, sorcery, spirit beings) involved in cursing.

Table 13: Results for Question 8b

Do you think you have you ever been sick in your life because (of) ...				
	Affirmative	Unsure	Negative	x
b) Someone cursed you	44	6	93	19

As shown in Table 13, more people were convinced that a curse had caused a sickness at some point in their life (44 yes, 6 ?, 93 no, 19 x) than was the case with the spirits connected to the natural world (36 yes).

⁶ My intention was to have the complex of disrupted interpersonal relationships together in one set of questions. However, to be better able to compare beliefs and what respondents stated about their experience, it would have been much better to include questions about the beliefs around ancestors and their potential to make people sick in question 2.

⁷ This means that the power is located in the spoken words themselves or in the authority of the person who utters them; the words are believed to be effective only if spoken by the right people.

Someone Asked the Ancestors to Send Sickness

The specialists mentioned that people can call upon the deceased ancestors to bring sickness upon another person (usually within the same clan). In question 6d, 89 respondents saw this as a possible cause for sickness (see table 12). As mentioned above, the figure might have been higher in case I had used another format for the question. In regard to the personal experience of respondents, the situation is as follows:

Table 14: Results for Question 8e

Do you think you have you ever been sick in your life because (of...)				
	Affirmative	Unsure	Negative	x
e) Someone called upon the ancestors to make you sick	35	3	112	12

Thirty-five respondents answered “yes” or “I think so” when asked if they had become sick at one point in their life because someone asked the ancestors to send sickness (3 ?, 112 no, 12 x). However, 10 out of these 35 did not mark this as a possible cause for sickness in Question 6d. This confirms my assumption that the figure in question 6d would be higher if the question had been asked in a different manner.

Ancestors Themselves Send Sickness

I also asked if the ancestors themselves can send sickness, acting as a regulating force within the clan. The specialists were divided in their opinion in this matter. In question 6 (taking into account the comments made above in regard to the mode in which question 6 was asked), 81 respondents marked this as a possible cause for sickness. As Table 15 shows, not only the belief that the deceased ancestors can take the initiative to

make people sick is lower compared to someone asking them to do so, but also the personal experience scores are lower for this question:

Table 15: Results for Question 8d

Do you think you have you ever been sick in your life because (of...)				
	Affirmative	Unsure	Negative	x
d) Quarrels in the family and the deceased ancestors took the initiative to make you sick	29	5	108	20

Twenty-nine respondents mention that the ancestors, out of their own initiative had caused them to become sick at some point in their life (5 ?, 108 no, 20 x). Again, out of these 29, 8 did not mark this as a potential cause for sickness in question 6c.

I also wanted to learn whether people of different age groups had different experiences with the traditional causes of sickness. For all the experience-based answers (question 8a-f) I therefore did a comparison between different age groups. In all cases, the group of the 18-34 year olds had the least experience with these traditional sicknesses.⁸ This was no surprise since young people have less life experience and my question was “Have you ever been sick because of...” Table 16 shows the result for the experience of sickness the ancestors sent because of quarrels in the family, according to age groups. For Tables 16 and 17, in order to keep the presentation clear, I only include valid answers and do not include the responses of those who did not indicate their age.

⁸ For the complete list, see Appendix C.

Table 16: Results for Question 8d; by Age Groups

Do you think you have you ever been sick because there were quarrels within the family and the deceased ancestors took the initiative to make you sick?						
Age range	18-34 years		35-54 years		55+ years	
	Raw figure	%	Raw figure	%	Raw figure	%
Affirmative	4	10.3%	15	23.4%	8	21.6%
Unsure	4	10.3%	0	0.0%	1	2.7%
Negative	31	79.5%	49	76.6%	28	75.7%

The answers to the experienced-based questions should not lead to the conclusion that younger people deny the possibility of becoming sick because of traditional causes. In regard to the question whether ancestors can send sickness, the analysis of the answers to question 6c shows that these beliefs are shared slightly stronger among younger people:

Table 17: Results for Question 6c; by Age Groups

If the deceased are angry about the quarrels that are present within the family, they can make someone sick (not because someone asked them to do so; they themselves take the initiative)			
Age range	18-34 years	35-54 years	55+ years
Number of people who indicated that this is true	25	34	20
Number of people who gave at least one valid answer in question 6	40	60	37
Percentage	62.5%	56.7%	54.1%

Blood of a Person Who Died an Unnatural Death “Jumps” on those Who Come Near

Tables 18 and 19 show people’s beliefs about the potential to become sick because of the blood of a deceased person jumps on someone and how many are convinced that it has affected their health at some point in their lives:

Table 18: Results for Question 2g

What can cause people to become sick?				
	Affirmative	Unsure	Negative	x
g) <i>ndrai</i> (blood), the blood/spirit of a deceased person jumping on someone	153	1	2	6

Table 19: Results for Question 8f

Do you think you have you ever been sick in your life because of ...				
	Affirmative	Unsure	Negative	x
f) <i>Ndrai</i> (the blood of a deceased person “jumping” onto you)	40	3	105	14

In the analysis of the specialist interviews I came to the conclusion that virtually everyone I talked to confirmed that *ndrai* is a common cause for sickness and that no single person disputed it. The results of the survey confirm the picture that emerged from the specialist interviews. 153 respondents (98.1% of the valid answers) affirm *ndrai* as a cause for sickness (1 ?, 2 no, 6 x).

Fourty 40 respondents indicated that they had become sick through *ndrai* at some time during their life (3 ?, 105 no, 14 x). With that, there can be no doubt about *ndrai* as an important aspect of the causes of sickness among the Lele.

Someone used Sorcery

The Lele know three main ways to harm others that have to do with sorcery. The material that is being used is *kambang*, ‘lime,’ *kawawar*, ‘ginger’ and bones of the deceased or the body fluids that come from the decomposing corpse.⁹

⁹ Sometimes *tanget*, ‘a shrub’ is also used.

Table 20 shows the beliefs about sorcery; Table 21 what respondents indicated about their experience:

Table 20: Results for Question 2c-e

What can cause people to become sick?				
	Affirmative	Unsure	Negative	x
c) <i>Kambang</i> (lime), used to harm	154	1	2	5
d) <i>Kawawar</i> (ginger), used to harm	148	3	4	7
e) <i>Sting/bun</i> (body fluids, bones) of the deceased	137	9	9	7

Table 21: Results for Question 8c

Do you think you have you ever been sick in your life because of ...				
	Affirmative	Unsure	Negative	x
c) <i>Kambang</i> (lime), <i>kawawar</i> (ginger), or body parts of the deceased, used to harm	66	4	77	15

In the survey all three got high scores when I asked if they could be used to cause sickness. Lime is at the top (154 yes, 1 ?, 2 no, 5 x), followed by ginger (148 yes, 3 ?, 4 no, 7 x) and bones or body fluids of the deceased (137 yes, 9 ?, 9 no, 7 x). A closer look at all the data sets reveals that there were only two respondents who excluded all three ways of sorcery as potential causes for sickness. This shows that sorcery is a very present and real concept for people when it comes to considering the causes for sickness.

When asked if any of these three caused them to become sick at some time in their life, 66 people stated that either lime, ginger or bones/body fluids of the deceased

had caused them to become sick (4 ?, 77 no, 15 x). This is the highest number for any of the experience-related questions of the causes of sickness.

I added a question concerning the effectiveness of sorcery for those who were not afraid of its power. The responses were mixed.¹⁰ A small majority of 83 people indicated that if one was not afraid of the power of sorcery, sorcery could not harm, but 69 people stated the opposite. 10 people did not answer the question or the answer could not be used.

Conclusion

The information I received from the specialists were to a large extent confirmed through the survey.¹¹ The three most important findings from this section are: First, there is a clear categorical difference between normal sickness and *sik bilong ples*. Second, people hold on firmly to the traditional beliefs about the causation of sickness, which includes spirits connected to the natural world, deceased ancestors, curses, and sorcery in a variety of ways. All the traditional causes listed in question 2a-g received affirmative scores between 87.6% and 98.1% of the valid responses.

That people know about normal sickness does not mean that they have given up their beliefs about *sik bilong ples*. From people's perspective it must make perfect sense to think about possible traditional causes of a sickness, at least if a sickness is serious or prolongs over a long time. Third, the traditional causes of sickness not only play a role in people's beliefs but also in their own experience. The scores for the traditional sickness listed in question 8 were between 20.4% and 44.9% of all valid responses. Almost 45% of the people who gave a valid response were convinced that sorcery had made them sick

¹⁰ See the bar chart in Chapter 5: Step 2: Survey among the General Population / Data Analysis Methods / Combining Parameters in Queries for Special Areas of Interest.

¹¹ The point where differences were most evident was in regard to curses. Respondents to the survey were more definite in their view that curses can be the cause of sickness.

at least at one point in their life. Out of the 158 respondents who gave at least one valid answer to any of the experienced-based traditional causes of sickness (8a-g), 93 or 58.9% answered at least one of the questions in the affirmative. That shows that almost 3 out of 5 respondents believe that sometime during their life they were troubled by a *sik bilong ples*.

It is important to keep in mind that some of the respondents were young adults and some of the respondents may not have been sick a lot in their life. Interestingly, sorcery and curses scored highest in the experience-based question of traditional causes of sickness. Both clearly have human agents that are responsible for the harm. What these figures reveal is that *sik bilong ples* is an important topic in the lives of people and a topic that needs to be taken serious by the public health care sector and by the churches in order to find ways to respond to these beliefs and experiences. The interpersonal tensions and animosity within society are thereby a factor that would deserve special attention, but are not in the focus of my research.

Finding the Cause of a Sickness

Based on my interviews with the specialist, my understanding was that there exists a common practice in finding the cause of a sickness. Usually, people treat the sickness as if it were a natural sickness, if this does not work, they call the family together to discuss any quarrels, and if this does not work, they go and see the *glasman* for more advice. Sometimes, however, I was told, people have reasons not to follow this pattern and take a different approach. I also had the impression from what I heard that the church (pastors, elders) come in only when there is no other hope.

Sequence of Finding Help in Sickness

I asked people in the survey about the steps they take in finding help when they are sick (question 9). Often, according to the specialists, the outcome of the steps taken for treatment are also an indicator for the cause of the sickness. I asked people to tick a box for their first choice, then mark their second option in case the first one did not bring the desired results, then a third and a fourth option. The possible choices were:

- Calling the family together to find out whether there are any quarrels
- Ask a pastor/elder to come and pray
- Go to the hospital/aid post
- See the *glasman* or the *dokta blong ples*
- Give up, accept the sickness, prepare to die

The procedure to answer this question was probably a little bit complicated to follow and 17 people did not answer at all or their responses could not be used.¹²

I summarize the findings of question 9 in some observations: First, there are multiple ways people take in finding help when they are sick and the combination of the five options I provided with four steps in the process (if your first option does not bring help, what would you do next?), accounted for 78 different patterns.

Second, most people (76) start with the hospital in finding help when they are sick. This was what I expected. The figure is more than twice as high as those who start by calling the family together (36). My general expectation—that most people try to find help at the hospital (and thereby treat the sickness as if it were a normal sickness)—was met. Also, the high number of people who involve their families right at the beginning, is not a surprise in a society structured around clans.

¹² I used the responses as far as possible. If, for example, the first two options were marked but then in choosing the third option, two boxes were marked, I did not discard the entire data set but used the first two options and discarded options three and four.

What surprised me are the 28 respondents who indicated that they would ask the pastor or an elder to come and pray as the first step. This is a surprisingly high figure. It could be that participants in the survey wanted to provide a “neat” answer for me as a missionary, but it is also possible that the figure represents what people actually do. Nevertheless, I have doubts, that this is the case.¹³ Only 5 respondents go straight to the *glasman* or *dokta blong ples*.

Third, if we look for the first and the second option (in case the first does not help), the following sequences are most common:

- hospital – family (45)
- family – pastor/elder (16)
- hospital – pastor/elder (14)
- hospital – *glasman/dokta blong ples* (14)
- family – hospital (12)
- pastor – hospital (12).

This shows that the hospital is part of most participants’ way to deal with sickness, if not as first option, then as second (out of the 16 responses of people who first call the family together and then ask a pastor/elder—the second bullet point above—, 15 would then go to the hospital as a third step).

Fourth, the sequences that appear most when we look at the four steps are:

- hospital – family – pastor/elder – *glasman/dokta blong ples* (12)
- hospital – family – *glasman/dokta blong ples* – pastor/elder (9)
- hospital – family – pastor/elder – give up (7)
- family – pastor/elder – hospital – give up (7)

¹³ One way to find that out would have been to talk to pastors and elders about how frequently they are involved when people are sick and at what stage. This, however, would have become an additional aspect of my already lengthy field research.

Based on the interviews with the specialists, I expected the sequence that was mentioned second most to be the most common sequence. Nevertheless, the hospital as first option and the family as the second, is confirmed here.

Fifth, out of the 145 responses that I could use, 70 people, just less than half of them, at some point contact a *glasman* and/or a *dokta blong ples*. This shows that these specialists play an important role for people when they are sick; however, they are usually contacted not at the beginning of a sickness, but when other options chosen do not bring restoration of health as expected. In question 16, I asked people if they had made use of a *glasman* or *dokta blong ples* within the last twelve months; 57 answered with yes, 92 with no (with 13 x).

Role of the *Glasman*

According to the answers to question 17, the *glasman*, the one whose work is to find out the cause of a sickness by looking into the unseen world, had been consulted by 72 participants at some point in their life, 81 stated that they had never been to a *glasman* (9 x). Out of the 72 who have experience in consulting a *glasman*, more than half (41) stated that last time they had seen the specialist he or she was able to find the cause of their sickness; in 31 cases the *glasman* was unable to help. Even the specialists who perform as *glasman* mentioned that they were not always able to help. According to them, the failure is mostly due to the sick person not being honest or not cooperating enough with them. The mixed responses in the survey show that the majority of people who consult the *glasman* find help, but many who went to see one had their hopes not fulfilled. Nevertheless, the seers obviously are able to help often enough so that for many people it makes sense to go and consult them in time of need.

Although I did not differentiate between *glasman* and *dokta blong ples* in Question 20, a vast majority of the respondents do believe that these specialists can

indeed help (137 yes, 17 no, 8 x). With that, it is evident that they are an important social institution (Eriksen 2015, 82) of the Lele society that cannot be ignored when dealing with questions of sickness and healing.

Responses in Accordance with the Established Cause of a Sickness

In my presentation of the findings from the specialists, I combined the kind of treatment of the sick person with the corresponding ideas about how people think this treatment was effective. I will do the same here with the findings from the survey as the two areas are directly linked.

Use of “Simple Bush Medicine”

Lele people use many kinds of herbs, roots, barks and leaves in an attempt to cure the sick. As in all societies, there are natural plants and other materials that have a positive effect on health. Table 22 shows the responses to question 10:

Table 22: Results for Question 10

Here are some questions concerning village medicine (these questions are not about <i>kawawar</i>, ‘ginger,’ <i>kambang</i>, ‘lime,’ or <i>tanget</i>, ‘a leave,’ but about village medicine like bark of the trees, herbs, vines, or leaves...)			
Material from the bush/Village medicine	True	Not true	x
a) Some village medicine is good to heal normal/natural sickness	155	3	4
b) Some village medicine has the same use as the medicine supplied by the hospital	148	11	3
c) Some village medicine is good to heal <i>sik bilong ples</i>	146	12	4
d) When the <i>dokta blong ples</i> uses village medicine, he always makes use of the power of the spirits as well	80	70	12
e) If the <i>dokta blong ples</i> shows me how to use the village medicine, I, too, can use it to heal <i>sik bilong ples</i>	136	17	9

Almost all respondents confirmed that there is simple bush medicine that can heal what they call normal or natural sickness (155 yes, 3 no, 4 x) and that some of these substances have the same use as medicine the hospital provides (148 yes, 11 no, 3 x). I expected these answers. In addition, these simple bush medicines, or at least some of them, can be used to treat sicknesses that are considered *sik blong ples* (146 yes, 12 no, 4 x). According to what I learned from some specialists, this is also reasonable.¹⁴

The next two questions (10e+f), however, reveal the difficulties in the conceptualization of bush medicine use. Most people mentioned that if a *dokta blong ples* used these substances and showed the sick person how to use them, the sick person could use them effectively the next time (136 yes, 17 no, 9 x). But, more than half of those participants who gave a valid response to question 10d (80 yes), indicated that every time the *dokta blong ples* used simple bush medicine, he also used the power of spirits in the healing process. 70 respondents did not believe so (with 12 x). On one side, the simple bush medicine is thought to be effective without the presence of the *dokta blong ples* and the efficacy seems not to lie in the authority of the specialists; on the other side, the *dokta blong ples* does, at least according to more than half of the respondents, operate with spiritual power when using simple bush medicine.

I see two ways to interpret these figures: It could be that the specialist passes on his authority if he shows people how to use the simple bush medicine who can do it themselves the next time. But the handing over or passing on of such authority is a phenomenon that I was told only in uses of ginger and lime and the like; healing procedures that need a specialist and necessarily involve spiritual power. The better interpretation is that the simple bush medicine is thought to be effective in and of itself,

¹⁴ Remember, for example, Patrick who treats patients with bark of the *pakpak* tree.

but that it is always better to add whatever other means are available, in the case of the *dokta blong ples*, his competence or his access to the spirit world.¹⁵

It is also possible that there was a semantic confusion. When I used the term “*dokta blong ples*” I had specialists in mind who at some points clearly use the spirits’ power, but at other points appear to not to do so. Only later did I learn that it is at least possible to also use the term *dokta blong ples* for an herbalist who never uses the power of the spirits. The clarification I hoped to receive through the survey for what a *dokta blong ples* does in regard to the use of spirits was hampered by my incomplete understanding about to whom exactly the term can be applied. Unfortunately, I did not receive a clear signal about this in the pre-test of the survey and when I carried out the survey, respondents might have been confused about exactly what I was looking for.¹⁶

In my analysis of the specialist interviews, I proposed that there is no clear division between medicine that is effective only because of a therapeutic agent and those treatments that make use of the spiritual world, but that instead of the clear cut boundaries, there is a continuum with some treatments leaning far to one side, some more to the other and others somewhere in between. The somewhat diffuse picture that the survey provides seems to confirm this supposition.

Healing Procedures in the Case of Quarrels within the Family

I did not include questions in the survey about what people need to do if a sickness is caused by quarrels within the family, because from all I heard (not only from

¹⁵ A comparison might be parents in the Western world who know about some home remedies for the sicknesses of the children but who decide rather to consult a doctor for advice and treatment.

¹⁶ Another point could have contributed to make answering the question difficult: The mature Christians, as I will show in the next chapter, do not focus on the question alone whether or not a treatment or the material substances used in it are objectively linked to the spirit world. They said that it is important with what mindset one uses the help; where one expects the help to come from—from the spirits or from God. My question was put in objective categories: are spirits involved or not? The mature Christians added a subjective perspective. If the participants in the survey thought along similar lines as the mature Christians, it might have been difficult for them to give a clear, objective-based, answer.

the specialists, but in conversations with people over the years) and for obvious reasons, people need to reconcile with the one who holds any grievances against them. If the ancestors were involved, they also need to be asked to take back their anger and restore health to the sick person. I had good reasons to believe that if I included questions in this regard, they would not add new data. In retrospect, it would have been better to find out through the survey whether people confirm what I thought was obvious.

Healing Methods that Need a Specialist with Access to the Spirit World

There are causes of sickness in which Lele people rely on specialists. I asked about the way to respond to three causes of sickness: nature spirits (question 11), the blood of a deceased person (question 12), and sorcery (question 13). For all three questions, there were a good number of people who stated that they did not know exactly what the best way was to treat a certain cause and that this was something the *dokta blong ples* knows best (24 for nature spirits, 20 for the blood of a deceased person, 23 in the case of sorcery).

A second general observation is that both ginger and lime are used as traditional ways to deal with these causes of sickness, but that ginger is the more prominent one. Thirdly, I allowed people to mark more than one box and many did. For example in the question about dealing with *pisukei* and *snel*, of the 131 respondents who suggested at least one way of treatment, 70 marked more than one. This corresponds with what I had learned from the specialists; namely that often various treatments are combined or one is integrated in another (for example that the spirit of the ancestors are thought to be “in” or work through the use of ginger or lime).

Nature Spirits

In the case nature spirit had caused a person to be sick, the preferred way to deal with it is to spit at the sick person with ginger (110). Sixty-two people stated that the landowners should be involved where the nature spirit lived and they should be asked to talk to the spirits to return the spirit of the sick person. Almost the same number of people suggested treating those who were made sick by these spirits connected to the natural world by blowing lime at them (61). Only 36 participants thought the spirits should be scared. I remember that when I asked if this was an option, many grinned. It does not seem to be standard.

However, the interesting finding in this question is that multiple ways exist that are connected to different concepts: In one case the spirit seems to be present and troubling the sick person (when the sick person needs to be treated with ginger or lime); in the other case, the spirit has taken the sick person's spirit away to its dwelling place (when the landowners should be involved or when the spirit being needed to be scared).

Blood of Deceased People

For sicknesses caused by the blood of deceased people, the first option is again, to use ginger (95), then, followed by finding someone who uses herbs, roots, or barks to restore health to the sick person (56), and then, both mentioned 50 times, to blow lime at the sick person or to find someone who can talk to the spirit of the deceased person who had caused the person to be sick, to leave. The options that involve either talking to the spirit of the deceased person, or to use ginger or lime, all deal with the underlying cause of the person's sickness (which is *ndrai*, 'the blood' to have come over the person). And, as mentioned in the analysis of the specialist-interviews, the aim is "*to remove the blood of the deceased person*" (which stands for the deceased person's spirit), from the sick person.

What raises further questions is the response of 56 people who mentioned the use of herbs, roots and barks in the treatment of *ndrai*; 17 out of the 56 marked it as the only way to respond to *ndrai*. Theoretically, these bush materials could be used to deal with the physical symptoms of the sickness but it is more likely that those who mentioned these materials saw them as being connected to spiritual power.¹⁷ The same number of people saw the use of herbs, roots and barks as effective in combating sorcery (as the responses to question 13 make clear) and the first thoughts when it comes to sorcery is not about treating the symptoms but about the underlying causes.

Sorcery

In the case of sorcery, ginger is again the preferred option of treatment (100), followed by lime, which scores higher here (72) than in sicknesses caused by the spirits connected to the natural world (61) or the blood of a deceased person (50). But there are still 56 people who indicated that they would treat sorcery related sicknesses by using herbs, roots or barks (what I called bush material or village medicine earlier). This corresponds with my findings from the interviews with the specialists and shows the wide array of uses of such material.

Out of the 124 respondents who marked at least one of the three options for treatment (a-c) of sorcery related sicknesses, more than half (66) marked more than one. Often, there is no single correct treatment. When I accompanied a traditional healer to help a patient, he gave the woman a piece of ginger to chew and also blew lime at her. In the bottle of lime he had a tooth of his deceased grandfather and a piece of bark of a tree

¹⁷ Out of these 56 respondents, 27 answered question 10d in the affirmative (when the *dokta blong ples* uses bush materials/village medicine, he always uses the power of the spirits as well); 26 respondents answered the question negatively—which does not mean that the specialist cannot sometimes use the spirits' power when treating patients in such a way (the other 3 responses were invalid or question 10d was not answered).

to make the lime “*hot*.”¹⁸ Different material and underlying concepts were used, all overlapping, in order to heal the woman.

Spirit World and the Effectiveness of the Treatment

From the interviews with the traditional healers I knew that when ginger or lime is being used, it is always used in connection with the spirit world. It must be empowered in order to be effective; otherwise it is just normal ginger or lime that can be used for everyday purposes. In the survey I asked what it is that makes these substances effective: the spirit of a deceased person or a spirit of nature who is believed to have given these materials to the healer or his/her ancestors in the first place.¹⁹

There is a high number of people (46) who either do not have a clear concept or who think that the material works neither through the spirit of the ancestors nor the nature spirits.²⁰ 60 responses were to the effect that both is used, the spirit of the deceased ancestors as well as the power of a natural spirit who provided the ginger or lime in the first place; 36 respondents indicated that the *dokta blong ples* only worked in the power of the nature spirits and only 6 participants thought that the traditional healers used only the spirit of the deceased. 14 respondents did not answer or gave invalid responses.

Obviously, many ordinary people do not know all the details of what the specialists do or in whose power they perform their healing rituals. When the healer in the ritual mentioned above showed me the tooth of his deceased grandfather that was hidden in the small container with the lime, he was quick to mention that he would not

¹⁸ See story 1 in Appendix B.

¹⁹ I had learned in the interviews, that often ginger or lime are handed down from one generation to the next or sometimes from one person to a friend. When I asked where it all came from at the beginning, I was told that there is a nature spirit who gave it to one of the ancestors. However, in a later interview, I learned that some people receive the empowerment to use the material directly from the nature spirits, even today. So according to the specialists, it is not in all cases handed down through the generations, it can also be acquired from the spirits directly.

²⁰ I checked if these are the people who have not gone yet to a traditional healer (question 18), but there is no obvious correlation between these two responses.

show that to everyone but that he did show it to me. Apparently, the specialists do not reveal everything they know and do to everyone they help. This does not have to seem too strange. Many people in the Western world take medicine that a physician prescribes without knowing exactly how it works. People simply trust the specialist.

Role of the Traditional Healer

Just as with the *glasman*, the traditional healer plays an important role in the life of Lele people when they are sick. They are frequently consulted as the answers to question 18 show. While 63 respondents marked that they had not yet asked for help of a traditional healer in their entire life, 85 did see the specialist (with 14 x). Out of these 85, more than half (45) affirmed that when they last went, the traditional healer was able to deal with the sickness effectively; 40 indicated that this was not the case. It is evident that according to the general traditional conception, those who do not consult the *dokta blong ples* when they are sick, risk missing an opportunity to be healed. Although their treatment is not always effective, people consider it effective often enough to secure their role as specialists in times of sickness.

Question 19 was not directly linked with healing conceptions or rituals, but for my overall understanding of the domain. I wanted to find out from the general population whether those who are involved in healing are also the ones who can do harm to people or if these two tasks are carried out by different people. I cannot remember that a single traditional healer mentioned the she or he was also involved in harming people, but remarks here and there in the research process led me to suspect that it could be otherwise.

The majority of respondents (81) stated that there is a clear distinction between those who heal and those who harm. The two functions are carried out by different people. However, 42 people indicated that there are some sorcerers who are also healers

and 22 people responded that all who harm can also heal (17 x). Local differences did not play a substantial role in how the question was answered.²¹ Although a majority took a position that the two functions are carried out by different specialist, there are enough people who answered differently to conclude that there are at least some specialists who are involved in both tasks.

God, Sickness and Healing

At several points in the survey I asked about God's role in causing people to become sick and in healing people. Most people saw God involved in both. The interesting question is how God and traditional healing practices are seen in relation to each other.

Does God Send Sickness?

Sometimes in the interviews with the specialists I heard that what is considered "normal sickness" is sent by God (because he also provides the means to respond to it by way of the hospital). Not all specialists, however, agreed. The same picture emerged from the survey; 111 agreed but 38 disagreed (13 x). This shows that many people see God in the role of sending sickness, at least sometimes.

In the next question, I asked who or what can cause sickness; can God²² make people sick and then, later, whether they believed that God had at any time been behind a sickness in their life. The responses were as follows:

²¹ In every village, there were between 15 and 18 people who responded that it was the same person who harmed and healed or that there are at least some specialists who could both harm and heal.

²² When mentioning "God," there is no doubt for respondents that the question is about the Christian God and not about highest beings in the traditional view.

Table 23: Results for Question 2h

What can cause people to become sick?	Affirmative	Unsure	Negative	x
h) God	90	6	54	12

Table 24: Results for Question 8g

Do you think you have you ever been sick in your life because of ...	Affirmative	Unsure	Negative	x
g) God	50	4	93	15

In question 2h, 90 people affirmed and 54 declined (with 6 ? and 12 x) that God is a possible cause for sickness. Not all of the 111 respondents who indicated in question 1 that “normal sickness” was sent by God now affirm that God can send sickness in this question. This is of course inconsistent and I will comment on it below.²³

Interestingly, about a third of the valid responses (50 yes) in the experience-based question (8g) was to the effect that God had made them sick at least once in their life (4 ?, 93 no, 15 x). When compared to the traditional causes of sickness, only sorcery (question 8c) scored higher (66 yes). Again, there is a high inconsistency in how the two corresponding questions (Can God send sickness? And: Has God ever made you sick?) were answered. Of the 50 people who were convinced that God had caused them to become sick at least once in their life (question 8g), 8 stated (in question 2h) that God cannot make people sick. In question 2, this sub-question (2h) was also the one with the highest number of invalid responses. I take the inconsistency with how these questions were answered as an indicator of many people being unsure or not having clear concepts about God’s role as the cause of sickness.

²³ It is possible that some respondents understood the question not so much in a theoretical sense (referring to whether God is capable of sending sickness), but in a more practical way (referring whether he sometimes *does* send sickness and can so be included in the potential causes for a sickness).

Where Does Healing Originate from?

I also asked what people think about where healing originates (question 15). Through this question I did not only try to understand the concepts people hold, but also wanted to gather information for the following part of my research with the mature Christians. Table 25 shows the answers of the questions:

Table 25: Results for Question 15, With Percentages

Source of healing. Are the following statements true or not? Please check one box in each line only							
	True		Not true		Unsure		Invalid
	Raw figure	%	Raw figure	%	Raw figure	%	x ²⁴
a) All healing comes from God, whether it comes through the hospital or the <i>dokta blong ples</i>	123	85.4%	10	6.9%	11	7.6%	18
b) The <i>dokta blong ples</i> , when using the spirits to heal, works in Satan's power	103	72.0%	13	9.1%	27	18.9%	19
c) God uses the <i>dokta blong ples</i> to help people	57	40.7%	60	42.9%	23	16.4%	22

A very high number of 123 respondents (85.4% of the valid responses)²⁵ stated that all healing comes from the hand of God, no matter whether the hospital or the *dokta blong ples* were the executing agents (10 no, 11 ?, 18 x). So in the perception of 123 people, God uses different means, including the traditional ones, to bring healing to people.

²⁴ Percentages are calculated on the basis of valid answers.

²⁵ The analysis of this question clearly illustrates the limitations of the available-case analysis (see Methods chapter). Because the number of valid cases in each column differs and some respondents gave valid answers in one line but not in another, percentages always need to be calculated relative to a changing reference quantity.

Also a great majority (103 respondents) indicated that whenever the *dokta blong ples* use spirits to heal people, these specialists work in the power of Satan (13 no, 27 ?, 19 x). There seems to be little room in the conception of most people to see the spirits as somehow neutral; they are connected to the world of Satan. It is intriguing to compare the responses to this question with those to the previous one, where a great majority of people noted that all healing originated with God, no matter where it came from. Out of the 103 respondents who in question 15b stated that when the *dokta blong ples* used spirits, they worked in Satan's power, 88 also indicated in question 15a that all healing originated from God! Does this mean that people who work in the power of Satan serve God's purposes? Or does it depend on what exactly the *dokta blong ples* are doing whether they can be considered to be tools of God or collaborate with Satan? Or do the two aspects stand unreconciled beside each other and the tensions are accepted? I used these answers to question 15 to develop questions that would bring better clarity from the focus groups with mature Christians.²⁶

When in question 15c I explicitly asked: "Does God use the *dokta blong ples* to help people?" only 57 participants in the survey answered with yes, 60 with no, 23 were not sure (22 did not answer or their answer could not be used). Out of these 88 people who answered both question 15a and b in the affirmative, more than half (45) are among the 60 who indicated in question 15c that it is not true that God uses the *dokta blong ples* to help people. What I had created as a very similar question to 15a was answered totally differently. One reason could be the sequence in which the questions were answered with

²⁶ One person who was not a specialist but a pastor mentioned that some people, Christians included, took the following approach: "If the sickness comes from Satan, use Satan's power to deal with it. If Satan started this work, let him also finish this sickness." The person, who holds a leadership position in a local church, did not feel very comfortable with this approach and also mentioned that those who did this could not participate in leading functions in the church while engaged in it. Only after their treatment is over, they could be fully active again.

I note this here to show that the issue is quite complex and people sometimes take unexpected approaches to relate with each other which seems to be a contradiction to the researcher. The concept relayed here, appeared again in the focus groups with the mature Christians.

question 15b making some people not so sure anymore that all healing, even when it came through the *dokta blong ples* had its origin in God. 53 respondents (out of the 123) who in question 15a saw all healing as coming from God, denied in question 15c that God used the *dokta blong ples* to help people! Out of these 53, 45 had indicated in question 15b that the *dokta blong ples* worked in the power of Satan when they use spirits to heal people.

At the end of Chapter 5 I referred to respondents' answers to question 20c where the vast majority indicated that although they believed the *dokta blong ples* and the *glasman* were able to help, they did not use their help because of their (Christian) faith. Taking the other, more positive views of these specialists into account, I am convinced that many participants wanted to provide a neat "Christian" answer. After I had brought the *dokta blong ples* in relation to Satan's work in question 15b, the evaluation of the *dokta blong ples* in question 15c was already less positive than in question 15a. Now, when asked directly about personal behavior, many people disassociated themselves from the traditional specialists although they had indicated earlier that they had made use of them.

These different answers show that the topic of my study is filled with underlying tensions of tradition and Christian faith. What people do and consider as usual, common behavior is not congruent with the answer they feel they should provide when asked by a Christian minister (at least, as in this case, a missionary).

From a cognitive studies perspective, the high number of affirmative answers to the later question ("I do not use the specialists because of my faith") clearly represents a cultural theory which is learned propositionally and processed in the mind serially (D'Andrade 1995, 172-73), not a cultural model that is followed intuitively and processed in a parallel way (D'Andrade 1992, 230). It is entirely possible that a cultural model and a

cultural theory exist at the same time (D'Andrade 1995, 178). I will come back to this issue in the analysis of the focus groups with the mature Christians.

Committed Christians, their Understanding and Dealing with Sickness and Healing

The purpose in this section is to investigate how those who see themselves as committed Christians answered the questions and to find out whether they answered the questions different from others. Although the (self-declared) committed Christians in the survey need to be distinguished from the mature Christians who were part of the focus groups, I wanted to get an idea whether people who consider themselves as taking their faith seriously see their world different from others. I was more interested in some areas than in others.

Causes of Sickness

Based on the analysis of this survey, I have a good starting point for the interviews with the “mature” Christians. Some answers to the questions were so clear that I can assume that almost all Lele people, including the mature Christians I would later have in the focus groups, share them; for example that special lime can cause sickness (142 yes, 1 ?, 2 no, 5 x) or that the blood of a deceased person is a potential cause for sickness (153 yes, 1?, 2 no, 6 x).

Sorcery

When I illustrated how I analyzed the survey in Chapter 5, I also presented the findings to question 7. I asked whether sorcery was effective if someone was not afraid of its power. In a X^2 test²⁷ I showed that committed Christians significantly more often than

²⁷ Chapter 5: Step 2: Survey among the General Population / Data Analysis Methods / Are Differences Significant?

others indicated that sorcery was not effective if people were not afraid of its effectiveness. I will not repeat the findings here.

Finding Help from the *Glasman* or *Dokta bilong Ples*

In question 16 I asked whether respondents had sought help from a *glasman* or a *dokta blong ples* within the last 12 months. 36.4% of the committed Christians had done so; just a little bit lower than the 38.3% of all valid responses. The differences are not significant according to a X^2 test. The result is clear: committed Christians make use of the specialists in the field of traditional sickness and healing just like anyone else in the Lele society.

Concerning the use of the *glasman*, the responses to question 17 show that 17 committed Christians received help from the *glasman* last time they went to consult such a specialist (10 have not received help, 29 have never consulted a *glasman*, 1 x). This means that 30.4% of all committed Christians (who gave a valid answer to question 17; not only those who had consulted a *glasman*) reported that they experienced help from the *glasman* last time they went there.²⁸ This resembles exactly the percentage of all respondents who gave a valid answer (45 out of 148 respondents or also 30.4%). It also implies that not consulting the *glasman* out of religious reasons would mean to live one's life without the help of such an obviously potent specialist. As the analysis of the focus groups will show, there were good discussions on the role of the *glasman* for finding help and on the evaluation of their work by the mature Christians.

²⁸ In total, it could be even more, taking into account those 10 that *last time* they went to see the *glasman* did not receive help. Maybe they received the help at some other time in their life.

Source of Power for Healing

Earlier in this chapter I presented the findings to question 15 regarding if God used the traditional healers and also if they worked in Satan’s power when they employ spirits for their work. Here, I am interested whether committed Christians gave answers different from the rest. For a better overview, I only present the answers for the answer “true” in Table 26:

Table 26: Answer “True” in Question 15, With Percentages

The source of healing. Are the following statements true or not? Please check one box in each line only				
	True			
	of all valid answers		of all committed Christians' valid answers	
	raw figure	percentage	raw figure	percentage
a) All healing comes from God, whether it comes through the hospital or the <i>dokta blong ples</i>	123	85.4%	45	86.5%
b) The <i>dokta blong ples</i> , when using the spirits to heal, works in Satan's power	103	72.0%	41	78.8%
c) God uses the <i>dokta blong ples</i> to help people	57	40.7%	17	38.6%

As shown in Table 26, committed Christians answered questions 15a and 15c almost the same as all respondents, but slightly more committed Christians affirmed that the traditional healers, when they use the spirits to heal, actually work in Satan’s power. However, I did a X^2 analysis for question 15b (including the answers “not true” and “I don’t know”) which revealed that the differences are not significant at the 95% confidence level.

Questions for the Focus Groups

Apart from setting the general population's perspective in relation to the specialists view, I had developed the survey to prepare myself for the focus groups with mature Lele Christians. I have worked in the results from the survey into the question guide for the focus groups. In the following points I illustrate how the survey served as a preparatory step for the focus group interviews.

First, based on the answers to the questions of causes of sickness, I planned only a short part in the focus groups about the causes in general. I could assume that at least most of the mature Christians would share the etiology of sicknesses; however, I wanted to be sure and therefore included a short inquiry in the discussion guide.

Second, as both specialist interviews and the survey revealed, many people hold sorcery as a potential way to get sick and many indicated that they have been made sick by sorcery. On the other hand, a good number of committed Christians suggested that if one was not afraid of the power of sorcery, it was not harmful. This raises the question of what Christians should do or believe in regard to sorcery. How can one live with the potential danger, and does the Christian faith provide any help to deal with the danger?

Third, based on the observation that committed Christians use the specialists just like others, is this the proper way to respond to *sik bilong ples* or are there any other approaches that fit better for Christians?

Fourth, and this is the most intriguing question for me: how do mature Christians, from their perspective, conceptualize what the specialists do? How do they bring together the perspectives that for me seem to be in conflict with each other; namely, that it is God who provides healing through the *dokta blong ples* while they sometimes use the help of spirits which many consider to belong to Satan's side? Especially the case study of Pastor Malachi and Pastor Moses should take up these complex issues.

Fifth, at some points in the survey, there were at least indications that respondents provided what I termed “neat” Christian answers. In the focus groups I included different kinds of questions: some that tried to elicit answers based on a Christian reflected understanding, but also questions that brought to light the common way the mature Christians would respond in their day to day life. Especially the case study at the beginning and the end of the sessions aimed at the more natural response of the focus group participants.

Conclusion

The survey had its limitations. I also pointed out some concerns about reliability in the methods chapter. Nevertheless, it fulfilled its purpose in my research design. Pointing back to the specialist interviews, the survey showed that the general population by and large confirmed what I had learned from the specialists. It also showed the dimensions to which traditional sicknesses play a role in people’s lives and it has confirmed *sik bilong ples* as a cultural theme with strong influence on almost everyone who becomes seriously sick.

Pointing forward to the focus groups, it brought to light a number of critical issues that I included in the discussion with the mature Lele Christians. They center on two main questions: Assuming that mature Christians share most of the etiology of sickness, how should one respond in cases of *sik bilong ples* and what is the Christian conceptualization behind it? Second, how—if at all—can God be seen to be involved in the healing attempts of traditional healers? I now turn to mature Lele Christians for the answer to these questions.

Chapter 8

Findings III: Mature Lele Christians' Perspective

The findings from the two previous steps served as preparation for this final stage in which I wanted to find out how mature Lele Christians think about the causes of sickness and what, from their point of view, the appropriate ways are to deal with sickness. Pursuant to my research topic, I was especially interested in their assessment of traditional concepts of sickness and healing and how they relate being Lele to being Christian—as they are both!

In the first two parts of this chapter, I present a synthesis of what the participants in the focus groups said in a somehow structured way. In taking this approach, I try to represent the perspective of the mature Christians as exactly as possible. In the first part, I will go along the rubrics of questions asked in the focus groups, making an attempt not only to present the product of people's assessment but also the processes that informed their assessment. In the second part I will then note observations that are of great interest to the research topic but do not fall directly in one of the rubrics in the first section. In the third part, I analyze the findings by asking what I learned from the mature Christians about how they see themselves as people of God and what it means to them that God is living in their midst,¹ especially when sickness strikes.

For the presentation in this dissertation I gave participants fictive names. The names of those who were in the first focus group start with A, those who were part of the second focus group start with B and those of the third focus group with C. In this way

¹ Shaw and Van Engen (2003, 13) call this the “root metaphor” of how the Bible describes God's relationship with people.

readers can easily distinguish between the conversations that happened in the three focus groups.²

Synthesis of Responses according to the Rubrics Discussed in the Focus Groups

The three focus groups I conducted all followed the same outline, reflective of what I learned in the first two stages of my research in interviews with specialists and in the survey of the general Lele public:³

- A. Opening, Introductory and Transition questions
- B. Traditional ways to get sick (and the need for protection)
- C. Finding the cause of a sickness
- D. Traditional healing practices
- E. Medicine/Treatment
- F. Biblical and theological aspects
- G. The Christian community
- H. Concluding questions
- I. Ending question

In this first section, I present findings from rubrics B through G; this is where the most substantial parts of the discussions took place.

Traditional Ways to Become Sick (and the Need for Protection)

There are a number of possible causes for sickness in the traditional understanding of the Lele people. They include the spirits of nature, curses, active intervention by deceased ancestors to harm, the blood of a deceased person, and various

² I decided not to append a list with age or place of participants. The Lele community is so small that together with what I mention about the people in the presentation, either age or the village they come from could lead to the identification of the person. When a certain characterization seemed helpful, I provide it in the text, but never enough to identify who the person is.

³ The discussion guide for the focus groups is in Appendix E.

forms of sorcery. In the survey I conducted, a vast majority of the people agreed that people can actually become sick in these ways.

The perception among the focus group participants was not completely different. When I asked whether a tree spirit could make people sick, the response in the second group was a unified “Yes!” Many shared their own experiences of how they had actually seen the spirits connected to the natural world. Interestingly, most of these stories came from the time before they became Christians. One participant, Anita, remarked that she was not interested in these stories anymore. She also mentioned that she does not teach her children about it.

Aaron, who had earlier said that he had had his experiences with these spirits, added:

For me personally, the spirits of nature can be around or people say that they reside at a certain place... Different people have different perspectives when it comes to seeing the spirits of nature at different places, but I believe in the power of God. Whatever happens, his power is greater than the spirits.⁴

He remained somewhat indifferent concerning the ontological reality and harmfulness of these spirit beings. What counted for him is that God is stronger than anything else. This made the question whether the spirits can be harmful or not largely irrelevant. A number of other participants held similar attitudes. For Anna, the spirits are real, but have limited power. She said that when she walks around and hears a noise, she would say: “Go away, Satan!” She would then start singing songs which makes her fear disappear.⁵

In regard to the deceased sending sickness, almost all participants denied this possibility based on their Christian understanding that those who have passed away

⁴ For better readability, I often present the translated version of people’s comments. A sample of a transcribed and translated focus group discussion is attached in Appendix G; for more samples see www.gutnius.de/PhD.html.

⁵ Interesting was the identification of these spirits as Satan.

cannot intervene in the life of the living. There was one exception, Christopher, who said that the deceased were still around. He left it open whether they could be involved in making someone sick. Interestingly, Bill, who clearly stated that the dead could not interfere with the life of the living, later said that he uses ginger as a protective measure if he, through his work, has contact with widows. The ginger ensured that the spirit of the deceased husband would not harm him. In a similar fashion, Betty shared an incident when she was disappointed with her son. She cried and shared her sorrow with her deceased parents. Her son's child got sick shortly after that; according to Betty's understanding, the sickness was being sent by her deceased parents.

These are examples where what people learned in the context of church and what they can therefore state categorically (that the dead are not interfering in the life of the living) stands beside their traditional schemas that come to light when they speak about what they naturally—without much conscious reflection—think or do. Because of the nature of the focus groups and knowing that they have been chosen as “mature Christians,” it is likely that the research participants were more inclined to provide answers that leaned towards the learned theories.

However, some of my questions were designed to put them mentally in a real life situation where people are more likely to think, talk and act according to their underlying schemas. What people shared with the group on the basis of their real life situations gave insight into these underlying traditional schemas. Schemas are often so ingrained that they are not questioned without need. For the focus groups this meant that people did not come with already thought through concepts of how tradition and Christian faith can go together. Rather, I believe, it was during the conversations that people tried to make sense of what it means to be Lele and Christian in times of sickness.⁶

⁶ Therefore, such conversations are important for churches. But this takes us too far ahead for the moment.

In the discussion about the blood of a deceased person, Carol remarked that if people “*did not believe*” in this cause of sickness, “*they would not get sick by it.*” The problem was that people were too concerned that they could become sick because of the blood of a deceased person. The same was true for related causes of sickness. Similar sentiments were shared by others. The aspect that something works (only) if one accepts its potency to harm is widespread; it was one of the points the specialists mentioned over and over again in interviews.⁷

In the discussion of sickness caused by sorcery I asked specifically about the connection of someone believing in its effectiveness and its actual harmfulness to a person. In the survey, the responses to the question: “If someone is not afraid of the power of sorcery, can sorcery still harm that person?” were mixed: 69 respondents answered in the affirmative while 83 responded negatively. Christopher made an interesting comment: “*Sorcery is something real for the people who believe in it. But we Christians, we do not have too much faith in it.*” We came across this topic a number of times. He did not deny that sorcery can harm and also be used to attack Christians. Maybe this is why he said “*we do not have too much faith in it.*” He spoke of experiences in which he clearly felt that sorcery was being used against him or others but it was always overcome by trusting God, prayer, or commanding the force to leave.

In a long story, Bruce shared his own experience. A woman had told him that he would die the following day because of sorcery. Because the woman told him all kinds of things about himself and the place where he lived—information she seemed to have received in an extraordinary, supernatural way—he was confused. But he said: “*I did not want to concentrate on it. I stood firm in the faith I have in God.*” He told his family and the congregation about what he had been told, they prayed for him and a pastor who was there assured him of Christ’s protection and that he would not die. The next day, he

⁷ See Chapter 5: Research Methods / Additional Important Aspects about Sickness and Healing / The Importance of Believing in Something in order for it to Work.

prayed. He said to God: “*God, I am your servant. I do not belong to Satan.*” He felt the attack very physically, and was convinced that only through God he did not die. He called the people close to him together and told them:

Without God I would have died because the power the woman told [me] about is true. I saw it really happening. But because we are on God’s side, I did not die. This can happen when you are really on God’s side, God strengthens you and this stuff is like nothing. But if not, this power will overcome you! The power of Satan is effective! We know that these two powers are there. I tell my people: In the bad times, I tell them, when the power of Satan touches you, you who belong to God, go on your knees only before God. Don’t use any other means. (Bruce)

There were very few participants who tended to deny the power of sorcery or other traditional ways to make people sick. Caleb differentiated between spirits of nature who he believed do exist and have power—although limited—and can make people sick on one side. For him the reports of the New Testament that include evil spirits are closely related to the spirits of nature that exist in the traditional Lele conception. On the other side, sorcery and curses for him are something that is more a “*psychological*” issue. If someone believed these things to be harmful, they will find evidence for it.

For most of the other participants, the power to harm is not purely subjective but has a strong objective component. It is not merely imagination that works, but a force that is active and therefore must be dealt with.⁸ Some of them use measures to protect themselves. Bruce said that God alone was like a “*fence*” for him and the area where he lives. For many, this does not stand in conflict with using measures to protect one’s area against attacks of supernatural forces. Barb, for example, affirmed the practice of protecting one’s area against evil powers by spreading salt along the boundaries. Later, however, she commented on Bill’s practice to take some ginger with him as protection

⁸ The conviction that this is the case is mainly based on experience. Oftentimes, when I asked a question that could have been answered propositionally, people replied by sharing a story of their own experience or that of a person they know well. It is characteristic of Melanesian culture and religion that it has a strong experienced based foundation. One could, of course, ask what shapes the interpretation of people’s experience; see the first point of the second section in this chapter, “Experienced-based reasoning”.

when he goes to other places: *“It looks like you are serving two masters!”* Bill responded by assuring that while God is his principal protector, the ginger was still useful to protect against evil powers.⁹

While there was certain openness by others to accept this practice, for Bruce it as a sign of his own trust in God that he does not use protective measures. Nevertheless, he experienced the power of sorcery as something real and therefore needs to deal with it; in his case through prayer and the support of his family and other Christians. Christine spoke out against using protective measures. In the example she mentioned, a *tanget* shrub was used for protection that was clearly invested with a spirit’s power. It was later removed by a pastor and thrown into the sea. She used the same words as Barb in focus group 2 concerning the use of such protective measures: *“This is not good, because you are serving two masters.”*

Turning to the spirits of nature again, all participants knew the beliefs about them and many could tell relevant stories. Some mentioned that they were not afraid of them anymore, because *“these beliefs were regarded as something of the people in earlier times but not of today anymore”* (Aaron), or because *“people believed that as Christians they stood on God’s side who is stronger than the spirits”* (Anna). While a few said that they did not care about these spirits anymore, others would not do the things that are traditionally thought of bringing someone in a dangerous situation. I asked what they would do if they saw a mother throwing a little baby up in the air and catching it again underneath a huge tree (where the tree spirits are believed to live), late in the afternoon. Carol said that she would tell the mother to stop doing that. *“The tree spirit might come and take away the spirit/soul of that baby.”*

We will see this as a pattern: Although most of the participants did not want to ascribe too much power to these entities over their lives, they do not want to put

⁹ He also uses the ginger to treat some diseases. For him, this practice is not in opposition to God’s work, but compatible with it. More about the treatment of sicknesses by this means, below.

themselves into potentially harmful situations either. Maybe with one or two exceptions, it is not the influence of enlightenment that the participants of the focus groups did not want to give too much power to the spirit world. It is only in their relationship to God that the power of these entities is limited. But even knowing that God is greater than all spiritual powers does not automatically answer the question how Christians should relate to them.

As the discussion went on, I recognized different approaches. Anita does not care much about the spirits connected to the natural world because she believes that God, as the creator of everything is in control and therefore she does not have to worry. Others, like Bill, share the belief that God is almighty and stronger than the powers, but it might still be wise to take precautions. From the perspective of a Lele Christian, for most of the people, if they take action to protect themselves, this has nothing to do with not being faithful to Jesus.¹⁰ The issue is not first of all one of right faith, not even necessarily of trust in God, but more about how God is involved in what is happening in the world.

Finding the Cause of a Sickness

There are five ways commonly used to find the cause of a sickness. First, basically all participants agreed that it is good to find help from the public health care system. This does not need much further explanation. It was missionaries who started health work on Manus and people generally see whatever can be used in the natural world as coming from God and therefore good to use.

The second means is to call the family together and look for disturbed relationships, was also approved by the mature Christians as a step to find the cause of a

¹⁰ In the Melanesian concept of the world, where everything is connected, this makes total sense, because the unseen world is just as real as the seen world. No person with a clear mind would jump into a river full of crocodiles, even if one believed that God has power over the crocodiles. Or, to use another analogy, whereas some people, when getting on a boat, trust that God controls the weather, others do so too, but still decide to wear a life vest.

sickness. Problems could arise if some family members pressured Christians to involve a *glasman* or a *dokta blong ples* and they did not want to do so. But the family gathering and the discussion themselves were seen as something positive.

The third method, deeply rooted in Lele culture, is to consult a *glasman*. There was a small minority of mature Christians in one group who thought it might probably be okay for Christians to consult such a specialist, but the rest were clearly against it and mentioned a number of reasons. Sometimes the work of the *glasman* was described as “fake”. Their advice was either wrong or they said what they already knew. Even worse, they did it as a trade to make a living and people wasted their money on them (Christine, Bill, Betty).

Some participants stated that the *glasman* may indeed have knowledge that others could not access (Christopher, Aaron). Even so, Christians should not consult them. According to the participants, their work is too closely associated with the work of Satan. Betty said in regard to these seers: “*If you are a Christian and you open the door for Satan to come in, he can destroy your life.*”

Caleb saw the work of the *glasman* in direct opposition to God. He argued with the First Commandment. If Christians should not have any other gods beside the true God, this meant that they could not ask for the help of the *glasman*. Some also referred to the young woman in Acts 16 that predicted the future. Paul clearly opposed her. I will come back to this story later.

Anita, who of all participants was the one who most clearly had cut ties with many of the traditional beliefs and practices, also spoke against using the *glasman*. According to her understanding, the power they use does not come from God but from spirits who enable them doing their work. From her argument it is clear that there is no way to bring in line the use of spirits with living a Christian life.

Barb was very outspoken on this issue. She said that if someone prayed but already thought about seeking help from the *glasman*, this person would not see the fruit of his or her prayers. Christopher, who is a pastor, said that he refuses to pray for people who seek the help of a *glasman* at the same time.

Towards the end of the focus groups I introduced a last case study:¹¹ Steven, a committed Christian, was sick, went to the hospital but was not healed. I asked what he should do next. Betty and Bill, who spoke clearly against using the *glasman* earlier that day, did not hesitate to suggest that he should consult a *glasman*. Here, the differences between the Christian theories and the underlying traditional schema (that was revealed through the case study) became obvious again. Many others told stories of their experience with a *glasman*. This shows that even if people have good reasons not to use them, they live in a society where seeking the help of a *glasman* is considered something normal or at least as something which is not unusual and even Christians, though contrary to teaching in the church, often take this avenue of assistance when unwell.¹²

There is a phenomenon that belongs to the topic under discussion although it is not a traditional Lele concept. Sometimes people come and visit the sick to tell them about the causes of their sickness or they might warn them of something bad that might happen to them. All participants confirmed that this is something rather new and there was no proper description for these people. Some called them *glasman*, but “self-declared prophet” would probably also be fitting.¹³ The assessment of the work of these people was not stable. It seems that the participants in the groups tried to find an evaluation of this rather new phenomenon through the discussions. Bill, who could think of the work of

¹¹ See discussion guide, Appendix E.

¹² The results from the survey confirm this: Exactly half of the 162 respondents noted that they had never gone to a *glasman* up to that point. From the other 81, 41 noted that last time they went, the *glasman* was able to help, 31 noted that they did not receive help and 9 did not answer the question or answered it not according to the instructions.

¹³ There is also a form of this kind of work that appears to be explicitly Christian; often practiced by charismatic groups.

one of these people as good and even as something God uses, later said that others, who did something similar, were better described as co-workers of Satan. The discussion remained somehow inconclusive.

Bill mentioned that when a woman warned Bruce that he would die the next day,¹⁴ she helped him and made him aware of what would happen. In this way he could prepare himself. Betty was rather open to at least listening to what these people say. One could still decide for oneself how to respond. Christine, on the other hand, realized that these people often make one cautious and suspicious of others. This important aspect was not taken into account by the other participants; at least it was not mentioned in the discussions.

After this necessarily lengthy discussion of the *glasman* as a means to find the cause of a sickness, it is time to look at the two remaining ways. A fourth method that has been mentioned in my research of traditional health concepts was to consult the dead for advice. The focus groups were almost unanimous with their negative judgement: Christians neither need nor should they consult the dead. Most participants stated that the dead were dead and therefore not accessible. Christopher believes otherwise. He is convinced that they are still around, but that it is nevertheless unfitting for Christians to seek advice from them. “*We have no right to do so,*” he said. “*Standing right on our faith in God*” is what Christians needed to do and consulting the dead on behalf of the living runs against this principle.

There are a number of Bible passages that deal with this issue. The participants did not mention them during the discussion of the topic. However, when I gave a short hint, they referred to some of these passages (Aaron, for example, mentioned 1 Samuel 28; the story where Saul went to consult the dead Samuel through a medium). Although

¹⁴ See Appendix G.

they might not be the primary source for their evaluation, at least Scripture contributed to an overall attitude towards the question.

The fifth way to receive information about the causes of sickness is dreams. The tendency in all groups was to see the possibility that dreams can lead people in the right direction; although a certain caution is advisable. Various participants argued that the Bible mentions dreams as a way God communicates with people.

Amelie relayed an experience where her mother saw in a dream that a sorcerer had put bananas near the house. When she woke up there were in fact bananas and she told the children not to eat them but to throw them away. For Amelie it was clear that the dream was given by God, in this case to protect them from being harmed by a sorcerer.¹⁵

In another group, Christine told that she had gone to the hospital a number of times because she felt sick. She had the strong impression that the treatment by the doctor did not help her situation to improve. She asked God to reveal to her what the real problem was. In a dream she saw that one of her kidneys was hard and black. She told the doctor to check the kidneys and he discovered they were dysfunctional. She then received the right treatment and was healed.

Christopher is open to receiving messages in dreams but takes into account that he might need a second opinion. He said that sometimes he has dreams in which he is cautioned or warned to go to a certain place or to do a certain thing. He then discusses these dreams with his wife. If they agree in their interpretation, he follows the advice received in the dream.

Right after this statement, Caleb remarked that, although he has dreams, they often do not have an explicit meaning and he would not advise to look for the cause of a

¹⁵ I did not investigate further about the concept of how the Lele people interpret dreams. In many animistic cultures, dreams are the experience of one's spirit (or a spirit double) and therefore are part of reality; see Lothar Käser (2014, 187-93).

sickness in dreams. Although God might use dreams from time to time, it is not his own experience and dreams may simply be influenced by human thoughts.¹⁶

Traditional Healing Practices

This point and the next (“Medicine/Treatment”) are closely related. Here the concern is more with the understanding of traditional healing practices and their agents in general; under the next point, I will discuss various traditional treatments.

I used a made-up conversation between two pastors to get participants involved in the discussion. It makes sense to present that conversation here in full:

Two pastors discuss the role of traditional healers. Pastor Malachi says: “Many of our people do not have access to proper health care. The traditional healers were here even before aid posts were built and doctors came. They have helped us for centuries. In addition, who should we turn to if the sickness is a *sik bilong ples*, ‘village sickness?’ I believe God uses the traditional healers just as he uses the doctors and the nurses at the hospital.” Pastor Moses responds: “Brother, I believe you are misguided. We all know that the traditional healers work in the power of the spirits. They are totally different from the spirit of Jesus. Therefore, it is not God who uses the traditional healer. In fact, they are servants of Satan. Whoever seeks help from a traditional healer seeks the help of Satan.” What do you think about the arguments both pastors mention?

In all three focus groups good discussions developed. Not all participants thought along the same lines. What made the conversation (and the analysis) rather complicated is, that what looked to me (who made up the stories) as two mutually exclusive positions, some participants were able to bring together. I will demonstrate this in the following discussion.

Many participants pointed out the need to distinguish between the times before and after the missionaries came to Manus, in the early 20th century.¹⁷ Anita described the people before that great divide as “*being blind*.” Carol said they were “*ignorant of God*.”

¹⁶ Caleb was also the one who saw sorcery related sicknesses as a more psychologically caused phenomenon.

¹⁷ For a more detailed discussion of this point, see below.

Before the first missionaries came, people had no other way than to resort to traditional means of healing when they were sick. Betty believes that “*a good spirit in God’s service gave knowledge to the ancestors to heal people in the traditional way.*” Not all participants wanted to go that far (to see the traditional practices as originated from God). Christopher, in another group, said that a holy God would not make use of Satan’s spirits, even before the missionaries came. In focus group 1 the perception was that “*whereas God was present in the time before the missionaries came and used the traditional system, today he had opened other ways for us*” that make the traditional approaches (or at least some aspects) obsolete. Nevertheless, almost all found the ways the ancestors used as at least acceptable for their time, because they lacked the knowledge and insights we have today.¹⁸

Based on the understanding that traditional spirits might be connected to God or even might have been used by God, Betty and Bill did not support Pastor Moses’ negative statement about the work of the *dokta blong ples* when we started to discuss the case study.¹⁹

In addition, the *dokta blong ples* often use plants, and other natural material to heal. These are seen as part of nature, created by God and therefore considered as good. To bring the use of these plants in relation to Satan’s work did not make sense to these participants. Bruce clarified that the plants were not the problem. God had created them good. The problem is that the ancestors, instead of calling on God called upon the spirits.

In the case study, Pastor Malachi argues that the *dokta blong ples* is used by God to heal people. Beverly said that God created good and bad things. If a *dokta blong ples*

¹⁸ The question of how to understand God’s presence in the time before the first missionaries came was not central to my research, although it is a very interesting one. I know from the literature that the question is very important for some African tribes (see for example, Bediako 2004). However, when we touched on the subject, it seems that the Lele Christians saw it as something that is past and does not need too much reflection. Maybe that perception would change, should the implications to the answer of the question become clearer to them.

¹⁹ Perspectives became more differentiated in the course of the discussion.

uses the things that are good and helpful, there is nothing that should stop Christians to ask them for help.

On the other hand, Pastor Moses found some support, too. Using the power of the spirits, even if the aim or outcome is restored health, is not acceptable for most of the participants.²⁰ Betty, who supported both Malachi's and Moses' position, said that the evaluation depended on which spirit the *dokta blong ples* uses to help the patient. People should not use evil spirits, of course, but to find help from a/the spirit of God is certainly permissible. In her perception the question is not so much what kind of ritual or healing practice the traditional healer followed, but from what kind of spirit entity, if any, one tries to find help through that ritual or healing practice. She later explained further:²¹

So we can say: Whoever is not on God's side, takes part in what Moses is talking about. They use the power of Satan's spirit and they see the power of that spirit at work and they continue to use it today. And whoever believes in God, I think, they can join Malachi's side. He believes that God uses the traditional way for them to find healing in it. Both are right. The one over here, what he says, is right. I agree with both. The other, when people are taking sides with Satan and his power, they will see it as something real – as something that is real! Someone blows lime at you and you fall down. Someone speaks [in a form of a curse or similar powerful talk], and you feel the effect. It works. They believe in the spirits of the ancestors and this works. But for those who have given their life to God, they look at this and believe: this spirit is used by God to help people. (Betty)

In sum, she said, that if someone uses the *dokta blong ples* to seek help from the spirits, that person is clearly wrong.²² On the other hand, if someone trusts in God and approaches a *dokta blong ples* with the expectation that God can use this specialist, God can actually work through the traditional system.

²⁰ In this, they are clearly in opposition to Matnovani's (2000, 70) statement that how the traditional healer heals is his own thing and that Christians simply give praise to God for the healing; see the discussion in Chapter 4: Literature: The Gospel and Culture / Evaluation of Traditional Health Concepts in the Literature.

²¹ Although Betty here includes examples of how people get sick, the context of the statement is about spirit entities and how they are involved in healing people.

²² To believe in God and seek the help of the spirits does not go together; see the next paragraph.

But this rather subjective principle is not endlessly expandable so that the criterion for appropriateness could be purely located within the attitude of the patient. Right after Betty's comments I asked what the group thought about a Christian approaching a traditional healer who used lime and a tooth of his grandfather in a healing ritual; clearly implying that his grandfather's spirit empowers the lime.²³ Both Betty and Bill immediately said that this would not be appropriate for a Christian to do, because what the traditional healer did was clearly related to the work of Satan. These mature Christians discouraged the use of treatments where the traditional healer suggests without doubt that the help is expected to come from the spirits.

In addition to the case study of Pastor Malachi and Pastor Moses, I asked a couple of other questions and wanted participants to respond to them. The one that was most interesting was whether one needs to see the work of the traditional healer in separation to God's care for people or included in it. I used the following illustration in Figure 6 to demonstrate what I wanted to ask:²⁴

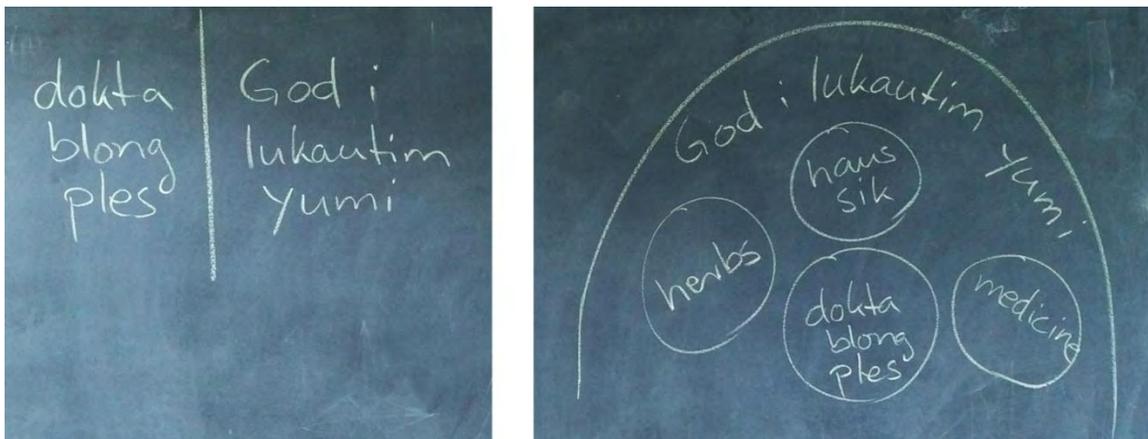


Figure 6: God's Care and the Work of the Traditional Healer

²³ See Appendix B, Story 1.

²⁴ Figure 6: In the picture to the left, the traditional healer and the care of God (“*God i lukautim yumi*”) are separated. In the picture to the right, herbs, the work of the hospital, the traditional healer and medicine are all part of God's care for humans.

Connected to this was the question whether traditional healers and pastors can work together. The responses were quite clear. In group 1, Anton affirmed that it depended on what the *dokta blong ples* actually did. If he called upon spirits to help, then the service he offers is nothing for Christians to make use of. “*The spirits used by the dokta blong ples are necessarily evil and the light has no fellowship with the darkness,*” as Amelie and Anita stated. If the *dokta blong ples* asks God for help instead of the spirits, the evaluation changed and Anton was open for such a practice. Nevertheless, Aaron, who is a pastor, was cautious and made it clear that he does not collaborate with someone who is a *dokta blong ples*²⁵ in order not to damage his own reputation and role as a good example to others.

In group 2 the understanding was similar. If the *dokta blong ples* prayed, that would be a clear sign for his service under God. Just to mention that what he does comes from God, is not enough and raises doubts. Betty mentioned that it is not a common phenomenon that a *dokta blong ples* actually prays before starting a healing ritual. The participants also said that charismatic Christians nowadays sometimes perform healing rituals that combined traditional and Christian elements. The mature Christians were highly suspicious of what these people are doing, mainly because they had discovered some fake that these people had used. At one point Bill accused them of “*using two masters.*”²⁶

In focus group 3, Christine said that God works through all kinds of means and can help in different ways, but right after her, Caleb relativized that statement: “*God does,*” he said, “*in fact heal and show his care through many ways, but he does not do so through evil spirits employed by the traditional healers.*” As the conversation throughout the three groups showed, the mature Lele Christians see the spirits commonly used by

²⁵ In this case, it was clear that he did not reject the work of herbalists, but of people who would use means that are at least potentially connected to the spirit world.

²⁶ As the presentation of the study shows, even though participants did not always quote a certain Bible text, allusions were made to statements found in the Bible. I will discuss the use of the Bible below.

specialists as belonging to the side of Satan. God can be at work through his Holy Spirit, but the idea that there are spirit entities belonging to God's realm and active in traditional healing rituals was never mentioned.

The thought experiment that the spirits a *dokta blong ples* calls upon are only imagined entities but the healing does actually come from God²⁷ was not supported by the participants.

Medicine/Treatment

During the focus groups, we also discussed different traditional methods of treatment. There is a variety of ways to respond to sickness. Not all traditional healing methods are the same and there is considerable difference in how the participants evaluated them from their Christian perspective.

The most basic treatment is what I called herbs or simple bush medicine. As probably in every society, the Lele know about plants or parts of them (bark, roots) that have a positive effect on health. Many use them or ask someone to prepare these things for them when they are sick. If there is no connection to the spirit world or secret knowledge, only one of the participants mentioned any objections from a Christian perspective in regard of their use. Nature was created by God and a lot of what people find in nature is therefore useful and good to use. One participant, Bill, who works with the Department of Health on Manus, cautioned that sometimes people might take a wrong dosage if they use this kind of natural medicine, but this was more a medical than a spiritual concern.

Another kind of treatment was seen to be rather unproblematic. There are people who can hold broken bones and join them again. The result is normally not immediate but

²⁷ This idea was mentioned by a student of mine and I included it in our discussions. It is worthwhile to note that he comes from a different tribe (Titan). Among his people, there are strong movements who want to find a synthesis of Christianity, tradition, and other streams of belief that are present among them.

often faster than when people have the fracture plastered at the hospital. Although participants in the focus groups were not completely sure how these people work (is it a gift from God, from “nature,” transferred from one person to another, learned?), all but one (Aaron) did not see spiritual reasons not to consult them or ask them for help. However, they felt much more comfortable, if that person was a Christian. Anton saw this work somehow comparable to the use of herbs.

I asked if they would agree if I brought one of my children to such a person in case of a broken leg. Without making a more definite statement than I hoped for, Christopher still seemed to consent when he said that many would agree that I could do so, because that person had helped many people with similar problems in the past.

Whereas these two kinds of treatment represent one side of the spectrum, the other side is also relatively clearly demarcated. As I have illustrated above, if people openly use the spirits of nature or of the ancestors to heal, then this kind of treatment is not accepted as compatible with Christian faith. The idea of God working in or using Satan’s power to heal²⁸ was strongly rejected by Barb, Betty and Bill. This confirms again that these Lele Christians see spirit powers generally in a negative light and in opposition to God.

Most traditional healing rituals make use of some kinds of plants. There are plants that have a positive medical effect. Christians would use them, often combined with a prayer of thanksgiving and the request for God to restore health through them. There is, however, a practice Bill described as “*strongim dispela herbs long wok*”, “to add power to the herbs in order for them to be effective’.” According to the understanding of the people, what makes the herbs effective in these cases, is the power of the spirits. If this happens, the Christians spoke out against their use.²⁹ When I started research and learned

²⁸ I presented this as an idea based on the comparison of the answers to questions 15a and 15b in the survey.

²⁹ Bill used the same words (*givism strong*, ‘empower’) again later to describe what one asks God for in prayer when using herbs for treatment of sicknesses.

about the different uses of herbs, I was not sure whether all herbal treatment was seen as being connected to the spirit world. This is clearly not the case, but the option exists to link herbs to the spirits (mostly, but not exclusively, with the help of a specialist).

Whereas some herbs have a medical effect from a biomedical perspective (for example, putting lemon grass in hot water to inhale its steam), this can be doubted for some other traditional herbal treatment (for example, drinking the extract of the bark of the *pakpak*-tree with some water), and it must clearly be negated for still some other treatment (being spit at with ginger). Especially the use of ginger by specialists for treatment of patients deserves a closer look. It is not just any ginger that can be used for treatment, but ginger that has been given by spirits, often many generations ago. This plant has been handed down from generation to generation. With that in mind, most focus group participants spoke against the treatment with ginger by a *dokta blong ples* (Anita in focus group 1, Carol in focus group 3).

However, there were some participants who had a rather positive attitude towards the use of ginger in treating sickness. For them, the idea that sometime in the past this ginger might have been given by a spirit is irrelevant. Betty's argument goes like this: *"The plants were created by God. The ancestors, not knowing about God, found out that it is a useful plant for treating sicknesses, so they started to use it. It has been used ever since."* She concludes: *"You can just chew it, and rub your skin with it, and you feel that it 'makes cold'"* (meaning, it counters the power of what is "hot;" normally sorcery). With all openness for using ginger, she later said that she personally did not use it.

Bill, in this same group discussion, disclosed that he himself uses ginger effectively in treating patients. What is important to him is to use it in the right way. He said: *"If I used it in the wrong way, I know, I would stand on Satan's side again."* The most important aspect of *"not using it in the wrong way"* is that it may not be used to harm but only to heal people. He mentioned that, although the ginger was passed on to

him through some generations, he does not know where it came from at the very beginning; thus showing that he is not interested in the role any spirits could possibly have in the usefulness of the ginger.

He assured us that he prays before he uses the ginger to treat people. The important thing is to believe that God is present and works. He himself and the patient (who was his wife in his example), must “*put their mind and heart and thoughts together and believe,*³⁰ *then he could even move mountains.*”³¹ To my question whether he believed that the power of the spirits was connected to that ginger, his response was: “*I believe it is the Spirit of God, not the spirit of Satan or anything like that.*” He also added that he did not use any special words when using the ginger; he only prayed. That no special words were spoken over the ginger was an important criterion for Barb and Betty to find acceptable what Bill is doing. Bruce, who was generally rather hesitant in regard to the use of traditional healing methods, remarked that as long as the spirits were not called upon, the use of ginger can be an appropriate way to find healing for Christians.

At the beginning of focus group 1, Alison told the story of a Christian woman from her village who was sick and the *glasman* found out that the cause of the sickness was a spirit at the river. They took money, a red piece of cloth and red hibiscus flowers, called the spirit and asked it to return the soul/spirit of the woman in return for the gifts. Immediately the woman’s health was restored. Alison wondered whether the Christian woman had handled the situation in a good way. Her conclusion was that while the use of these objects and the approach in general was in order, people should have called on God to work through the ritual. Because God is the creator of everything, people should pray to him that he—building on the underlying traditional concept—would use the objects to bring healing to the woman.

³⁰ There was no clear object in the sentence he made.

³¹ This, again, can be seen as an allusion to the Bible; Mt. 17:20; 21:21.

The examples of Bill's use of ginger and Alison's suggestion for an appropriate response to the sickness of a woman caused by a spirit in the river are attempts of dealing with the challenges of life as experienced by the Lele from a Christian point of view. At least Alison's response must be seen as an ad-hoc suggestion. Both approaches are highly relevant as they build on the schemas of the people and connect directly with reality as people experience it. But, and this is characteristic for attempts that build strongly on the traditional concept, there are loose ends in the conceptualization. For example, if people use the objects as Alison suggests but pray to God instead of talking to the spirit, are the objects seen as a gift for God? Should he bring the spirit/soul of the sick woman back or should God convince the spirit of the river to do so? If one adds one aspect to the schema, it can happen that the parts do not fit well together anymore. However, it seems that coherence is not always a condition for relevance.

At this point, I widen the discussion concerning the treatments of sickness. There are methods used today that build on the traditional etiology of sickness but modify the treatment. In addition, dealing with phenomena of "possession" needs to be included here as well. As we have already seen, for many Lele people, including the participants in the focus groups, spirit activity can be a cause for sickness, although "possession" is not the best description. Sometimes, in the understanding of the people, spirits snatch the soul/spirit of a person. In other cases the spirits are seen as troubling a person, but not in a way that the spirit has total control over that person. There are, however, cases where this troubling of a person reaches a stage that the term "possession" might be justified. Participants mentioned it, but not frequently.

Christine talked about the ECOM Women Department's ministry to Rabaul (East New Britain). A young woman, obviously troubled by a spirit, was brought to them. She was shaking (or: the spirit was shaking her). Christine reported:

As we were standing there, we had all kinds of thoughts. Who should pray so that the spirit leaves? Okay, I said: Let's all stand up and

form a chain. So we put foot on foot and said: By faith we command in the name of Jesus and-, because he knows what spirit was in her so we just commanded and shouted at it to come out. (Christine)

At the end, the women from the ministry team shouted, the spirit left, and the young woman was fine again. So in this case, the most important factors in treating the woman were prayer and the command to the spirit to leave. It is interesting to note that the women ministered together, formed a circle and put their feet together. This was for the Spirit of God to connect with their spirit and in this way they together had the power and strength to command the evil spirit to leave.³² Christine added that, “*when the young woman had calmed down, the women of this ministry group received insights (in a spiritual way) into what kind of spirit had troubled her.*” They talked to her about it, she confirmed that their insights were in fact true and together they were able to address the problem.

Whereas in this case it seems that no material objects were used, this is different in the story that Aaron shared: He was terribly sick and was not even able to talk. His relatives wanted to bring in a traditional healer, but he refused. But then a Christian woman came. She brought a small bottle with oil that she had brought from a visit to Israel. On the label of the bottle she had written the Bible verse from James 5:13. When she used the oil, Aaron’s condition improved. He now also uses similar oil to help people in times of sickness. Many others of the participants had experience with the use of oil, some also with “holy water” although this is more used by Catholics as Beverly remarked.

The participants agreed that the power was not in the oil, but that God used the oil for healing. I then asked whether any oil found at the supermarket could be used. “No” was the common answer. Oil from Israel would be good or at least olive oil, not just ordinary cooking oil. What makes the oil effective is “*when people pray over it and have*

³² I consulted Christine some time after the focus group to ask for her explanation of why they had put their feet together.

faith” (Barb, Bill). Barb affirmed that oil (and in the story she told, together with salt) could be used when someone had been harmed by sorcery. Some participants referred to oil made from *Nooni* and *Moringa* plants.³³ They were highly recommended, usually together with prayer.

Christopher said that oil worked similar to herbs. He recommended to pray over it but did not want to exclude the possibility that it also worked if one did not. While for him the biomedical aspect was in the foreground, for some others, as we have seen, the spiritual aspect was much stronger. Although strongly recommended in general, not all participants were so sure about its effectiveness. Christine said that it sometimes worked, but not always and Betty said that oil had not been effective when used to treat her sister.

When I looked at the various treatments that were suggested, especially those that dealt with spiritual issues, it seemed to me that in the eyes of most of the participants the substance that is being used is secondary to the idea that the more important aspect for the restoration of health happens in the unseen world (by God being at work, spirits being defeated, the power of sorcery made “cold,” and so on). The material side of the treatment is not unimportant, but secondary; the substances used do have some medicative effects, sometimes the symbolic meaning is much more important. That the mature Lele Christians referred to prayer in conjunction with different treatments so often seemed to support the idea that what happens in the unseen world is of greater meaning than what happens through natural means in the seen world.

Biblical and Theological Aspects

References to the Bible and theological concepts were made frequently in the three focus groups. Here I highlight those that were mentioned a number of times or that helped to gain an understanding of how these people used the Bible and theology in their

³³ These plants very likely have medicative effect for some sicknesses (Hirt and Lindsey 2008, 46-48; here especially about moringa).

evaluation of traditional health concepts. As I have already covered people's concepts about the place of the dead, I will not discuss this point here.

A fundamental belief of the Christians who were gathered is that God created the world. One implication of this is that created things are—at least potentially—good. The emphasis when it came to nature was not on the fall, but on creation (Barb, Betty, Bill). Participants acknowledged, however, that what was created can be used in a bad way, for example, when using teeth of the deceased to access spiritual power as Bill remarked. Another implication of the belief that God is creator is that he gave people the ability to find treatment for sicknesses. This is also the reason why the service of the public health care system is appropriate to use (Christopher, Christine). A third implication is that God as the creator is also “*Lord over everything, including people's lives*” as Bill affirmed in his final statement.³⁴

A second fundamental belief was expressed in a variety of ways. What these various comments have in common is that there is a dark side to this world, an opponent of God, that cannot be mixed or brought together with God. The First Commandment, to have no gods beside the true God, was mentioned by Anita as well as by Caleb. Caleb also stated that “*Satan and God do not eat together at the same table.*” A little later he said that one cannot “*mix the Spirit of God with something else.*” That the “*darkness cannot co-exist with the light*” was mentioned repeatedly. What these passages show is that in mature Lele Christians' understanding of the traditional aspects of sickness and healing, there is a realm that belongs to the side of God's enemy. Where exactly this realm starts, is subject to discussion, but that it exists is accepted by all.

Therefore, for people who want to be on God's side, it is essential “*not to serve two masters,*” a reference made a number of times by various participants. The original reference in the Bible to mammon (Mt. 6:24; Lk. 16:13) was easily adapted to anything

³⁴ I will come back to the implication of seeing nature as generally good in the next section.

that is against God and his will, especially everything connected to the spirit world. As Anita and Barb pointed out, what is necessary is “*to stand on God’s side.*” They referred to the verse in Joshua 24:15 where Joshua stated that he and his house would serve the Lord. It is noteworthy that especially Caleb and Anita, who were probably the most critical regarding the entire traditional concept of sickness and healing, were the ones that emphasized these Bible passages and theological convictions most.

Third, a passage that I have heard mentioned in the focus groups but also in my informal conversations with others is “Give to Caesar what is Caesar’s and to God what is God’s” (Mt. 22:21, paraphrased). Christine brought the popular interpretation into the discussion as: “*Deal with Satan’s attack’s in Satan’s power*” (that is, use the spirits to deal with issues caused by spirits or by sorcery and the like) “*and then, when this has been taken care of, come back to the way of God.*” She did not agree with this interpretation. Another participant, Betty, who was completely unfamiliar with its biblical context, saw the two ways (dealing with something in Satan’s power or in God’s way respectively) as an either-or-choice and did not agree with the popular interpretation that I had heard elsewhere.

To extend the biblical application (that has to do with paying taxes to Caesar) to this context of dealing with sicknesses that might have their cause in the spiritual, unseen world, needs some hermeneutical creativity, but is nevertheless widespread among the Lele. The case shows that not every popular interpretation is accepted by those who are considered mature in the faith. The two participants who referred to this Bible verse at least expressed their doubts about the meaning others found in it.³⁵

³⁵ Still, at some points, I was perplexed about the lacking evidence of biblical knowledge among these mature Christians. Some passages of the Bible seemed to be foreign to them and although they frequently quoted or alluded to Bible verses, these quotations were sometimes incorrect or the participants could not connect a bible verse with the respective episode it was taken from. I am not arguing here for a certain way of interpretation. My point is simply that I had expected a deeper knowledge of the Bible among the participants. I will come back to this issue in Chapter 9.

A fourth topic that came up in the discussions was the way participants saw the spiritual encounters in the New Testament in relation to their own world. Should one imagine the spirits mentioned in the exorcisms of Jesus as a similar kind of entity that the spirits the Lele know? Christine did not want to bring the spirits that troubled people in the New Testament too closely to the spirits of nature known among the Lele based on their appearance (she said she had seen tree spirits). She did not, however, negate that there are phenomena of spirit oppression today “*that are similar to those described in the New Testament.*” Caleb found enough comparable attributes between the spirits of the New Testament and the Lele world. In his words, they are both “*evil spirits,*” and “*just as the spirits in biblical times caused sickness, so do the spirits of nature today.*”

When participants referred to stories from the book of Acts, they easily found direct applications to their situation. Bruce and Anita mentioned the young woman in Acts 16 who had a spirit by which she could predict the future. They applied that to people today who by the spirits’ power “*reveal hidden things or make money out of this ability.*” Just as Paul and Silas rebuked the spirit in the young woman, activities connected to similar practices among the Lele were seen as evil on the basis of this story by the two participants.³⁶

In regard to the activity of spirits, the bridges between the Lele- and the New Testament-world are much wider and shorter when compared to the Western- and the New Testament-world. Therefore, it is obvious that in the perspective of the Lele Christians, the way to deal with the harm the spirits cause (or with the spirits themselves) can be aligned to the way described in the New Testament. While trusting in God and using the name of Jesus seem to be comparable elements, Lele people often add some

³⁶ In my understanding, although some specifics of the spirits in the Lele concept might be different from what we read in the New Testament, there is significant similarity, in the way the spirits are seen to act.

other elements in dealing with sickness thought to be caused by spirit powers and phenomena of spirit oppression.³⁷

The fifth point worth noting here has to do with the understanding that health issues that have their cause in the spirit world need to be dealt with by using spiritual power. With few exceptions, the participants accepted most of the traditional causes of sickness and suggested that, if the cause is seen in the spirit world, the way to deal with it must also include spiritual power. Christopher made an important comment, saying that whereas “*Christians may not use the spirits of the traditional system to combat spirits involved in the sickness of people, they may very well use the spiritual power of God to deal with it.*” The comment made by Betty leads into the same direction. She remarked that “*Christians can find guidance and help from the Spirit of God.*” In effect, what the mature Christians suggested is that the Spirit of God—because he is Spirit—is more than capable to deal with spiritual forces.

The sixth point mentioned by some participants was Bible passages that emphasize the power and authority that Christians have received from God which surpasses all other powers. Barb quoted Isaiah 54:17: “No weapons formed against us shall prosper”³⁸ (NKJV) and right after that referred to Luke 10:19 (“I have given you authority to trample on snakes and scorpions and to overcome all the power of the enemy; nothing will harm you” NIV); a passage also quoted by Amelie. In the discussion it became clear that the mature Lele Christians did not understand this power to be inherent in the Christians themselves, but that it is power rooted in God and working through God’s people.³⁹

³⁷ Among Western theologians the interpretation is quite common that Jesus and the apostles did not deal with “real” spirits, but only aligned their practice to the thought-world of the people in the first century. It is almost unnecessary to mention that this construct is of no relevance for the Lele people. For them, the spirits mentioned in the New Testament are just this: spirits—not imagined spirits!

³⁸ She changed the “you” in the Bible text to “us” as I have quoted here.

³⁹ See also the example of the exorcism relayed by Christine above. God’s Spirit, in union with their human spirits, provided the power to defeat the evil spirit.

The seventh point is the emphasis on faith in order for something to be effective. Christine stressed the importance of this point for those who want to engage in healing others. She said that too often she doubted when she went to bring herbs to a sick person and to pray for that person's healing. In that context she referred to the shadow of the apostles that fell on people who were then healed⁴⁰ (Acts 5:12-16). She shared that she is convinced *"that her grandson died because she had doubts when she prayed for him to be healed."* Christopher emphasized the same point. He said that *"those who want to heal others need to have faith. They need to stand firm in their faith if they want to become a channel of God's healing."* He referred to the story of Peter and John who were healing the sick beggar at the temple's gate in Jerusalem (Acts 3). *"God has power above all other powers and is able to defeat the enemy's power,"* Christopher said. However, *"in order to see this power at work, the Christians involved in healing needed to put their faith in God."* Amelie assured that *"it does not need a special gift to use oil for healing,"* but that *"one must be faithful to God, matured, and must not doubt; only then would God work through the oil."* The examples mentioned so far stress the faith of the one involved in bringing healing. But the faith on the side of the sick person was also frequently mentioned.⁴¹ Beth explained how putting one's faith into something is both the way as well as the condition to find healing.

Okay, as I see it, we are talking about "God's faith" [meaning, faith in God] and traditional faith [meaning, faith in the traditional means]. Okay, as I understand it, it is like this: "Traditional faith" is real, it is real. Because if you have a sick bilong ples, and you put all your faith and attention and strength into that ginger or tanget, 'leaf' or whatever [people have] in the village, and you use it, it will heal the person. Whether someone's bone or leg is crooked or the person has a sore at his mouth, this-, the ginger and the tanget leaves and these things [that people have] in the village, will bring about healing. With "God's faith" it's the

⁴⁰ Faith on the side of the apostles is not mentioned in that passage.

⁴¹ Although not referred to explicitly in the focus groups, we find both aspects present in the New Testament: In Mark 2:5, Jesus acknowledges the faith of those who brought the crippled man to him and let him down through the roof. In Mark 10:52 Jesus commends Bartimaeus for his faith that was essential for his healing. These are only two examples; there are more passages in support for both aspects.

same: If you put all your strength, your faith in God and you ask God for healing, whatever it may be, the healing will take place. (Beth)

Beth made it clear that the focus needs to be on the source of the healing. God as the creator of everything has not lost his power and he will act if people have faith in him. At another time, Christopher shared what he had heard an evangelist-healer say: *“if someone turned to God and believed in him and in the healing that would result in it, then that person would, so to say, ‘heal himself’ through that faith.”* It seemed that Christopher has made this his own position, too.⁴²

The eighth aspect is the prayer of healing following the advice in James 5. Amelie used it in affirming that healing comes from God, and because he is able to bring *“total healing,”* she would not seek help from the traditional healer. She later used the same passage to give biblical support for the use of oil in Christian healing rituals and was supported by Anita. Aaron mentioned this Bible passage as well when he spoke about a woman who applied oil on his body when he was very sick.

The ninth aspect is the repeated reference to Psalm 23 by participants of all three focus groups. It was mentioned in all three groups. In group 1, Anna relayed an experience of healing. Psalm 23 became an important Bible passage for her. God would take care of her and watch over her until her life ends here on earth. In group 2, a young participant referred to Psalm 23 and highlighted that she does not fear, no matter where she goes, because God is with her. In group 3 it was Christine who mentioned that very same Psalm. She read it when her grandchild was seriously sick. She wanted to express her trust in God, no matter what would happen. Obviously, this Psalm encourages Christians to trust in God and to feel safe in him.

When Bill mentioned that he used ginger as a means of protection, a short discussion with Barb developed:

⁴² This comes very close to Jesus' words in Mark 10:52 (the passage referred to in footnote 41). It reads: *“Go,”* said Jesus, *‘your faith has healed you’*” (NIV).

Bill: So mi save kisim tasol nau long lukaut tasol, long protectim mi yet.

Barb: I kamap wasman blong yu nau.

Bill: I kamap wasman blong mi nau.

Barb: Tasol yu mas save olsem God em i wasman blong yu stret.

Bill: So I take it with me, to watch over me, to protect myself.

Barb: It becomes your guard now.

Bill: It becomes my guard now.

Barb: But you must know that God is your real guard!

The word for shepherd in Tok Pisin is *wasman*. The verb *was* has the meaning to watch over or to guard. Barb brought out that what the ginger did for Bill is in direct connection with what God does for his people by alluding to Psalm 23. Being conscious of the need for someone to watch over them and guard them in the face of spiritual activity, the description of God as *wasman* has special relevance for the Christians who were gathered and contributes to the importance of the psalm for the topic we were discussing.

The final point has to do with a critical question raised at the end of the last focus group. Caleb asked why sometimes prayers were not being answered. It is interesting that this question did not arise earlier. In most of the discussions the confidence was expressed that God would respond to people's pleas. In fact, many of the participants had their own experience to tell how God had healed them. From my point of view, this question was a valued contribution to the discussion, as it shows one aspect of the reality people live in. One other participant made some comments to provide help. I felt that this question was too complex to be answered theologically and apologetically within a few minutes. Although I shared some thoughts, I answered in a rather pastoral way and did not try to extend the discussion. To me this seemed to have been the most appropriate way to deal with the question in this situation. Nevertheless, that someone raised it shows that there are Christians for whom this question constitutes an important aspect when it comes to dealing with sickness from a Christian perspective.

Christian Community

Towards the end of the focus group discussions I asked how the Christian community can support the sick. Earlier in the conversations it had already become clear that Christians should help each other and pray for one another. These aspects were strengthened when I asked this specific question.

It is important not to think exclusively in “spiritual” terms as Bill reminded the group. He said that he helped people medically (as he is a trained medical worker) or referred them to the hospital if necessary. Anna mentioned very practical contributions Christians can make for the sick, for example, “*bringing food, cleaning the house or giving money.*” Often sick people need extra funds. She also mentioned praying and counselling as part of her ministry to the sick in her community. Angela said that while visiting the sick and taking care of their needs, “*it is important to also strengthen their faith in Christ.*” Their comments can be seen as a great example of the connectedness of all of life in Melanesian society; a division of life in separate departments as it has become the norm in societies strongly influenced by the enlightenment is foreign to them.

Betty said that very few Christians had such a strong commitment to God that they would abandon using the *glasman/dokta blong ples* when they are close to dying. Beth remarked that it is important to strengthen the faith of sick people and not to lead them to those who try to bring help through the spirits. In that regard, it is necessary to have positive role models. Aaron said that the way he dealt with his life-threatening sickness became “*a learning experience for his children.*”

When I asked whether Christians should make more use of rituals or symbols when they attend to the sick, some mentioned the use of oil combined with prayer as I have already pointed out.

Albert advised that Christians needed to come together in “*one spirit and one faith.*” It is noteworthy that, according to the traditional system, in times of sickness the

family is called together and unity strengthened or re-established in an attempt to restore health to the sick person. Working with others and in unity is therefore an important aspect for Christians as well.

Caleb and Christine pointed out that if Christians wanted to help the sick, their relationship with God must be in order. Christopher is a long-serving pastor who has counselled many sick people and prayed for them. Through his ministry a good number of people were healed. He made two interesting comments: First, before asking the pastor (or someone else) to pray, the family must come together and reconcile in case there are any quarrels. Second, he does not come to assist as long as the sick person or the family engages a *glasman* or *dokta blong ples*. He does not want to be brought in connection with them.

Christine even went a step further. She said that she had scolded her sick brother. She told him “*that he had to confess to God that he had laughed at his strength and asked many glasman to come.*” Only if he did so would God heal him. In this case the ministry to the sick person is combined with a call to put one’s faith in Christ alone.

Socio-Religious Themes that Emerge from the Focus Group Research

There are a number of issues that have been mentioned by research participants that are of importance for the research but do not fit into one of the categories mentioned in the first section of this chapter. Some affect the mature Lele Christians’ overall understanding of how to deal with sickness and healing and were not connected directly to one of the question I had included in the question guide. I will present these issues here.

Experience-Based Reasoning

Many of the focus groups participants shared their own experiences or those of relatives during the discussions. Aaron, for example, went through a life threatening sickness about a year before the focus groups met. For him, the question whether to involve traditional healers or not became very existential. Albert shared about the time when he was a young man. His family exhausted all means, including the traditional practices, to find help in his sickness. It took a very long time until his health was restored through the prayer of a pastor.

I also realized that when I asked questions in the focus groups that easily could have been answered with “yes” or “no,” the response was often in the form of a story or an experience. In focus group 3 I asked whether the blood of a deceased person could cause sickness. Without hesitation, Christine said her brother had died in a river and when she went there to wash clothes some time later, she got *grille*, ‘a skin disease’—a sign that the blood of the deceased brother had come over her. Another participant, Christopher, builds his belief that the dead are not completely dead on three sources: On the experience of the presence of the deceased, on the Bible which says that the physical body rots but the spirit or soul (he used both words) waits for judgement at the last day, and on what he had learned from an old man who had contact with the deceased and whose experiences he considered to be genuine. There are many more examples where people’s own experiences and the stories they heard from reliable people contributed to people’s understanding and evaluation of certain issues.

Need to Believe in Order for Something to Work

One theme that ran through all of the topics and was prominent in all three groups was for something to work or for it to be effective, one needs to believe in it. I have already provided a number of examples of this.

Carol and Christine both stated that if someone believes in the harmfulness of *ndrai*, ‘the blood of a deceased person,’ then it actually becomes harmful. The same is true for ginger as a means of protection. Carol said: “*Nowadays, we Christian men and women, we don’t believe in it very much. We say that this is meaningless (‘samting nating’). But for those who do not believe, they still hold on to it. They also take it with them when they go to a big event.*” Beth highlighted that the traditional system for healing works if people believe in it and that healing through God also works if people put their trust in him. “*A lack of faith,*” as Christine mentioned, “*is therefore an impediment of healing.*”

Understanding of Nature as Generally Good

During the discussions, the idea was mentioned often that nature was created by God and therefore, what is found in nature, is generally good and may be used by Christians in an attempt to find healing. Based on this principle, the participants supported a wide array of treatments in times of sickness. The use of barks, roots or leaves by the *dokta blong ples* was recommended (if not brought into connection with the spirits), and so is the medicine prepared by herbalists. Medicine that is dispensed at the hospital (which also contains substances found in nature) were seen in a positive light without exception and so were other products of nature used in healing rituals by Christians (most often, oil).

Many participants mentioned prayer in conjunction with treatment, regardless of what kind of treatment or medicine it was. This shows that God is seen as the one working through the various means. He can use nature as he wants to and the natural substance is rather considered as a tool in God’s hand than something that is effective in and of itself (although, as Christopher’s comments have shown, the idea that some substance are helpful for some diseases is clearly present).

As the small qualification above (“if not brought into connection with the spirits”) shows, what is found in nature can be used in a wrong way. This is not only the case for traditional healers who might call on spirits to work through some natural materials. The participants also mentioned that Catholic charismatic groups, in an attempt to bring healing to a person, used a mixture of traditional means (such as lime and ginger) and Catholic/Christian elements (such as the rosary and prayer). Many of the mature Christians were highly critical of this. Beth even went as far as saying that “*they worked in the power of Satan.*” It is not easy to determine from the conversations what exactly the criteria were to give such a harsh verdict on these practices, where other practices which the participants approved of, are not that different. Bill, who himself uses ginger and prayer to heal people, said that “*Christians must not work with someone who calls upon the ancestors (the spirits of the deceased) or anyone who uses sorcery.*” He made this comment following what another participant had said about the rituals used by the Catholic charismatics.

Distinction Between the Time Before and After Missionaries Arrived

The people in the focus groups frequently referred to something that fundamentally changed life on Manus. Anita called it “*the time the Good News arrived,*” Bruce referred to it as “*the time the word of God came*” and Carol as “*the time the missionaries came.*”⁴³

At one point, Christopher explained how God was involved in the life of people and reached out to them in the past. He described that time as: “*How he helped the*

⁴³ It is hard to pin that down to a certain year. The first missionaries came in 1914 but it took many years before they had a significant impact. The ministry grew in the 1930s but went through a crisis during World War II and the years directly following the war. It grew again starting from the late 1940s. Different villages were impacted at different times and it probably makes most sense to understand the comments as referring to the impact of missionaries and the gospel in a certain village or for certain people rather than to look for a certain year. It is safe to say that in the years after the restart of mission work in the late 1940s there was a significant impact of the gospel in many Lele villages. However, especially in those villages that are located near Lugos station, a good number of people had become Christians earlier.

people before the doctors came, before the missionaries came and the missions came... ”

Here, he brought the coming of physicians together with the coming of the mission or the missionaries and in fact, missionaries were among the first to start medical work on Manus.

As outlined in the first section of this chapter, traditional healing practices, for many this has become a pivotal point from which the beliefs and the practices of the forefathers have to be evaluated afresh. This change opened a new perspective on the understanding of sickness and healing, combined with a new set of practices, at least partly distinct from the earlier ways.

God as an Uncontrollable Factor

At one point, Betty made an important remark that I believe has a major impact on people's understanding and behavior. She reported of a pastor from the Solomon Islands who came and worked in PNG. Betty met him in Port Moresby. He reflected what he learned from the people: *“In the traditional system,”* he said, *“people are in control and can ensure healing (by talking to the spirits, for example). On the other hand, when they pray, it takes time and one cannot exactly know in which way God will respond.”* Betty did not elaborate more on it, but seemed to agree to the sentiments of many Papua New Guinean Christians summarized well by this pastor.

I remember a student of mine who comes from the Sepik region of PNG. He shared his frustration that if they as Christians did not use *sanguma*, ‘a special kind of witchcraft/sorcery’ they had a considerable disadvantage against their enemies who made use of it. God cannot be controlled or manipulated and this can leave Christians with the feeling that they are in a weak and passive state compared to those following the traditional system. This sentiment is common among Christians in PNG and I believe that good theological reflection and suggestion to deal with it in practice are needed to

respond in a relevant way. Otherwise, Christians will feel inadequately equipped to face the challenges of the unseen world and will be tempted to resort to means they themselves actually consider unfitting for Christians to use.

Even though the overall impression from the conversations was that the traditional as well as the Christians system work effectively for healing, the participants of the focus groups mentioned many situations where people exhausted all means, went from one traditional healer to another, or had people treating them with oil, or other substances and still did not recover, or at least not as quickly as they had hoped for. However, the particular actions taken in healing rituals in the traditional system, combined with the perceived opportunity to do something and do it with authority, might result in people having the impression to be more in control than when Christians pray to God and hand over their concerns—and their lives—to God to care for.

Logic and Perceived Contradictions: Different Ways of Reasoning

There were a number of statements made by individuals that are difficult to harmonize with what they said at other times. In the discussion of what I called “self-designated prophets,” Bill first wanted to see a warning from God in what they say but later rather considered it to be a temptation from Satan. It should not be a surprise that when new ideas are being discussed in a group, participants change their perspective about something during the discussion.

Not all situations however can be explained as trying to come to a conclusion to a new question while discussing it. A prime example is the participants who denied the possibility for the deceased to be involved in the life of the living, but who regularly protect themselves against their potential attacks (Bill) or even call on them to tell them their anger about another member of the family (Betty).

At the end of all three focus groups I presented a final case study. In this case study, about a man who had *grille*, ‘a skin disease.’ I asked what he should do after he could not find help at the hospital. A number of participants gave the advice that he should go and consult a *glasman* (Betty, Bill) or find a *dokta blong ples* to spit at him with ginger (Albert). They were rather surprised when I asked them how that fit to their own earlier statements that these were practices which Christians should not engage in. Only after I uncovered their inconsistency did they become aware of it and reconsider their statements. One could see in this a lack of sound reasoning or Christian commitment. However, there are good ways to explain this, based on a cognitive explanatory model.⁴⁴ The question still remains what the implications are for Christian life, ministry and mission and I will deal with these issues in Chapter 9.

Not everything that I considered a tension or even contradiction in what the mature Christians said must be seen as such. During the focus group discussions and later in the analysis, I realized that we came from different angles and they were able to bring in line positions that for me looked mutually exclusive. The point where this became most obvious was when we discussed the positions of Pastor Malachi and Pastor Moses. When participants supported both positions, to me this looked like an intellectual short-circuit. It took me some time to realize that in their eyes the evaluation of their positions depended on what exactly the *dokta blong ples* did, with what mindset one approached the *dokta blong ples*, and from what or whom (the spirits/the Spirit of God) one expected to find help through the specialist.

There is a combination of factors that needs to be taken into account in the eyes of the participants. The respective circumstances determine the appropriate approach and whether an approach is appropriate from a Christian perspective has not only to do with the action carried out but with the person’s intent—finding help from God through a

⁴⁴ See the Literature Review.

ritual or from the spirits. This approach goes far beyond a structural-functionalist theory where the ritual has a certain function to fulfill in the life of the society. It also moves beyond a symbolic theory where the ritual has a more or less fixed meaning within the society. In this cognitive approach people's intent is a major factor for the evaluation of the ritual as I have laid out here.

Formation of Christian Thought

At the end of each of the three focus groups I asked each participant to make a final statement.⁴⁵ It is interesting to see how many of them stated that they wanted to trust God more fully and not engage in practices anymore that do not fit to a life with God. Cynthia, who had been rather silent during most of the discussion, remarked that sometimes she had doubts "*whether it was appropriate to go to the glasman/dokta blong ples and then to the church.*"⁴⁶ She said that the discussions helped her "*not to go back to the old way of life.*" Bianca, one of the two younger participants, said that she learned "*that it was important to follow Christ in her day-to-day life and that using the glasman did not fit to that kind of life.*" Alison said that she and other Christians often did what they should not have been doing as Christians in an attempt to find help. In her final statement she said that the discussions had helped her "*to leave behind what is not right and follow God in taking the right ways to find healing.*" A couple of other participants made similar comments.

Others, like Bill, stated that "*whatever is good, can be kept but whatever is somehow connected with Satan needs to be left behind.*" He was one of the participants who went rather far in including traditional ways into his Christian faith, but he also made a clear commitment to follow God's ways.

⁴⁵ In this, I followed the advice of Krueger and Casey (2015, 45) providing a concrete take-away that reflects on how people perceive the experience with their peers..

⁴⁶ She did not elaborate more what exactly she meant by "the church."

Taken together, this shows that the discussions which were meant to elicit what people believed and on what basis they had come to these beliefs, were themselves a means to shape the thoughts and ideas of those present. Many mentioned that they appreciated having the opportunity to discuss such questions and reflect on tradition and Christian faith in community with other Christians. It seems that the comments of those who were determined to seek God's will and follow him in times of sickness caused others to see themselves as having compromised their Christian faith or taken over traditional beliefs and practices with too little reflection.

Concluding Analysis of Findings from the Mature Lele Christians

The purpose of this concluding section is to analyze the findings from the mature Christians in a way that it can serve as a basis for the implications of the study that I will present in the next chapter.

A Lele Biblical Theology of Healing?

Do mature Lele Christians have a biblical theology of healing, if the conclusions they came to were developed to a large extent during the discussions? A helpful definition of theology is "faith seeking understanding" that goes back to the eleventh-century theologian Anselm of Canterbury (Bevans 2009, 7). As such it needs a reflected study of God, what people can know about him and his dealing with the world. A "biblical" theology of healing would be informed and guided by people's understanding of God's word.

What the mature Lele Christians shared is far from a comprehensive, systematic, fully developed theology. But theologies are rarely fully developed and will always be shaped by the context in which they grow. When thinking about a Lele biblical theology of healing, I do so by acknowledging that it is a theology in the making and that it is done

by ordinary Christians. While there are aspects most of the mature Lele Christians agree on, their concept of how to deal with the challenge of sickness as Christians is fuzzy, only partially reflected, far from unified and although they mentioned the Bible at different points, there was no evidence that they ever studied the Bible especially to find out all it has to say about sickness and healing.

The discussion could be extended: How much reflection and systematizing is necessary to call the product a “theology of...”? And then, who sets the standards? How long do we speak about a “folk religion” or “the people’s religion” and when do we start to give something the predicate “official” religion? While I wished the mature Lele Christians had reflected more on some issues, I cannot but acknowledge that what they represented is their attempt to make sense of God and their Christian faith in that situation—it is the dynamic process of their faith seeking understanding— and by that it needs to be qualified as their current theology of healing.

The aspects that are widely shared between the participants of the three focus groups are:

- God is the creator of the universe; his power is greater than anything.
- What God created is good and can be used by Christians. Therefore herbs as well as the service and medicine provided by the public health care system can and should be used by Christians.
- There is a dark power in the universe, opposed to God and his plans. It is manifest in Satan and spirits. Spirits are not servants of God, but of Satan.
- This power is active and can harm people. Christians are not exempt from the potential danger and sometimes they feel its force or negative effects and can even become sick through them.
- If sickness is caused by spiritual power, it needs to be overcome by spiritual power. Natural means are not sufficient. God, too, is Spirit!
- Christian must not collaborate with Satan and his powers or work by accessing them. Light and darkness cannot be together. Certain means to find healing, although they could potentially bring healing, are contradictory to a Christian life and people who want to follow Jesus should not use them.

- Healing is possible through different means. God has not left Christians without help in time of need. There are different approaches to find healing (see next section).
- An important aspect is to “have faith.” The object of faith is not always clear; but for Christians it is usually the steadfast trust that God will work through the means chosen. To believe or to have faith goes beyond holding it true that God *can* act. It is *the trust that he will act*.

These aspects of a theology of healing are a start but do not completely answer how one should respond to *sik bilong ples*. There were different approaches mentioned in the focus groups and a categorization will prove helpful.

Mature Lele Christians’ Approaches to *Sik bilong Ples*

Among the participants of the focus groups, there were three main approaches of how to think about and respond to *sik bilong ples*. I will illustrate them in Figure 7 on a grid with one axis showing how closely people follow the etiological schema of sickness and the other how they experience God’s help (whether through traditional or new/transformed rituals):

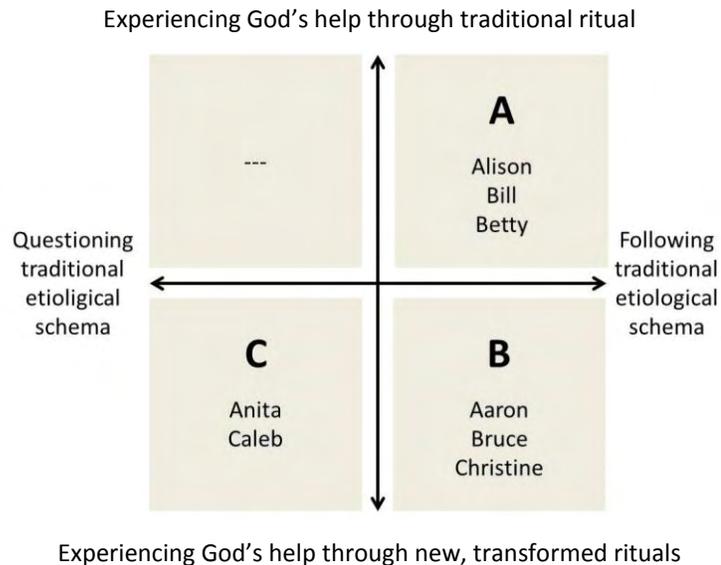


Figure 7: Mature Lele Christians Concepts of Sickness and Healing

I will briefly characterize each of these three types under the leading idea of how mature Christians conceptualize the causes of sickness and how they experience God's help in time of sickness. I limit the description to those kinds of sickness for which the Lele normally use spiritual power to counteract what they perceive as generally evil.

Christians of type A follow the traditional etiology for sickness and build their response as closely as possible on traditional rituals through which they experience God's help. The Christians of type B also follow the traditional etiology but see the traditional rituals too closely connected to the spirits and Satan's influence. They have developed new rituals or build on examples they find in Scripture to counteract sickness that has their roots in the spirit world. Christians of type C have doubts about the traditional etiology and try not to focus on the dangers of the unseen world. They would not use traditional rituals when they are sick.

I believe that the respective research participants would agree with this typification. However, I must be clear, it is not they but I who came up with these categories. They did not have ready systems; their answers to questions were molded in the discussion themselves; based on their experience, their understanding of God's world and his dealing with the world they live in. I put representatives of the 20 mature Lele Christians in three quadrants. Some of the participants did not say enough for me to receive a clear picture of their position. The upper left corner is empty. It is unlikely that people question the traditional etiological schema but then utilize traditional rituals to find healing. I could not find such a person in the focus groups for which this description would fit.

When Christians of type A become sick, the traditional causes come to their mind quickly. They are aware that they live in an environment where dangerous spirits and people with evil intentions are all around them. Not only is their etiology based on the traditional schema, but they turn to traditional ways to counter sickness. They might use

special ginger in healing, or appease river spirits in traditional ways by bringing gifts to entice a return of souls they have snatched away. However, they do not call upon spirits to deal with traditional sickness, but use the traditional ritual under prayer. They believe that God works through these rituals and they acknowledge the power associated with certain material. God as the creator can use them to show them he cares. When charged that they are “*serving two masters*” (or to be syncretistic or follow a dual religious approach, to use academic language), they reply that they believe in Jesus who is the Lord of their life and that God had created everything for people to use, as long as it is used in the right way, which is when it is used for healing.

The Christians of type B agree with those of type A about the causes of sickness. However, they are at least sceptical of the traditional ways to find healing or outright reject them. But in response to the need to deal with *sik bilong ples* they have developed rituals in which they express their trust in God. Knowing that it is God who heals, they still put a high emphasis on the material they use (things such as special oil) or the actions they perform (putting their feet together in an exorcism). They see the community of Christians as very important in dealing with sickness.

Christians of type C are the most sceptical to ascribe sickness too quickly to the spirits of nature or to sorcery, although they would not categorically exclude that these are potential causes of sickness. Although they would not do things that could bring them into danger they see no need to take protective measures against the powers of the unseen world. They would not use traditional healing rituals as Christians in order not to violate their allegiance to God. Rituals in general are of minor importance for them although they are not against using oil, for example. For them God does not need rituals to show his power. People are called to pray and trust in him. He has promised to help. This is enough.

This typification shows that the mature Lele Christians have different ways to process sickness from the perspective of their Christian faith and have found ways to deal with it meaningfully as Christians. It is important to take note of the differences and also to acknowledge their position as the position of Christians who express faith in Christ. Especially in regard to the use or non-use of traditional means the different voices must be heard. For Bill (type A), using ginger in a healing ritual, dissociated from the spirits' power, is a tool in God's hand. But Aaron (type B), in the face of death, would not let anyone dealing with ginger treat him. He would rather put his life in God's hands. The use of traditional means is not the only way to express faith in God, but, as some Christians have shown, not using the traditional means can also be a way to express one's trust in God! Others yet (type C), have developed a mindset in which the idea to become sick through spiritual powers has limited influence on their life.

Reflecting on Schema-Based Responses

My research has shown that aside from theological convictions that made a contribution to shaping people's response to sickness, the schemas they use to reason and that sometimes serve as scripts, also make a contribution in what they do, and these schemas are very much shaped along traditional lines. It is significant to note, though, that when traditional schemas were met by theological reflection,⁴⁷ there was often an element of critique. The schemas were not simply eradicated—something which is not possible. But if brought to light, they were scrutinized, and when their own understanding of God and the Bible was not compatible with traditional schema, participants also saw a need for a modification—at least in the context of the interviews.⁴⁸

⁴⁷ By theological reflection, I mean their own theological reflection, although at some points the impulse for the reflection came from me.

⁴⁸ This is exactly what Kahneman (2011, 26) writes about the interplay of system 1 and system 2: "One of the tasks of System 2 is to overcome the impulses of System 1. In other words, System 2 is in charge of self-control."

These modifications were less evident—most likely less needed—in the case of etiology, but quite substantial in the case of responses to sickness. For example, the understanding, that harm that was being done by spiritual powers, needs to be dealt with by spiritual power is part of the schema and remained basically untouched. However, the spiritual power to be used in restoring health cannot be a stronger, more powerful spirit, but must be the power of God, who is also Spirit.⁴⁹ This shows that for a Lele biblical theology of healing the impulses that the traditional schemas provide cannot be followed blindly. Just like every other area in life, they need to be set in relation to God and his Word. I will reflect more on this issue in Chapter 9.

⁴⁹ This insight is based on comments like that of Bruce who said: *“If the sickness is caused through demons or the power of evil spirits, well, we can use spiritual power of God to destroy it.”*

Part III: Contribution

Implications, Recommendations and Conclusion

In this last part of the dissertation I will first connect my findings with the literature presented in Part I, which formed the theoretical foundations for the research. I work out implications and recommendations for theory and praxis and show, how on the basis of my research, cognitive theory can help to better understand contextual questions when tradition and Christian faith intersect (Chapter 9). In the Conclusion I will then refer back to the questions for the research I outlined in the Introduction and summarize how my research helped to answer them. I will also note open questions and suggest areas for further research (Chapter 10).

Chapter 9

Missiological Implications and Recommendations, Based on Cognitive Theory

At the end of this research project I need to answer one simple question: “So what!?” Is there anything to learn from the mature Lele Christians’ conceptual dealing with sickness and healing about the contribution cognitive theory can make to the task of developing theology in context? In line with the overall orientation of the research I will not only attempt to see what we can learn from the results the mature Lele Christians reached but from how they processed these issues.

Although the focus is on mature Lele Christians and their dealing with sickness, as far as I think it is permissible, I try to widen the view and find implications that can guide the discussion of the general relationship of tradition and Christian faith in the emerging sub-field of cognitive missiology.¹

I structure this chapter around the three types of Christians I worked out at the end of Chapter 8 and highlight their respective contribution to the development of a biblical theology of healing for the Lele. I do not see these aspects to apply to one type of Christians exclusively; the aspect I highlight for each type is where they place their emphasis.

In the following presentation, I envision Christians of type A, B, and C being together in a room, responding to each other. Based on my commitment to take their

¹ My specific recommendations for the Lele people will follow in form of a letter in the Postscript after Chapter 10.

perspective seriously as valid expressions of Christian faith, I make comments in favor of their respective insights from a missiological point of view.

Type A-Christians speak first and make a strong point for the traditional mindset to become a seedbed for developing their approach of dealing with sickness. They show how they experience God through their traditions and how their traditional rituals become meaningful for them as Christians.

Type B-Christians respond and concur with much that type A-Christians said. They share the same etiological schemas as type A-Christians. However, they are concerned that making use of traditional rituals lets them join sides with spiritual forces opposed to God. They highlight the need for transformation of thought and action based on God's Word. They tell type A-Christians that God had provided other ways to deal with sickness than using the traditional rituals.

Last comes the small group of type C-Christians. They understand all that the other two groups have mentioned, but question the underlying cultural schema of the causes of sickness. They contribute a perspective that might open new ways of understanding God and his care.

After the the discussion of each of the three aspects, I will provide recommendations for academia as well as for praxis. In my remarks about developing theology in context at the end of this chapter, I will highlight theology as a dynamic process.

Type A-Christians: Exemplifying Relevant Hybridity

As my study shows, type A-Christians build their responses to sickness firmly on a traditional understanding of the causes of sickness. Their thinking about sickness and their response to it is largely based on the traditional mindset which overlaps significantly

with Kahneman's (2011) more intuitively operating system 1 or D'Andrade's (1987) cultural schemas.²

When Christians find ways to deal with the challenges posed by culture that connect closely to their system 1-thinking, their Christian faith becomes relevant for them. It then finds its way into the life of people and does not remain in a separate sphere, detached from real life. If this takes place, split-level Christianity and dual religiosity can be avoided and Christianity becomes both authentic and relevant.

As I begin this section, I will show that especially in the area of sickness and healing, there is evidence in the Bible that God connected with people on the basis of their cognitive environment³ and built upon their assumptions. These biblical examples show that what type A-Christians do is not some inferior Christian approach, but finds strong support in Scripture. After these examples, I will connect the concept of hybridity to my research among the Lele.

Stories of Healing in the Bible

There is a plethora of healing stories in the Bible. Frederick Gaiser, who discusses a good number of them in a biblical-theological way, remarks:

It will be difficult to overestimate the significance of Yahweh's willingness...to enter and embrace the world. Yahweh's concern is life and healing, doing whatever it takes, not correcting worldviews. When God acts, it will not be primarily to offer theoretical discourse on metaphysics and methodologies, but to heal and to save. Pursuing that goal, Yahweh will make use of the cultural worldview of the people for whom God cares. (Gaiser 2010, 43)

² For both theories, see Chapter 3: Literature Review / Schema Theory/System 1 and System 2. Building on the two authors, I described system 1 and cultural schemas as people's cognitive default operating mode; the patterns that people naturally use to think and to process incoming information. System 2 and cultural theories, on the other hand, describe what people have learned as declarative knowledge.

³ See Chapter 3: Literature: Relevance Theory / Cognitive Environment and the Importance of Context.

God obviously goes far in reaching out to people in their situation and connects to their understanding of the world. Some of the healings include aspects that have the potential to be understood as magic rites⁴ or to involve fetishes.⁵ I will briefly reiterate some of these stories: one from the Old Testament, one from Jesus' ministry and two from the apostles' ministry.⁶

The Bronze Serpent in Numbers 21:4-9

When the Israelites grumbled over their long journey in the wilderness and spoke against Moses, JHWH sent venomous snakes. Many people died when they were bitten. The narrator leaves no doubt that it was God who sent the snakes. After they repented, it was again God himself who told Moses to make a bronze serpent and erect it so that everyone who looked at it would recover. JHWH is presented as the one who is in charge of what is happening: He sends the snakes, he talks to Moses, and he gives orders for the remedy.

The most interesting aspect in this story is the kind of remedy God provided for the Israelites. Images or models of snakes were used in Israel's neighborhood in cultic ways (Cole 2009, Num. 21:8). The Israelites were told not to make any images lest they were pulled into worshipping them (Ex. 20:4; more precisely later in Dtn. 4:17). In addition to this,

the function of the image resembles a form of homeopathic and apotropaic ritual, whereby a votive form of the source of the disease (homeopathic element) is used in a ritual to ward off evil (apotropaism) – here, death from snake bite. (Cole 2009, Num. 21:8)

Although there is a close resemblance to magic, Gaiser distinguishes the story from forms of sympathetic magic: It was God himself who established the means for

⁴ Understood here in the sense that following the right formula is thought to be effective in itself; without supernatural beings involved from whom people expect help; see Hiebert (2008, 113).

⁵ Objects believed to have special powers (Morris 2012, 93).

⁶ I take the passages at face value and do not engage here in discussions about their historicity.

healing: “it is not a story of magic; it is a story of grace and faith – not manipulation of the deity, but genuine dialogical interaction with the deity” (2010, 42). For Gaiser the story exemplifies that God enters the world and deals with people on a level where they are receptive, but he also transforms people’s understanding. Pointing to today’s world, he notes:

God may, indeed, heal through the forms of contemporary tribal cultures, but biblical theology will joyfully proclaim to such cultures, where necessary, that God is not in need of human appeasement. Healing comes as grace. No human form of healing is, in itself, God’s form of healing. God may be able to use human forms, some more than others, but no human form will capture God or remain free from evaluation by the biblical perspective that wholeness involves the worship of God, the care of others, and the integrity of self. (Gaiser 2010, 45)

In the later history of Israel, the serpent that Moses made was destroyed by Hezekiah (2 Kings 18:4) because Israelites started to venerate it and so it became an object of idolatry. For many neighboring peoples of Israel, snakes were important religious symbols that were connected to the gods that these people worshiped (Provan 2009, 2 Kings 18:4) and it is likely that both the place of the snake in Israel’s history as well as the influence of other peoples contributed to its abuse.

The story shows the danger of turning what God has given into something that is reckoned to have power in and of itself. In the apocryphal book of Wisdom 16:5-7⁷ it is made very clear: Healing did not come from what they looked at (the bronze snake) but from God, the savior of all people.

⁷ As the text is not included in all Bibles I copy it here: “⁵ When terrible, fierce snakes attacked your people and were killing them with their poison, you did not remain angry long enough to destroy your people. ⁶This trouble lasted for only a little while, as a warning. Then you gave them a healing symbol, the bronze snake, to remind them of what your Law requires. ⁷If a person looked at that symbol, he was cured of the snakebite—not by what he saw, but by you, the savior of all mankind” (GNT).

John 9:1-41 Jesus Heals a Man Born Blind

Out of the many healings of Jesus, I briefly discuss here the restoring of sight to a man born blind as reported in John 9. In v. 6 of this episode, Jesus spits on the ground and applies the mud on the blind man's eyes. Gaiser (2010, 151) titles this chapter in his book with the question "Jesus, the Shaman?" He shows that Jesus' action is very much comparable with what other healers in his time did.

Aylward Shorter argues along the same lines. He points out that Jesus did not do medical examinations when he healed people, but "conformed to the type of itinerant healer-exorcist of his own day in rural Palestine", even "imitating the 'mumbo-jumbo' of contemporary healers" (Shorter 1985, 10). One of these practices was the use of saliva.

John Wilkinson lists some examples of curing through saliva around the time of Jesus. However, he does not want to connect Jesus' healing too closely with these practices because he sees the magic connotations that it carries as unfitting to the gospel record and states that Jesus would certainly have avoided anything coming close to incantations (1998, 117).

While agreeing with Wilkinson that from our perspective a distinction exists between magic and Jesus' healing, Gaiser rightly points out "Jesus' willingness to partake of the methods of his own day, including their magical overtones" (154). He asks:

What will we make, then, of the fact that Jesus seems clearly to make use of common shamanic healing techniques while the stories themselves spend little or no time exploring this methodology? Once again, we learn something of the incarnate nature of Jesus' life and ministry. Of course Jesus makes use of first-century healing methods; he is a person of the first-century. Of course God is willing to embrace the methods of Jesus' day; God has embraced that day as the *kairos* in which he will do particular saving work (Mark 1:15; cf. Rom. 5:6; 2 Cor. 6:2; Eph. 1:10). The New Testament takes the methodology for granted, with no further comment. (Gaiser 2010, 154)

Gaiser observes correctly that the method itself seems to have been of little interest to the writer of the gospel. What is of interest is that they point to Jesus who has

come as the light of the world (v. 5). It is Jesus' rationale for appropriate behavior that is of interest to me and my Lele research participants. The cognitive objectives in using relevant approaches to healing is of great interest to missiologists.

Acts 5:15 Shadow of Peter; Acts 19:11-12 Handkerchief of Paul

The following two passages are closely related. In both stories the apostles do not take active action in order to heal people, but those who seek healing hope to find it in a way that does not use the apostles' will. Healing is meant to be transferred in a way that reminds modern readers of magical rites.

For the first story, the sick were brought to Jerusalem so that Peter's shadow could fall onto them. The actions taken relate to a quasi-magical understanding, very similar to when a woman was healed by touching Jesus' robe (Matt. 9:20-22). P. van der Horst notes that in antiquity the idea was common that the shadow of a person or an animal was loaded with the healing or harmful power (some commentators use the word "mana" here) of that person or animal (van der Horst 1977). People believed the shadow to have magic impact. It seems that the people in Jerusalem in their expectations took up this common idea. If Peter, in the name of Jesus, could heal a man through his words (Acts 3:16), why should healing not also be effected through his shadow? In any case, a stronger power had won the victory over a weaker power.

Luke makes no effort to correct this view and nowhere in the story does he suggest that these actions were false or ineffective. Luke's emphasis is not to show how false the magic beliefs of these people were, but to demonstrate that God was working in mighty ways through the apostles within the cognitive environment of the believers of the day. For Luke, as the story in Acts 3 and 4 shows, there can have been no doubt that *God* healed the people – and not Peter's shadow in and of itself. Whether this distinction was made by the people who were longing for healing is not made clear.

Turning to Paul in Acts 19:1-12, we read that when people brought handkerchiefs or aprons that Paul had touched to the sick, they were cured and set free from evil spirits. In verse 11 Luke notes that these deeds were “extraordinary miracles” and characterizes them as “produced” (ἐποίησεν) by God, and only administered by Paul; literally “through the hands of Paul” (διὰ τῶν χειρῶν Παύλου).

Eckhard Schnabel explains that “‘by the hands’ is an expression of agency” (2012, 794). As this passage shows, for Luke it was clear that God himself was the author of such mighty deeds and that the apostles performed them “in the name of Jesus” (Acts 4:30). Schnabel then points out that it was a serious misunderstanding of the people when they thought that they could tap into spiritual power which they understood as being transmitted in material terms (795). However, we do not read that Luke discredits their belief or actions. His purpose was to contrast Christian healing with the Jewish exorcist described in the next verses (13-17): “Luke emphasizes God’s powerful presence in Paul’s ministry – indeed, in Paul’s person” (Schnabel 2012, 795).

To sum up, it seems that according to what is recorded in Acts, God was willing to connect with people on the basis of their beliefs which were, without doubt, shaped by their culture and environment. The apostolic agency connects the mighty deeds to God; a point that Luke made explicit in both passages.

Reflection on the Biblical Stories and the Christian Lele Concepts

If we take the Bible passages discussed here, they clearly suggest that God has used ways for healing that were closely connected to the understanding of the people in their time and place. None of the ways described can be explained within a bio-physical framework. What God was doing came close to what the Bible often criticized, because it is related to other gods or seen in danger of drawing people away from God’s true intention. For example, there are clear prohibitions to create images in Exodus 20:4 and

Deuteronomy 4:17 and the New Testament is very polemic against any forms of magic (Arnold 1993, 580-83).

So when God used these practices, he made himself vulnerable to being misunderstood. God seems to take this risk in order to communicate and reach out to the people in their circumstances. He wants them to discover his presence in their midst and for them to live as his people (Shaw and Van Engen 2003, 13). For his ways to be relevant for people, he was willing to build on their most natural way of thinking and reasoning; or, so to speak, on their system 1-thinking.

However, there is always a transforming element in these biblical examples when compared with the pagan use: The bronze snake was given by God as a means of salvation. When Jesus healed people, John denotes the healing as a “sign” (σημεῖον) of God being at work through Jesus. Likewise, the synoptics describe healings as signs of the inaugurated kingdom of God (Luke 4:18). Luke made it clear that in the extraordinary healings, the apostles were agents of what God was doing through them.

So in all cases, God became the focal point—at least in the biblical interpretation of what happened. How exactly the people involved understood all of this, is not always clear (however, see the confession of the man born blind at the conclusion of the story in John 9:33). In doing so, the symbols that were used became an avenue to channel God’s healing power, not the source of the power itself. This, to me, seems to be of utmost importance. That this distinction has not always been strictly observed by the people becomes clear in the case of the bronze snake in the later history of Israel.

This biblical analysis opens the door for Christians to include healing practices that have their roots in tradition, if they are used with the right mindset as a number of the participants in the focus groups actually stated. The core of this right mindset is that people seek help first of all from God.

In my research, those that I have characterized as type A-Christians clearly followed this approach. The best example is Bill who uses ginger to treat people. He shared how he treated his wife with it and that she recovered quickly. When I asked what made the ginger effective, he said that he had centered his heart, mind and spirit directly on God and that he put his faith in God's presence.

Although the ritual may look very much the same as in traditional use and definitely builds on the traditional mindset, it has been re-interpreted and God has entered the scene.⁸ In his conceptualization it is not the spirits who work anymore, but God who uses the ritual and works through him. In schema theory, we would say that the schema itself remained quite stable, but that the slots have been filled differently. Nevertheless, the Christians know that they cannot deal with God as with spirits. They can expect God to work but they cannot demand it.⁹

If God is at the center, many of the Lele Christians found a wide array of healing practices closely connected to their traditional use acceptable. In the language of relevance theory (Sperber and Wilson 1995), their right mindset is described as their inferences of God's intent to be their healer (Exod. 15:26). They expect God to be at work and reach out to them in their circumstances through various ways, including those that they know from their tradition. Relevant communication, or in our case, the way of understanding God in the Lele context of sickness and healing, takes place, when the inference matches the intent.

⁸ Hiebert, building on symbolic anthropology, would be highly critical of such an approach. He writes: "The belief that we as individuals can freely redefine old and create new symbols reflects our Western individualism. In much of the world, however, it is the group and its leaders who define the key cultural symbols, and enforce the dominant beliefs." From the perspective of cognitive anthropology, I would counter that processes of change very often start with what is already there and that people make sense of something new by building on what they already know. In this process, the existing ritual will undergo a new interpretation.

⁹ The differences might not be as clear-cut as one expects; depending on how faith is understood. If God gave us authority over evil powers, do we not have a right to claim it? The word claim was used in this sense a number of times.

Many missionaries and missiologists, especially evangelicals, might have concerns about the use of such traditional concepts, beliefs, and rituals in fear that Christianity becomes diluted and a dangerous syncretism may develop.¹⁰ Shaw rightly argues that a mixing or blending of beliefs and practices, which he calls hybridity, is a necessary process for the Christian faith to become meaningful and relevant for people's lives: "Hybridity, then, is not only inevitable but is also a positive force for change" (Shaw 2018, 8). His concern is to utilize cultural expressions and see how God's intent as revealed in Scripture, can be found in these cultural expressions. But as they are used, they receive a new interpretation in that they are focused on God who has the desire to be in the midst of his people. It is not only the rituals that are seen in a new light, but also those who are involved in the process are being changed by seeing God relating in new ways to their specific context (Shaw 2010).

God's intent to help his people in time of sickness has found different expressions among the mature Lele Christians. But both, type A- as well as type B-Christians build strongly on their traditional schemas which makes the expressions they use so meaningful for their lives. At the same time these cultural schemas have received a transformation in which they have become infiltrated with God's presence and as such have become avenues for God's intent to become tangible for the Lele Christians.

Recommendations for Academia

While there is a modest body of literature dealing with religion from a cognitive science perspective (for example, Barrett 2011; Martin and Wiebe 2017; Whitehouse 2004), missiology, and especially the sub-discipline of contextual theology, has not given enough attention to cognitive approaches. But as my study has shown, they offer new avenues to develop how the word of God and the Christian faith can unfold its relevance

¹⁰ See Chapter 4: The Gospel and Culture / Syncretism.

in a context. Shaw (2010; 2018) is in the vanguard of that movement that I hope will develop into the subfield of cognitive missiology.

The concept of hybridity with its cognitive foundation has helped to gain three important insights: First, the gospel needs the local setting as a foundation. People will not find meaning in a foreign gospel, dealing with issues foreign to them or providing answers to questions they don't have. Along with this, the role of the outsiders (often: the gospel bearers) has been more critically examined. Those who bring the gospel to people of a foreign culture do well not to critique prematurely the very elements of culture that could serve to grow something new when combined with the Christian message. Too often gospel bearers, myself included, have criticized what they have not totally understood from the perspective of the local Christians.

Second, there is a great potential in including existing rituals and practices in the formation of a Christian theology in a particular context, especially when Scripture (or at least biblical stories) bring revelation into cultural contexts. When this happens there is opportunity to see something new and beautiful about the gospel when it meets the local setting. Out of fear of syncretism, this opportunity was often missed.

Third, the concept of hybridity stresses the need not only to get things right (a certain word in the translation, the understanding of a certain teaching), but to look at the process that leads to people discovering God in their midst, getting to know him better and walk with him more closely.

As I have shown here, cognitive studies can contribute to the question how relevance in the transmission of the gospel can be enhanced. My recommendation is therefore to build models of contextualization more strongly on cognitive approaches; especially in an attempt to use existing cognitive structures and processes to come to relevant expressions of Christian faith. The concept of hybridity can serve as a model to build on and to stir the missiological spirit.

Recommendations for Praxis

My research was focused on the questions relating to which elements of the traditional concept of sickness and healing were compatible with the Christian faith and which ones needed to be reconsidered or changed. Through interaction with my research participants, I discovered how Lele Christians make meaning of their tradition in light of their Christian faith.

If I had to carry out the research again, I would include questions such as: “How does your culture and your traditions blend with your Christian faith?” or “In which way do your traditions help you to see that God cares for you?” I would take a more positive approach and would likely discover more of the system 1-thinking and how traditional cultural and cognitive schemas play a role in the formation of a Christian understanding of people’s past and present.

Even when not in a research setting, I would encourage Christians to come together and discuss such questions. I would invite Christians who are known to closely follow traditional practices to participate and provide them with a platform to present how their traditions have become avenues for God to make his intent known to be the God in the midst of his people. This requires an open atmosphere free from fear of condemnation. It would not be occasions where critical thinking is prohibited, but coming from a more positive angle, would bring to light more positive aspects.

An even more practical recommendation would be to encourage local churches to identify people who have a gift of healing or the right status that people can turn to in time of sickness. According to the conversations in the focus groups, pastors have a special role in this and a good number of ECOM pastors take their care for the sick very seriously as I have regularly observed. But there are specialists who also use traditional means. Whenever Christians can see God working through them and consider their

service as not violating their faith and commitment to God, they should be encouraged to use them and give thanks to God for helping them through these specialists (1 Tim 4:4).

When Christians have experienced God's healing through a specialist, they could even give witness and tell the healers how they have been used by God. As Christians discover how traditional rituals can be seen as God's way of reaching out to them in their need, it might even happen that more specialists start to consider using their abilities while acknowledging God as the true source of the healing.

Based on the conversations in the focus groups, I encourage ECOM Christians to agree on some basic guidelines for the use of various means and specialists and encourage a responsible freedom in the way healing is practiced.

Type B-Christians: Emphasizing the Need for Transformation through God's Word

There are contextualization models that put primary emphasis on the existing culture of people as the starting point for theologizing. These models see culture in a very positive light and God is seen as the fulfilment of the desires of people within their culture.¹¹ The culture of the people provides the soil out of which theology grows. Shaw is close to this conception when he writes in his recent article that "each expression is capable of incorporating God in its context because God is already there" (2018, 9).

As I have just shown, there lies indeed a great opportunity in connecting the gospel to the culture of people. It is certainly beneficial to use people's system 1-way of thinking for developing theology and relevant practices as this is how they most naturally think. Although the mature Christians of type B shared many of the underlying assumptions with those of type A, the use of traditional healing rituals for them was too closely associated with the work of Satan.¹² They introduced an element of critique and a

¹¹ One example is the Anthropological model in Bevans' (2002) classification.

¹² This was the interpretation of the ritual evoked in their mind – or the "meaning" of the ritual (Strauss and Quinn 1997, 6). In their mind, they could not dissociate the ritual from the influence of Satan.

call for transformation which was regularly based on their understanding of the Bible at this point in time.¹³ In their perspective, what comes to the mind naturally is not always an adequate expression of Christian faith. One cannot simply rely on one's schemas and follow them. The schemas, like every other aspect in a Christian's life, must come under the scrutiny of God's Word.

When Schreiter (2015, 186) discusses the place of religion (here: Christianity) in the life of people, he points out that it is necessary to see Christian faith not as a segment within a person's cultural existence but as permeating the whole of life. This holistic view is not only in line with how most Melanesians understand the world, but also with Jesus' call to follow him. The Christian faith is first of all a life in relationship with the living God—and this relationship will have an influence on people's beliefs, thoughts and on their behavior. I therefore do not see it as a valid option for Christians to accept various mindsets as standing disconnected and equally valid side by side, each in its own right.

Charles Kraft brings this out when he writes that Jesus confronts Satan concerning power, allegiance and truth (Kraft 2009).¹⁴ If people's intuitive, traditional response leads them to using power in the wrong way, to join sides with God's opponent or to follow a lie, the schemas cannot go unchecked.¹⁵ People's schemas have a powerful influence on life. Kahneman calls system 1 "the secret author of many of the choices and judgments [people] make" (2011, 13). It is therefore important to think about how one can deal with

¹³ There is no doubt that their understanding of the Bible has been influenced in different ways. Culture, like the way Christians believe, is always influenced from the outside. My study is a snapshot of the thinking of mature Lele Christians at the time of the research.

¹⁴ This is a revised version of an earlier article; see Kraft (1991).

¹⁵ Bevans, who is generally in favor of models leaning strongly on the cultural context of people in the construction of theology, still notes that an approach like the anthropological model that he introduces, "easily falls prey to cultural romanticism" (2002, 60). Therefore, I argue, that elements of critique of culture must not be eliminated. It is important, though, that the critique comes from the people within the culture, based on their understanding of God's purposes for them as revealed in his word (Shaw and Van Engen 2003, 183; Shaw 2018, 9) . The role of the outsider can only be to stimulate people's thinking and theologizing.

those aspects of the schemas that are problematic from the point of view of the Christians in a certain context.

Biblical Exhortations

The Bible is full of exhortations for people not to follow their inclinations and the predispositions shaped by culture if these are in opposition to God's will. Sometimes, a clear change of mind and behavior is called for. No one is inclined to turn the other cheek (Mt 5:39) or to love one's enemies (Mt 5:44). This goes against the grain of both nature and culture.

Paul writes in Romans 12:2 "Do not conform to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is—his good, pleasing and perfect will" (NIV). The Greek word *συσχηματίζεσθε* 'to conform to a pattern,' is derived from Greek *σχῆμα*, which we have anglicized as "schema." I take this as a pointer that our cultural schemas must be transformed as we try to live faithful to Christ. For Paul this transformation is first and foremost taking place in the mind.

Although Christians will often be able to Christianize cultural elements and fill slots in schemas with new elements, this is not always possible. Sometimes a restructure is necessary.¹⁶ The story of Simon the Sorcerer in Acts 8:9-25 serves as an example here. Simon saw that those, upon which the apostles placed their hands, received the Holy Spirit and now wanted to purchase that ability from them (v. 18-19). In his perspective, the power was a commodity that could enhance his benefit, greatness and glory (v. 10). He simply wanted to add the Holy Spirit to the power already available to him and so include the use of the Holy Spirit in his existing mindset. Although Simon was a baptized believer, Peter rejected him in the strongest possible terms (v. 20). The episode should

¹⁶ However, schemas cannot be *replaced*, but need to be *transformed*. We can only start with what is already there, as connectionist theory has shown so well.

serve as a warning that, especially when it comes to the use of spiritual power, God cannot be fitted in each and any system of thought as clay can be modelled and be pressed in any (cultural) thought-form available. At times, it is necessary for God to transform people's thought patterns.

Reflection on the Transformation Emphasized by the Mature Lele Christians

When the mature Christians mentioned that they could not access the power of spirits (which they considered to belong to Satan's side), they critiqued the content of their traditional schema, which suggests that harm coming from the spirit world needs to be dealt with by the power of stronger spirits. But using the spirits would have constituted a threat to their allegiance to Christ as they themselves pointed out.¹⁷ They were still convinced that they needed to deal with spiritual power in a spiritual way (through the Holy Spirit). Although the content of their traditional schema was critiqued, the overall structure remained basically the same. Working with the spirits was substituted with working in the power of the Holy Spirit. Ronald Casson (1983, 431-32) writes that within existing schemas, "slots" can be filled differently and this is a good way to explain what happened here.

However, at one point, Betty mentioned that one cannot deal with God as with the spirits. He is outside of people's control. He cannot be coerced as people usually do with the spirits. In the language of schema theory, she realized that when the "slot" is filled differently, the schema does not work in the exact same way anymore. Christians cannot command God to act, but ask him to do so. This affects how the different elements in the schema are related to each other.

¹⁷ In his discussion of syncretism and dual religious systems, Schreier (2015, 195) notes that sometimes the issues that outsiders think needed to be dealt with can be of little interest to the people in their setting. From their perspective, these issues do not seem to create tensions with their faith. When the mature Christians in my research mentioned allegiance issues involved in the traditional system of dealing with sickness, this demonstrated clearly that it is an issue that must be of importance for Christians to deal with.

Some other examples illustrate the need for transformation that in the language of cognitive studies is best described as a “change of scripts”. When Albert looked at his earlier suggestion (to send a man with a skin disease to the *glasman*) from a biblical-theological perspective, he reconsidered his comment and said that the man should better not consult the specialist but turn to God instead. He acknowledged a need for the traditional script to change. Bruce, to mention another example, did not give money to the woman who told him that he would die the following day because of a sorcery attack. To find help in the spirit world to neutralize the power of sorcery would have been part of the traditional script. Lastly, in conversations with Christians whose close relatives were killed by means of sorcery (according to their reasoning), they mentioned that they refused from taking revenge. Again, this is a clear departure from the traditional script.

The mature Lele Christians shared most of the fundamental perspectives on the world and on life with others and did not see a need for them to be changed. Despite Sherwood Lingenfelter’s justified critique these basic convictions about reality might be best described as worldview assumptions.¹⁸ They bear heavily on the beliefs about the causes of sickness. For example, the mature Christians did not dispute that there are spirits and that they can have an influence on people’s lives. They therefore feel a need of protection. They perceive sorcery as a potential threat. They believe that material substances can convey power. They affirm that there is a close connection between the seen and the unseen world and that the two interact. They see it possible that people receive or actively access powers in the unseen world.¹⁹

¹⁸ Lingenfelter rightly remarks: “While the analogies of world view as concentric circles with a core of cultural themes, or the ‘cultural onion’ with its multiple layers into the heart, have been useful to many, when pushed to their logical ends they fail to encompass the complexity and the dynamism of social and cultural life” (1996, 228-29). I still use the term here in the sense described in the text.

¹⁹ The status of the deceased and their capability to be involved in the life of the living is more complicated. Although most participants affirmed that the dead are dead (system 2; Christian reasoning), they would generally affirm that they can be responsible for sicknesses (system 1; traditional).

The vast majority of the mature Lele Christians that were present in the focus groups make these basic convictions the departure point for their reasoning and actions. There are different possible explanations for it. One could be that these convictions (traditional, system 1 based) are so strong and so natural to people that they simply are not being challenged; like the fish that is in the water does not realize that it is wet. It is also possible, and maybe adding to the first point, that they do not see a need to challenge them; neither from a cultural nor from a Christian perspective.

The New Testament is full of spirit activity related to sickness and phenomena of possession. In the Old as well as in the New Testament there are stories about sorcerers (Ex 7 - 9; Dan 2:2; Acts 8:9-25; 13:6-11)²⁰ and concerning the status of the deceased, are there not passages that at least let one think about the possibility of the dead not being totally cut off from the life of the living (1Sam 28; Is. 8:19; Mt. 17:1-13)?

What the mature Lele Christians changed compared to the traditional mindset was their response to the underlying assumptions. They did not deny the possibility of having a *sik bilong ples*, but they changed their response to it in different ways—either in expecting God to work through traditional means (type A-Christians), or in using more biblical oriented rituals or in trusting God to work through medicine and prayer (type B-Christians). They showed how God entering their thought world made a difference in responding to the challenges life was putting before them.

Based on these considerations I am convinced that some models of contextualization that were introduced from the outside were too much concerned with truth (biblical truth as understood by the person who introduced it) that the reality as

²⁰ It is interesting to see that Western missionaries have been quick to point out the need of a worldview change in animistic societies. I agree that there are aspects of animistic worldviews (if one wants to call them like this) that need to be challenged by the gospel. However, taking the issue about spirit activity as an example, to what “better” or “more Christian” worldview should the Lele ascribe? To one developed in a Cartesian world after enlightenment? Certainly not!

people experienced it was pushed aside. But with that, the relevance of the Gospel declined and split level Christianity became the norm.

Missiological Considerations about Transformation Based on the Bible

The Christians in the focus groups mentioned the Bible and theological conclusions they reached throughout the discussions; some more, some less. This testifies to their commitment to God's word to guide them. However, as I pointed out in the analysis of the focus groups, there were situations where the knowledge and understanding of the Bible was rather shallow and I wished that the biblical framework for reasoning would have been more comprehensive.

In this section, I therefore want to raise three issues regarding the use of the Bible in an attempt to transform the thought world of people and gain an impact in their behavior. I will first stress the need for a biblical framework of reasoning. However, as cognitive theory as well as my research have shown, not every conclusion people reach has an impact on what they do. The question is therefore, how what people learn from God's Word can lead them to transformed actions. Lastly, if Christians do not accept their cultural predispositions uncritically but see a need for transformation, how can they offer better alternatives?

The Role of God's Word—Building a Biblical Framework for Reasoning

When people follow contextualization models that place a high emphasis on the existing culture and on Christianity as the human person's fulfilment (Bevans 2002, 54), they are in danger of looking for those aspects of the biblical message that affirm beliefs and practices while avoiding those aspects that question them. The biblical message is not only to affirm people but to lead them into truth and holy living. At some points the Bible is very clear that change in the mind is necessary. In Ephesians 4:17-24 Paul exhorts the

Christians that they must not live as the Gentiles did “in the futility of their thinking” (v. 17, NIV). Instead, he urges them that they must be “made new in the attitude of [their] minds” (v. 23, NIV).²¹ Both are necessary: The gospel needs to build on the foundation of the existing culture in order to unfold its relevance in this context as I will show in the next section. At the same time, people need to listen to God’s Word and give it authority over their lives in order to uphold the integrity of the Christian faith.

I therefore argue for theology that is deeply rooted in the context but that places an equal emphasis on people developing a biblical framework for their reasoning. I am neither talking about Christian teaching brought from abroad nor about a specific hermeneutic. But for people to come to an evaluation of their culture from a Christian point of view, they need to know their Bible. This is even more important as theologians from the outside (who often have a good Bible knowledge) must not exert much influence so as not to hinder the development of theology suitable for a specific context.

I disagree here with Hiebert, who sees the theologian or missionary as the expert in understanding the Bible. According to Hiebert, after the expert’s exegesis of the biblical text, the local Christians need to measure their culture against that teaching (1987, 109-10). But exegesis is not an acultural process. People in different cultures read the Bible with their own eyes and the so-called expert might miss relevant passages or interpret them in a way in which these texts do not develop their full meaning for the people in their context (Shaw et al. 2016, 8). People, in evaluating their own culture, need to let the Bible form their plausibility structure²² as Lesslie Newbigin calls it. He writes:

our proper relation to the Bible is not that we examine it from the outside, but that we *indwell* it and from within it seek to understand and cope with what is out there. In other words, the Bible furnishes us with our plausibility structure. (1989, 98-99; italics in original)

²¹ The root of the Greek word translated “thinking” and “minds” in both cases is νοῦς; the basic meaning of the word is mind, thinking; understanding, insight.

²² This expression goes back to Peter Berger (1967).

If the critique of culture needs to come from above, and “the standards against which all practices are measured is biblical revelation” (Hiebert 1987, 110), people cannot rely on individual Bible verses alone but need to learn to see the world and their lives from God’s perspective. This is only possible through a thorough study of God’s word.

The Willowbank Report (Lausanne Committee for World Evangelization 1978) says it this way:

As we address Scripture, Scripture addresses us. We find that our culturally conditioned presuppositions are being challenged and our questions corrected. In fact, we are compelled to reformulate our previous questions and to ask fresh ones.²³

When people gain a thorough understanding of God’s word, it will prevent them from picking only passages in favor of their cultural assumptions. This understanding can grow and it needs to be supported by churches and missions. As God is on a way with people, they may come to different conclusions, depending on their knowledge of God’s word.²⁴ The Christian community plays an important role so that Christians can correct and supplement each other in their knowledge and understanding. For authentic expressions of the Christian faith in a culture, people must be rooted in God’s word.

Where in the Cognitive World Does Change Take Place?

My research has confirmed that the same person can have and often uses different ways of responding cognitively to issues encountered in life. Gesch’s (2010) observation,

²³ In the next section, I will argue that God often uses system 1 or what comes naturally to the mind of people in dealing with them. However—and I create an extreme example here—I believe no missionary or missiologist would like to support a model in which people try to find a Christian way of sorcery in an attempt to take revenge of their enemies. Is it possible that these fundamental changes are especially called for when the moral life is affected and decisions have implications for other people also?

²⁴ In a video teaching session on the Purpose Driven Life, Rick Warren ends with prayer, saying: “Jesus Christ, I give as much of myself as I understand to as much of you as I understand at this point in my life.” I see a parallel to how people can handle cultural issues in light of their Christian faith. As much as they understand of their culture and of God’s word at any given time, they commit themselves to living faithfully to God.

that people often are “working out of two mindsets” holds true for the mature Lele Christians as well; at least at some points it became obvious. The traditional system does not simply disappear through the introduction of a newer system, even if it is concerned with the same broad issue (for example, dealing with sickness). Traditional default ways of reasoning will not simply be overwritten by ideas from outside the cultural environment.

While some aspects of a new system might be integrated in the existing system (for example, Western medicine as an appropriate way to deal with “normal” sickness, or God as the one who works through herbs), the new system often does not provide answers for all important aspects of the life of people (for example, how to find out the cause of a *sik bilong ples*). Some aspects of the new belief system simply cannot be reconciled meaningfully with the existing system, as we have seen in the discussion of the role of the deceased.²⁵ It is wrong to believe that traditional cultural schemas will automatically be replaced by good Christian teaching. Even if some elements can be integrated, there will always be loose ends that stand by side.

Rynkiewich (2011, 19) is therefore right when he defines culture as “a more or less integrated system.” “While the parts of culture fit together and make sense, there is never a perfect fit and culture does not always make perfect sense. Some ideas grate against each other, some values contradict each other, some feelings present people with paradoxes or just seem to be mysterious” (20). This holds especially true for a time of rapid change which the Lele have experienced in the past roughly 70 years since World War II. There was an influx of many new ideas and beliefs that had to be set in relation to existing thought patterns.

²⁵ I remind here of Schreiter’s (2015, 182-84) attempt to classify different kinds of syncretism and different kinds of dual systems, but his classification seems to be too neat. While for the Lele some aspects have been integrated in the existing system, some others stand side by side. This is true for the society as a whole as well as for individuals.

Lingenfelter, building on Margaret Archer (1988), writes about the “Myth of Cultural Integration” (1996, 225-28). He writes that it is part of the nature of belief systems that they contain discrepancies—discrepancies between belief and behavior as well as discrepancies “in the constructed logic of our beliefs” (227). The issue is not that people would not be capable of thinking logically, but they sometimes accept to live with the discrepancies. We all do.

Charles Frake once wrote that “if two statements differ in their implications for behavior, then a choice between them²⁶ can only be made in one way: by testing them against the behavior of the people being described” (Frake 1969). In light of Lingenfelter’s comments, this is doubtful. I am reminded here of the man who allowed a traditional healer to spit ginger at his toe. Although he clearly stated that he did not believe that the ginger could heal, he still let the healer proceed. It seems that there was at least a slight hope that maybe the treatment could contribute to his betterment.²⁷

This shows that the interplay of ideas/beliefs and actions is messier than we often think it is. There are different levels of ideas/beliefs which can be in tension with each other and although there is a connection between beliefs and practices, it is not always straight forward. Kahneman, in his discussion of the interplay of system 1 and system 2 notes:

Because System 1 operates automatically and cannot be turned off at will, errors of intuitive thought are often difficult to prevent. Biases cannot always be avoided, because System 2 may have no clue to the error. Even when cues to likely errors are available, errors can be prevented only by the enhanced monitoring and effortful activity of System 2. As a way to live your life, however, continuous vigilance is not necessarily good, and it is certainly impractical. Constantly questioning our own thinking would be impossibly tedious, and System 2 is much too slow and inefficient to serve as a substitute for System 1 in making routine

²⁶ I understand this as: to find out which is the stronger, more influential statement.

²⁷ This reminds me of me taking homeopathic medicine once in a while. My science oriented mind tells me that without a medicative agent in the “medicine,” there should be no biomedical effect. However, will it harm? Most likely not, so I sometimes give it a try.

decisions. The best we can do is a compromise: learn to recognize situations in which mistakes are likely and try harder to avoid significant mistakes when the stakes are high. (Kahneman 2011, 28)

Kahneman locates the self-conscious “I” in system 2. It has a monitoring function over system 1. But life is too difficult to rely solely on the slow system 2. System 2 must learn to recognize the areas in life where system 1 must be checked and if necessary overruled by system 2. When the mature Lele Christians decided not to follow their cultural inclinations, this is most likely what took place.

Would it also be possible that system 1 itself changed, meaning, that the cultural inclinations are not there anymore? Claudia Strauss and Naomi Quinn mention that over time responses that at the beginning were made consciously “can themselves become habitual with practice, and henceforth activated like any other network of connections” (Strauss and Quinn 1997, 100). It is possible that system 1 (or the schemas) change, but it needs practice. This is an important point.

I think about Aaron who had been severely sick and close to death a year before the focus group met. He took a conscious decision against involving a traditional healer and experienced healing from God through the use of oil and prayer. It is quite likely that his intuitive thinking (system 1) will be affected and the idea to use the traditional spirits’ power in defeating *sik bilong ples* will be replaced so that his first thoughts in the future will go to the use of oil and prayer; especially as he uses it himself as he reported.

Offering Better Alternatives

A critical point is reached when system 2 shows system 1 a stop sign but does not suggest alternatives. What if, through Christians’ reading and understanding of the Bible, a traditional cultural practice is seen as not fitting with the life of Christians? This did not seem to be a problem, as long as a good alternative can be suggested. But if not, a void is created. People know what not to do, but if they do not know what to do instead, they end up with a problem. What should they do in time of crisis?

In the focus groups, we came to this point in the discussion of the *glasman*. Almost unanimously the Christians did not see the use of a *glasman* as compatible with following Jesus. But if they needed to identify the cause of a sickness, what should they do instead? Hiebert, Shaw and Tiénou insist that “we must provide better answers if we want the old ways to die out” (1999, 10). The problem is, of course, not with the old ways in general, but with those old ways that Christians in their own cultural context consider unbecoming for their life as Christians.

In the discussions with the mature Christians, the other issue (beside the use of identifying the cause of a sickness) that remained somehow an open question was how to deal with the disadvantage Christians experience by not retaliating against those who use sorcery to harm them.

The more system 2 intervenes in system 1, the better the alternatives must be. This is where good theology is necessary; a theology that does not shy away from dealing with these hot issues. If no better alternatives are developed, Christians may feel weak or see their Christian faith as lacking relevance for their lives and they might resort to following ways they themselves do not support from their Christian point of view. This, however, is where I see the term syncretism to have its proper place: if Christians, in a certain context, follow practices from a cultural or religious system (both are often intertwined) they themselves find incompatible with their faith as Christians. Such behavior is then also rightly called sin.

The difficulties that follow from creating a void show that the more Christian faith can employ the existing structures of system 1, the closer it is at the real life world of people and the more likely it will be that Christians will find their faith relevant for their lives. There will be (out of faithfulness to the gospel message as a certain people understands it) the need to critique aspects of the traditional mindset or the system 1-thinking. When this is the case, and especially when the structure of the traditional

schema is being affected, theologically sound and culturally relevant alternatives need to be developed by the people in their context.

Recommendations for Academia

The most important task for academia that flows out of the points mentioned here is to learn about the ways people change their mind. While mission movements, especially in their evangelical form, have generally focused on bringing Christian teaching, it has not sufficiently taken into account that change will not take place if knowledge is simply added to existing ways of thinking and reasoning.

The challenge is not only for Christian teaching to be close to the life world of the people but goes deeper and has to do with the interplay of system 1 and system 2: How can system 2-knowledge impact the life of people? How can Christian teaching in general impact the traditional mindset by either putting it into its limits or by transforming it? Is it at all possible to teach for system 1-change? What would theological education look like if this is to be envisioned? I emphasize again here, that all these questions are built on the assumption that it is Christians in their own context who decide what it is that needs to be changed.

The challenge for academia is to develop missiological concepts which are based on the cognitive processes laid out here, so that missionaries and theological educators around the globe can help people not only to bring knowledge but to help people leave behind what hinders them to follow Christ in an authentic way.

Recommendations for Praxis

If the traditional schemas must be brought under the reign of God, there are two steps to be considered. First, Christians in their context need to evaluate, based on their understanding of the word of God; what it is in their tradition that is opposed to their

faith? If the Word of God, not foreign theologies, is the measurement for critique of culture, Christians must read the Bible. Bible reading programs in churches are a useful tool.

In theological education, especially when people from other contexts are involved, a discussion mode and an inductive way of studying the Bible are proper approaches. Here, people read God's word together and in a hermeneutical community (Hiebert 1987),²⁸ discover what it means for them. Together they find out where their traditional mindset stands in opposition to their Christian faith. Outsiders (missionaries) can contribute their perspective or background information to biblical passages but should not dominate the interpretation. This is no new idea.²⁹

The second step is more critical: How can these discoveries become part of people's lives and not just remain as disconnected Christian concepts (or a mindset) beside the life that they have lived so far? This is where I see the role of research such as I have done here contributing both to academia while building up local believers. Here are some ideas of the direction I think we should go.

One way is to bring the need of change discovered by the local Christians (or maybe a class of Bible school students) close to real life. Case studies or role plays connect teaching with real life situations and might help people, when faced with a similar situation, to let system 2 control system 1.

Another way is to let Christians share their experience of how they learned to avoid following traditional schemas that Christians consider unfit to follow. In our work on Manus we have made positive experiences with testimonies in that regard and in the focus groups. I believe the shared experiences of some of the members had a powerful

²⁸ See also Shaw and Van Engen (2003) who throughout their book make the hermeneutical community a key concept of developing theology in context.

²⁹ There would be more to say how Christians can come to biblically informed decisions. This is not my purpose here. I simply want to lay out (1) that a critique of culture is necessary, (2) that it is done by the people in their context, based on their understanding of the Bible, and (3) that outsiders can contribute as catalysts, but not as lords over others' faith (2. Cor. 1:24).

impact on others in the discussions. Aaron, in referring to his dealing with his sickness and rejection of healers who would have used the power of spirits', mentioned explicitly the function he had as a role-model for his family and for others in his congregation and village.

One of the best chances for schemas to change is new experience (Hayward 1997). One of the characteristics I discovered of the people who were gathered in the focus groups was that their theologies were to a large extent influenced by experience and not so much by philosophical or theoretical concepts. If there are aspects of the traditional schema not fitting the new life in Christ, people must have the opportunity to experience alternative ways and connect them with God's care for their life. The Christian community that comes together to pray or to perform a ritual builds an experience that can become meaningful in overcoming the use of means deemed inappropriate for Christians. When people ask me to bring them to the hospital, I often pray with them before I drop them off in order to help them let God enter their thought world in this time of crisis.

Of course, one cannot make God enable people experience his presence. But, as Hiebert, Shaw, and Tiénou (1999) remark, missionaries should pray boldly for God's intervention and help in time of need. The Lele Christians showed that for them, having faith means more than the assent that someone or something has power. It is the confidence that this power will be effective. If people come to the conclusion that it was God who helped them, this will leave a lasting impact on their mind.

Lastly, and taking into account that in the traditional system specialists are consulted in critical times, the church needs to think about who could fill that role in case Christians come to the conclusion that they do not want to use the service of certain traditional specialists anymore. Pastors or missionaries, because of their status, as well as

Christians with special gifts³⁰ and experience seem to be suitable for this role. In the focus group interviews, many participants mentioned that pastors have become essential people for them to find healing. Evangelicals from the West, thinking along egalitarian lines and stressing the priesthood of all believers (Nestingen 2004) might have downplayed the role clergy could play when it comes to connecting people with God in times of crisis.

If Christians come to the conclusion that their traditional schemas need modifications, these decisions must have an impact on how people process sickness when it strikes and at the end also have an impact on their behavior. The points mentioned here point into that direction. Simply to add Christian teaching will not do. The traditional system 1-thinking and -reasoning must be impacted. Academics and practitioners need to work together to develop these ideas further so that the impact of Christian understanding on life will be enhanced.

Type C-Christians: Opening New Horizons

One could ask: Does a transformation that takes the cultural givens as a starting point and tries to operate as much as possible within it, really go far enough? Do we not only scratch the surface in an approach as I have outlined it here? Is a deeper relevance not sacrificed for a more immediate—but shallower—impact of the gospel? I think especially about the presence of fear among many people in animistic contexts. Is this fear not maintained and even strengthened when we encourage people to build on their traditional understanding of the world?

Shorter, a catholic priest, relays an incident of the time he was teaching in Uganda. An educated Christian woman asked him to go with her and bless her garden. She had discovered sorcery related objects there two months earlier and had not entered

³⁰ The New Testament speaks about gifts of healing (1 Cor. 12:9) as well as people with special status that Christians should call for help (James 5:14).

the garden since the discovery. A debate started in Shorter's mind: Should he help the woman and follow her request and so deal with the immediate need? But if he did so, would it not only foster beliefs in sorcery and witchcraft? At the end he went with her. But he felt uneasy about his actions³¹ (Shorter 1985, 97-98). He explains:

Nothing could be further from the true spirit of religion than pandering to beliefs of witchcraft and sorcery. No account is taken of God's providence or omnipotence. There is no trust in God or in fellow human beings. The belief feeds on popular fears and rumours. It is a despair of ultimate goodness and encourages the very attitudes which are the props of witchcraft theory: enmity and envy, secrecy and revenge. This is the reverse of the teaching of Christ. (Shorter 1985, 100)

Following Shorter's thoughts, we can ask a number of questions: What are the implications that all powers are conquered powers (Col 2:15)? Where do the many exhortations in the Bible find their place in people's lives that we should not fear? How can a system that fosters suspicion and envy be transformed to love and care if it is constantly fed?

This is where the type C-Christians provide a necessary alternative view to those illustrated above. They have shown that breaking out of the traditional reasoning system is possible. I am reminded of Anita who said she did not care much about the spirits of nature anymore or of Caleb who was suspicious of the power of sorcery and saw it as something "*more psychological.*" We should not overlook their voices. They add a further perspective to the conversation and theirs is also a valid way to deal with the challenge of sickness from a Christian perspective.³² They would not deny that there are

³¹ I had a similar experience recently when the late wife of a pastor asked me for advice. She was convinced that her husband was murdered by means of sorcery. She had good reasons to believe this was true. Now she wanted to know whether she should report the case to the police. I had the same discussions going on in my mind as Shorter. In the end, and while pointing out that our life is always in God's hand, I consented. Her main arguments were that the person who was responsible should be stopped from doing evil and turn to God. The prison seemed to be the best place for both to happen.

³² Just as for the positions that type A- and type B-Christians emphasize, there is good biblical precedence for the positions of type C-Christians: In John 9:2 the disciples ask Jesus whose sin was responsible for a man to be blind since birth. Jesus' answer, that the man was blind so that the God's power might be seen at work in him, rejects—at least for this case—the disciples' assumption that sickness must be the direct consequence of sin.

powers that can harm. But by not thinking much about them, they do not give them as much power over them as others might be inclined to do. This is what a number of the participants called “*not believe too much*” in something.

Gaiser, who refers to Shorter, warns not to put too much thought on the power and existence of demons as it gives them more power over life than they actually have (at least in his understanding of the Bible and his ensuing theology). He writes: “The testimonies of both Testaments are clear: demons, though dangerous, are for driving out. In the face of God and in the light of Christ, they are gone. And once dismissed, the less said about them the better” (Gaiser 2010, 149).

Justin Barrett notes for the realm of religious experience that “when we are looking for events and experiences with religious significance, we are more likely to find them” (2011, 118). The same is true for harm caused by sorcery, spirits or curses. The more people think about them, the more likely they will discover them and there is no benefit in living in fear of them. Type C-Christians provide some helpful advice here.

Recommendations for Academia

While my research has shown that many people build on their traditional assumptions and experience God meeting them on the basis of these assumptions, others have stressed the need for a transformation of worldview (Hiebert 2008).³³ As assumptions build on other assumptions, the question arises, at which level transformation should take place and—in light of the premise that all theology is contextual theology—from where people from the outside take the guidance to decide in which areas or on what level of assumptions they should aim for transformation among the people with whom they work. When God enters a context, there will always be change and transformation. Taking a strong support for people in their context to develop

³³ This is the capstone of Hiebert’s work with a poignant title; the topic was prominent in many of his writings.

theology as I do here, should missionaries come with any aim at all regarding what kind of transformation they would like support to take place? I believe missiology needs to develop these ideas further and provide guidance.³⁴

Recommendations for Praxis

If missionaries from the Western world are not sensitive to the life as experienced by people who live in animistic contexts, their ministry is worth little as it will not connect to how people experience reality. However, if they understand the insider perspective and learn to act within it, they might at times also be able (through their deeds or their words) to point out aspects that are also part of biblical teaching (as they and some of the people among whom they work have discovered it) and offer alternative ways to think and live. I am not necessarily arguing for a power encounter strategy here,³⁵ but for an approach to life that is confident of God's protection, power and care for his children and where one feels sheltered in God's presence and therefore lives focused on trust and not on fear. Of course, missionaries could find out about the places where they should not go because of certain nature spirits. However, it can also be a testimony of faith in God to not enquire about it and walk around with a good measure of careless freedom and by doing so to support the local Christians who started to live this way.

Doing Theology in Context

Is such an approach, as I have mentioned in the last paragraph, not a contradiction to my strong support of operating as closely as possible on a system 1-approach? It would be, if one looks at theology as something static, something that can only have one correct

³⁴ See Chapter 10: Conclusion, Open Questions/Suggestions for Further Research (point four).

³⁵ Although there are examples for this among the Lele. While I write, a woman told me about a Christian in one of the Lele villages who purposely ate from the ginger that was used for sorcery to demonstrate that he is not afraid of it because God's power is so much stronger.

approach. But instead, I understand theology as something dynamic; it takes place when God, through his word, and people, living in a Christian community, interact with each other. This understanding emphasizes the relational character of theology over a system of rules. Furthermore, the particularities of how a group of people experiences life, will give their growing theology its own characteristic (Shaw and Van Engen 2003, 17). God always meets people where they are. People will infer God's intent of being their God and their healer in different ways.

Even the mature Lele Christians do not all experience God in the same way. How they deal with sickness and healing therefore varies, but all of these different expressions are relevant to the people who use them. Instead of seeing their different approaches as contradictory, I believe that if they hold them in creative tension, they can learn from each other.

As I pointed out in my discussion of Figure 7 at the end of Chapter 8, my research provides three different but related approaches used by mature Lele Christians. Type A-Christians show that God has been there with them and has cared for them long before the missionaries came. God has entered their world, understands them and helps them to overcome the challenges the spiritual world poses. There are important lines that connect the past with the present.

Type B-Christians emphasize that there are cultural beliefs and expressions that are not in line with the Christian faith and that there is a danger to rely on forces opposed to God. Therefore, loyalty to God in all areas of life is important. Gracious as he is, God provided or allows people to use alternative ways to deal with their challenges.

Type C-Christians point out that God is in charge of the universe and that nothing should divert us from living focused on him. Although they are aware of dangers from the unseen world, they do not want to give them too much power over them; they focus

on God's overall care and protection. Their limited use of rituals can remind others that the help comes from God and not from the material or objects used.

When the Lele Christians—like Christians anywhere—come together around God's word, in the guidance of the Holy Spirit, and are listening to each other, I am convinced that they will discover more fully what it means to live as God's people with God in their midst. They might not all reach the same conclusions and live uniformly, but God will guide them in finding the relevance of his Word for the reality of their life. And he will help them to come to expressions of faith that do not only suit their needs but also give glory to him as their creator, redeemer and sustainer. This leads into the conclusion of my research.

Chapter 10

Conclusion

When I applied for PhD studies and wrote my first research proposal, I was concerned that Christians still follow animistic beliefs and that the Gospel seems to have touched so little of people's day to day lives. The research enabled me to see more clearly now than then. The old beliefs I wanted to see changed are oftentimes used by God as a foundation for making himself known to the people in their context. And while there may be many people who follow a dual religious approach, I had the privilege of learning from mature Christians how tradition and Christian faith do not have to be in opposition to each other but how Christian faith can become relevant as it builds on cultural assumptions.

In this Conclusion, I will lay out what I planned to learn through my research and what the results of my work help me understand. In this, I follow the structure of the Introduction by providing answers to the research problem and sub-problems and show how this enabled me to realize the goal of this research project. I then highlight the significance of what I learned before I mention open questions and suggest areas in which further research would be worthwhile.

Review of Research Problem and Sub-Problems

The research problem for this study was to examine how mature Lele Christians of ECOM assess traditional health concepts in light of their Christian faith and Scripture.

In my research I proceeded in three steps to provide an answer to this problem; the three steps were represented in the three sub-problems:

Sub-problem #1: How are sickness and healing understood in a traditional way by the specialists in the field?

The analysis of the interviews with the specialists shows that they clearly distinguish between the categories of natural/normal sicknesses (which the public health care system can deal with) and *sik bilong ples* (which has a cause that is connected to traditional beliefs and must therefore be dealt with in traditional ways).

Sik bilong ples often has its cause in the unseen world (mostly: nature spirits, deceased ancestors, sorcery), although it is sometimes coupled with human agency (someone calling the ancestors to send sickness or using sorcery to harm). The *glasman* is the specialist to provide information about the cause of a sickness, and traditional healers, with different expertise, provide help in dealing with sicknesses caused by spiritual forces. Both, the seers and the traditional healers who combat spiritual forces, operate with power from the spirit world.

Sub-problem #2: How does the general Lele population perceive sickness and healing and how does that correspond with the specialists' perspective?

The results from the survey I conducted among a sample of the general Lele population show a high measure of consonance with the specialists' perspective. The findings especially confirmed the categorical distinction between natural/normal sickness and *sik bilong ples*. The survey results leave no doubt that the vast majority of the population upholds the traditional etiology for sickness, that a good portion of the population has had their own experience with *sik bilong ples*, and that the specialists are considered successful to an extent that many people see it worthwhile to consult them. The answers to the questions in regard to the source of the power (God/Satan) suggest that people did not have a clear concept about this issue.

Sub-problem #3: What is the mature Lele Christians' assessment of traditional responses to sickness and healing?

As the focus group discussions made clear, almost all mature Christians share the traditional etiology of the general population and see the need to respond to *sik bilong ples* in a spiritual way. While they are open to material connected to the natural world that can be used by God, they reject the use of the traditional spirits which they consider to belong to Satan's side. While some mature Christians re-interpret traditional healing rituals in a way that they find God to be at work through them, others use newly developed or more biblically based rituals (for example, anointing with oil). All put an emphasis on God and his Spirit who is stronger than all other powers and who is at work in the healing process.

While the Bible was mentioned often in the focus groups, most participants had not systematically thought through the relationship between their Christian faith and traditional concepts of sickness and healing. They developed their position during the discussions. At various points it became obvious that their Christian understanding (system 2) was not compatible with how they respond to *sik bilong ples* intuitively (system 1), which in turn, raises the question of how Christian understanding can have a greater impact on life.

Review of the Goal of the Research

The goal was to create a case study from which I could learn the cognitive processes that take place when Christians in an animistic context make meaning of their traditional culture in light of their Christian faith and the foundations of Scripture behind that faith.

What the Christian faith and understanding of Scripture contributed for mature Lele Christians to make meaning of their traditional culture was not that it changed their

underlying assumptions of how people become sick or find healing.¹ Mature Lele Christians experienced God in meeting them and making himself known to them as their God *within* their traditional understanding of sickness and healing.

Their emphasis on family unity, the idea of material objects conveying power, experience as shaper of reality, belief as the expectation that healing will actually take place, and the need to deal with the power of the spirits in a spiritual way, all have deep traditional roots that have an influence and become meaningful for the way Christians deal with the challenge of sickness.

Used with the expectation of God at work through traditional rituals, many Christians accepted traditional rituals as one way God provides for their needs and lets them experience his care; others found new or more biblically-based rituals through which they experience God in time of need. While the mature Lele Christians consider some traditional practices incompatible with the Christian faith—for example, the reliance on spirits for healing—they have realized that God did not let them alone but gave them power through his Holy Spirit to deal with spiritual forces.

Areas of Significance

The first way in which my study is significant is that it provides a “mental representation of the world” (Hill 2006, 3) of the Lele in the area of sickness and healing. Although no generalizations should be drawn from the way the Lele people understand their world, there is significance beyond the Lele context. What I learned about their perspectives can stimulate others in their search for cultural themes and cognitive processes in other contexts. We learn to ask better questions if we have concrete examples on which to shape them.

¹ There were a few exemptions, but they are by far the minority.

In addition, by researching different groups of people (specialists, general population, mature Christians), I showed that especially the etiological schemas are very stable between the groups. Researchers in other traditional contexts can take this as a hint that it is likely, that they will find Christians share much of the worldview assumptions with other people in their society: becoming a Christian does not remove people from their socio-religious experience and expectations. The difference between Christians and the rest of society is how they bring God into their context. What impact does God's word make upon their lives? This moves me toward the second significant area.

In the field of contextual theology, my study has found strong support for the concept of hybridity (Shaw 2018). The fear of syncretism, which is itself a questionable hegemonic concept, has oftentimes hindered the development of relevant expressions of Christian faith in a given context. Christian faith becomes meaningful to people when they experience God on the basis of their intuitive way of thinking and through their traditional rituals. The research findings extended this concept of hybridity by showing that there are elements in the traditional culture that the Lele Christians considered incompatible with a Christian concept of dealing with sickness, and therefore need to be rejected. In order for these insights to have an impact on people's lives, I highlighted a necessary interplay of Christian teaching (system 2) with people's traditional mindset (system 1). Figure 7 in Chapter 8 is my attempt to clarify and understand the interrelationship between these elements which contrast syncretism with hybridity.

The third area of significance concerns the work of cross-cultural ministers. I have stressed the role of a catalyst and not that of the expert who provides the right answers for dealing with elements of traditional culture; in this case conceptions of sickness and healing. Christians in a local context need the freedom to develop their own theology, based on Scripture, under the guidance of the Holy Spirit, within a hermeneutical community. Missionaries must live with the reality that the theology

Christians in their setting develop, might to them appear syncretistic as expression of the Christian faith. Outsiders can contribute their understanding of the Bible, but they must not dominate the interpretation. If they ask sensible and at time critical questions, Christians in their local setting have an opportunity to discover their cultural blind spots. This is a valuable contribution missionaries can make.

Finally, the fourth area of significance is the methodological significance of my research. The three-step process for the selection of mature Christians provides an example of how to find people that are considered near to the ideal of good representatives of a group of people. For researchers who are looking for people others in a group can learn from or on whose perspectives or example others can depend, the selection process can serve as a model which can be adapted and further developed.

Open Questions, Suggestions for Further Research

When I reflect on the research process, the findings and the implications I have suggested, there are questions that are still open or that would warrant further research. First, in the focus groups with the mature Lele Christians, my approach was to ask which elements of the traditional concepts of sickness and healing are acceptable for Christians. I could have asked in a more positive manner about how they experience God providing them the help they need in times of sickness. The question is whether such an approach would have provided answers even more in line with the common cultural mindset. I think this is quite likely.

Second, when we discussed sicknesses caused by deceased ancestors in the focus groups, many mature Christians mentioned that the deceased are dead and would not interfere in the life of the living. This is clearly a conviction that stems from Christian teaching and must be taken seriously. However, it also brought the discussion on the topic to an end too quickly and prevented further discussion. Some comments clearly

suggested that the traditional mindset in regard to the dead has not disappeared. In case the cultural schema indeed suggests that a deceased ancestor was involved in sending sickness, how would Christians hope to experience God in dealing with such an issue?

Third, and moving to a more theoretical level, I highlighted that cultural schemas or system 1-reasoning as people's default operating systems are strong in leading people in a certain direction. If Christians come to the conclusion that their system 1-approach in a given matter is incompatible with following Jesus, how can system 1 be influenced? I made some suggestions in Chapter 8, but more research is necessary to understand better the interplay of system 1 and 2 or if there are ways for system 1 to be modified in order to make it compatible with the Bible. In case such studies exist (maybe in the field of cognitive psychology?), they should be utilized by those who want to help Christians overcome inclinations they themselves see unfit for Christian life. It is obvious that the range of application reaches far beyond my research topic.

Fourth, the concept of hybridity with its cognitive substructure seems to be a promising approach to open new pathways for old discussions. Could it, for example, provide new perspectives to the issue of appropriate Christian approaches in Muslim contexts (C1-6)? Looking at issues from a hybridity-perspective might reveal opportunities where other approaches (for example, symbolism) see boundaries.

Fifth, in the concept of hybridity, the inference of God's intent (Shaw 2010), plus "utilizing traditional elements from a society's pre-Christian past and present" (Shaw 2018, 14) are crucial elements. There are beautiful examples in this volume where traditional rituals were used to find relevance of Christianity and others where Christian worship took up traditional elements. My research adds to these examples. The question that I believe needs further reflection is: How far can the concept be extended to other areas, such as ethics or doctrine? How much variety of expressions through different contexts can Christianity bear with without losing its character? Or, expressed another

way: How much “content” does “intent” have? If people are to infer God’s intent in their context (in contrast to other people delivering a foreign message), how much can we say with certainty about what God’s intent for these people is? These are important questions especially for people who come from the outside and want to contribute to the development of theology.

This leads me to the sixth and final point. I assigned the role of a catalyst to missionaries that springs from the concern that they could hinder the growth of relevant local expressions of Christian faith. My research was limited to the question of how to deal with traditional concepts of sickness and healing. Are there other areas where missionaries can contribute more? How can one be faithful to follow Jesus’ command to teach others what he taught, without imposing one’s own theology? And taking the question one step further: Should missionaries at times not also take a prophetic role? There are Bible passages where those coming from the outside are all but flattering (see Titus 1:10-16 as an example). How can one distinguish when it is time to take one or the other approach?

Closing Remarks

Ten years ago, when I was reflecting on some cultural issues, I asked myself: Why should Pi Manus (a fictive, Christian woman from Manus) not go and seek help from the traditional healer? Somehow my starting point of the discussion was clear: consulting the traditional healer was incompatible with following Jesus. But asking the question was a step in the right direction.

Now, ten years, much research and a dissertation later, I am *humbled* by the fact that we as people from the outside often thought to know how Christians on Manus should live their faith. We came to enlighten and to teach, and in our attempt to avoid syncretism our presentation of the gospel often lacked relevance for people’s daily lives.

I am not only humbled, but also *amazed* about how—despite our negative stance towards their traditions—the Lele Christians have found ways to remain Lele while living faithfully as Christians. Their hybridization of aspects of traditional Lele concepts of sickness and healing with their Christian faith allows them to experience God in new ways. For me, this is a sign of the capability of God’s Spirit to lead people into understanding and expressions that are relevant for their context and authentically Christian (Sunquist 2013, 256).

Therefore, I am also very *grateful* for having had the opportunity to learn how the Lele people experience God in times of sickness. They provided me a view into their world and helped me to see aspects of what God is like and how he responds to the needs of people that I previously was not aware of.

As I have pointed out at the end of Chapter 8, theologizing is a dynamic process. Theology does not only look different from context to context, it also develops as time develops. I am therefore *committed*, more than ever, to be on a journey with people to develop with them the relevance of their Christian faith in their particular context and time—wherever and whenever this may be.

I started this dissertation with a quote from William Dyrness:

The day is surely past when we simply allowed third world believers to ‘have their say’ while we Western theologians prepare the definite answer to their questions. For now we recognize that if we listen carefully we find our own assumptions challenged and our own thinking sharpened. (Bautista, Garcia, and Wan 1982, 37)

At the end of this work, I have no doubt that Dyrness is right. What the Lele have developed for their own context is better—because it is more relevant—than anything any missionary from the outside could have produced. In addition, I would have missed much if I had continued to provide answers to the questions they had—all the more, if I did not really understand them.

As I complete the journey of this research, I found my own “assumptions challenged” and my own “thinking sharpened.” As a German missionary I would never have understood how much people’s lives can be influenced by an awareness of the unseen world. I would never have appreciated God using traditions so powerfully to make his presence tangible for people. And I would only have heard, but not experienced, that theology is much more a process than a product. I am thoroughly thankful for what the Lele taught me. Both, the mature Lele Christians insiders just like I as the outsider, were transformed in a way that we more fully reflect the image of God (Rom. 8:29) as we thought about what it means to be Christian and Lele in times of sickness.

Not only does this research come to its conclusion, but so does our journey as missionaries on Manus. My family and I will leave in a few weeks’ time. Based on the research I carried out, I want to leave some advice for the Manus people and for the Lele in particular. I do this in the form of a letter in the Postscript to this dissertation.

Postscript

A Letter to the Lele Christians

Dear brothers and sisters,

As you all know, we are going to leave in a few weeks' time. I am grateful for the time we had together. You have taught me a lot.

During the last few years I did research on how you deal with sickness; especially with *sik bilong ples*. Last year I met with some of you to discuss the question from a Christian perspective. Those I met with were recommended by at least two others as good examples of how to live as a Christian. So I took what they said seriously. Based on what I learned from them, I would like to give you some advice. I have twelve points for you.

First, when you are sick, focus on God. He is there with you. The one who created you is also there in the trouble times of your life. He cares. Turn to him quickly when you are sick. Do not wait until you are about to die to call on God as some do. God is with us in all circumstances, walking with us, holding us, and he will carry us through. So focus on him in your time of need!

Second, you have taught me that having faith in God in times of sickness means to come to him not only acknowledging that he can heal, but with the expectation that he will heal. I think you are right. Although we can never demand something from God, he has promised to help us and he will always be there for us. So come to God with confidence that he will heal you.

Third, God has all kinds of ways to help us when we are sick. Never ignore the service of the hospital, aid posts and health workers. Take the medicine that is available. God has given people knowledge and skills to understand how the body works. Whatever

is available here, use it. Do not think that it a sign of little faith in God if you use medicine. Rather, see God working through it.

Fourth, many of you call the family together if someone is sick. I think this is a good practice. If there is disunity, forgive, reconcile and renew your trust in each other. Also remember, that as Christians you also have a Christian family of brothers and sisters. If you want to help each other, you must act in one spirit.

Fifth, some sicknesses seem to have a cause that has to do with the unseen world. We know that there are spirit powers that want to gain an influence in our lives. When evil spirit powers are involved, you need to deal with them in a power that is greater. Remember that people accused Jesus of driving out demons with even stronger demons? He did not. He used the power of God. This is what you need to do also. Do not rely on the power of spirits. The Holy Spirit is God's Spirit and he will give you power when you need to deal with the power of evil spirits.

Sixth, and now we come to an important question: Does God use traditional ways to help us? Can the Spirit of God work through traditional ways? Not everyone in the group discussion answered in the same way. Some said that God could use the traditional ways, like spitting ginger, if we believe that it is God who works through it and not the spirits. They emphasized that God has always had ways to help people in their sickness. I think they are right. Others would not use the traditional ways, but maybe use a special oil to anoint sick people. They said that there are traditional practices that Christians should not follow, because they are too closely connected with Satan and his realm. They also make an important point. Then, there were some others; they said that they were not too concerned about things like ginger or oil. They simply prayed and asked their families to strengthen them in their time of sickness. They show that God in his power does not depend on any outward sign to help and heal. All three groups agreed that there are some things that do not go together with faith in Christ and they tried to avoid these

practices (like cooperating with spirits). What all three groups also had in common was that they made God the one from whom they expected healing. Many said that if people have “the right mindset,” meaning that they expect the help to come from God, many traditional ways are acceptable. I think that this is very important. Work out what is really important to your faith and stick to it. But within these boundaries, I learned that people experience God’s care in different ways. This is okay and if you listen to each other, you may even learn more about how others understand God helping them when they are sick.

Seventh, in the traditional system there are a number of specialists that people consult in order to find healing. I think about the *glasman* and *dokta blong ples*, but also those who can fix broken bones by holding them together or those who use herbs. But there are Christians, too, that God uses in a special way, when people are sick. Some may have a special gift or experience in dealing with sickness. Often, I learned, that pastors take a special role. Some of those who use traditional ways may also be Christians, but probably not all. What I would encourage you to do is to think about who the right people in your community are; who can God use to help you when you are sick? Maybe even set up some guidelines for what kind of people these specialists should be and what kind of practices are acceptable for you as Christians.

Eighth, in our discussion groups, most Christians mentioned that Christians should not consult a *glasman* as they work with the help of the spirits. If you come to the same conclusion, you must think about who can help you to learn more about the causes of sickness or how else to deal with that question. Do you think it would be possible to ask the Holy Spirit to reveal to a group of two or three Christians what you should do if you need guidance? Or to ask God to guide you through dreams? I just make a few suggestions. Decide for yourselves. You see, when you say: “This is something we as Christians should not do anymore,” then you must also find ways what to do instead. And

here you need each other again to think it through and find good, Christian ways that you can follow.

Ninth, you will have noticed: You need God to guide you in your decisions how to evaluate your own traditional beliefs and practices. I believe you need to know your Bible well. Read it a lot. Paul wrote to the people in Colossae: “Christ’s message in all its richness must live in your hearts. Teach and instruct one another with all wisdom” (Col. 3:16a, GNT). Let me give you some practical tips here. The first is to look at all the biblical passages that have to do with sickness and healing. That will take a while. A pastor can lead you in this in some Bible studies. It will help you to see how people in the Bible, led by God, understood and dealt with sickness. Second, we need to read the Bible thoroughly. Sometimes we pick only the passages that support us in what we think and do. But God wants to show us more. We need to learn to align our thinking along with what the Bible teaches. If you make the Bible the basis for your understanding, I believe this will also help you to decide which traditional practices are good to keep and where you need to find new, better ways, to deal with sickness. I have made it my practice to read entire books of the Bible, from beginning to the end. Maybe you want to do the same. It would be a shame if we missed something important God wants to teach us. One last tip in regard to reading the Bible: I think you must read the Bible together and share how you hear God speaking to you. In that way, you will get a good foundation to decide how God wants you to live. This was long, I know. But without a good biblical foundation, it will be difficult for you to live as God’s people—not only in the area of sickness and healing, but in all areas of life.

We turn to the tenth point. I encourage you to share a lot with each other. When I think about the discussion groups we had last year, it is especially the experience some of you shared that I remember. You know, what we experience ourselves has a major impact on our lives—how we think and how we live. But others can contribute to that, too. Some

shared how they were sick and did not want to use those who use the spirits to help them. They rather trusted in God's help and experienced how he healed them. Someone reported how they drove out an evil spirit from a young woman. I remember how someone told me that they did not revenge when some others had used sorcery against them. But others told us how they used some traditional ways and saw God taking care of them in this way or how he protected them from harm by carrying ginger with them. What we believe and hold true needs to be connected to our lives. If not, it remains like knowledge that does not help us much. Our experiences and those of others help us to bring what we believe close to life and this, in turn, will have a powerful impact on our lives.

Eleventh, you must be there for each other. When people are sick, they are in need of all kinds of help. They need medicine, maybe money to buy medicine, they might need someone to prepare food for them or someone to clean the house. But they also need someone to pray with them and strengthen their faith. Maybe they would appreciate someone to perform a small healing ritual with them, like using oil to anoint them. They might need someone to think through some issues in life with them like quarrels with others, or sin, or bad habits. When they are not healed, they need someone to suffer with them and point them to the place God has already prepared for them. You have taught me that everything in life is connected. Here, you as the family of God, have great potential to serve one another and strengthen one another. When you reach out in that same way to sick people who do not share our faith in Jesus yet, what you do will become a strong testimony of your faith. Your love in action will point them to our loving and caring God.

Twelfth, I encourage you to always think big about God. The devil wants us to be afraid of him and his powers. Some of you said it well in the group discussion when you mentioned that we should *not believe too much* in the power of Satan or sorcery or the spirits. The more we concentrate on what could harm us, the more we will experience it.

But as the people of the living God our eyes should be fixed on Jesus (Hebr. 12:2). One woman in the discussion mentioned that she did not tell her children about the places where the nature spirits live. She does not want these beliefs and the fear of the spirits dominate their lives. Someone else said that it is especially the fear of sorcery that gives it power over people. You see, although there are all kinds of powers, trust, not fear, should dominate our lives. Remember that “Jesus is the winner-man” that we sometimes sing! There is no one like him and no one will snatch you away from him (Joh. 12:28-29). I have an old friend in Germany, he often carries a small wooden cross in his pocket to remind himself that Jesus is with him and that he and Jesus belong together—always and forever. There is no power greater than his and his hand leads us on our road from earth to heaven. Always think big about Jesus!

Dear friends, I need to close. It is my hope and prayer that the Lord will keep you well. But in times of sickness, may you experience his presence and his power in a special way. May your faith always be rooted in God’s word, lived in community and be relevant for your lives.

Until we meet again!

Your brother in Christ,

Simon

Appendix A

Interviews with Specialists

Appendix A1 shows screenshots of transcribed and coded interviews with the specialists and Appendix A2 the same with coded interviews directly from audio-files. The screenshots come from the software Atlas.ti; software designed for qualitative data analysis. In Appendix B I retell stories of sickness and healing that specialists told me during the course of my research.

Appendix A1: Transcribed and Coded Specialist Interviews

Time	Transcript
00:11	S: So nogut yu ken stori long ol traditional sik i- long tingting long ol man, wanem em i as, o wanem samting i causim ol sik i kamap. Mi gat interest long dispela. Na wanepla narapela, olsem: How yu inap long painim out, wanem cause blong dispela sik. Na nogut bihain yumi ken stori long, eh, how long respond long dispela sik. Nogut i connect wantaim, sapos yu save long cause long dispela sik, i gat response blong em. Yu stori tasol, na bihain mi kam in long sampela question.
00:51	I7: Okay. Thank yu long dispela askim long yu. Ehm, bihainim, eh, luk save blong ol, ol tumbuna long bipo, especially long taim ol i sik, eh. Na bipo idea blong marasin kamap na tingting blong ol man i save kisim halpim na skin blong ol i kamap orait, bek blong ol tumbuna long bipo. Idea blong marasin i no bin kamap long ol bipo tru [clears throat]. Taim ol i save kisim sik, em, tingting blong ol i save pas planti taim long spirit blong ol daiman, eh. Olsem taim ol i sik nau, maybe sampela samting we ol i wokim i asua na blong pasin blong culture blong. ehm, lukaotim sampela lo blong culture. Em blong culture i pas long pasin blong marit, o pasin long ol tambuim graun we i no ken touchim, ol i no ken wok blong en, na sapos yu go long en, em bai ol i toktok bai i sik i kisim yu. Ehm, sampela em i sampela kaikai we ol i tambuim yu no ken kaikai we sapos yu kaikai, em nau bai i causim sampela kain effect long wara o i effect long graun na i save causim sampela kain hevi tu long sait blong, ehm, em i traditional bilip blong ol tumbuna long bipo. So yu lukim sik i save kam long rot blong, taim ol i no bihainim rules o ol i no bihainim culture blong ol long pasin blong lukaotim solwara o lukaotim graun o pasin blong wokim marit na sapos ol i no bihainim stret, em i save kamap long dispela kain hevi. Em wanpela.
03:11	I7: Narapela, ehm, ol i bilip olsem sapos, ehm, wanpela member blong ol i dai, em wanpela rot tu we ol i save tingim long en, ol bai i ting olsem nogut wanpela man i poisinim ol. I poisinim ol long pasin blong ples, eh. Olsem [burps] i usim kawawar, nowadays ol i kolim ginger, eh, kawawar, o kampang, em ol i save usim long bagarapim ol. Na sapos man i sik, ouh, just bikos of ol i jealous long yu long yu gat planti graun o maybe yu gat planti kain samting olsem, planti, ehm, kaikai, like saksak for example, na dispela, ol man i save jealous na ol i save causim

- # skin blong ol i kamap orait
- # causes of sickness # tumbuna/tewel blong tumbuna i salim sickness
- # wrong blong ol man yet (long kamap sik)
- # graun (reasons for the ancestors to send sickness) # marit (misbehaviour, reason)
- # kaikai, tambu (reasons for the ancestors to send sickness)
- # tumbuna (how the ancestors punish)
- # no bihainim rules
- # graun (reasons for the ancestors to send sickness)
- # marit (misbehaviour, reasons for the ancestors to send sickness)
- # causes of sickness # poisin / sorcery
- # kambang (to harm¹⁾)
- # jealous (reason to harm)

	<p>bagarapim man long side long ol samting long ples, olsem kampang, ol i save blowim, eh, long bagarapim het blong man i ken longlong, ol i save usim ol sampela bun blong ol tumbuna blong bipo, long ol man i dai, ol i save usim ol bun blong ol. Ol i save bagarapim ol man olsem sikarappim bun i go long kaikai na ol i givim long ol man, long, eh, ol i mas kaikai na ol i dai long en.</p>	<ul style="list-style-type: none"> ✘ # kambang (blowim) ✘ # kambang (to harm) ✘ # body parts (blong man i dai pinis) ✘ # longlong
04:40	<p>I7: O ol narapela rot ol man i save bilip we sik i save kamap long en, em, ol i save cursim ol. Olsem ol i cursim ol, tru, ol lain blong meri, sapos ol i no bihainim stret culture blong, ehm, observim ol [clears throat] rot blong marit, o sapos sampela tingting we ol lain blong man i no hamamas long ol lain blong meri, eh, em nau ol i save tromoi toktok, especially i kam long sait blong ol anti blong ol. Orait, ol i save toktok long ol: Yu bai, dispela sik bai i kamap long yu! Ol i save cursim ol. Em nau, dispela i save kamap. So, ananit long culture blong mipela, ehm, ol man i save kisim sik ol kainkain. Bipo, taim ol i nogat marasin, ol i bilip more or less long ol spirit blong daiman, i save kamapim sik blong ol man. Na tu, em wanpela rot em ol save bilip olsem poisin. Ol man i save sorcericim ol long kampang, kawawar, olsem kapsaitim kampang long rot na ol man i kam wokabaut antap long ol, kalapim, na bai sik kalap long ol. Na dispela i bin kamap wanpela common practice. We ol i bilip na i save kamap. Trutru. Long bagarapim laip blong man.</p>	<ul style="list-style-type: none"> ✘ # causes of sickness ✘ # cursing ✘ # anti ✘ # tromoi toktok ✘ # bilip long en ✘ # kawawar (to harm) ✘ # kambang (to harm) ✘ # poisin / sorcery ✘ # kambang (to harm) ✘ # kambang (kalapim) ✘ # sik kalap long ol
06:08	<p>I7: Orait, na sapos man i lukim olsem em i gat dispela sik, em i mas painim arapela man we em i gat kain samepla kain pawa blong ples, eh, olsem em i gat kawawar o em i gat tanget, o sampela samting olsem bai i go na em i mekim man hia i wokim ol kainkain rot long en, olsem spetim man hia, o givim kawawar long man hia i kaikai na bai i killim i dai pawa long dispela kampang o samting blong man we i causim man em i sik, em bai i pinis. So sampela taim dispela bilip i save stap na i save kamap.</p>	<ul style="list-style-type: none"> ✘ # pawa blong ples ✘ # tanget (lip tanget) ✘ # kawawar (to heal) ✘ # kawawar (to heal) ✘ # spetim man ✘ # kambang (killim i dai pawa bilong em)
06:47	<p>I7: Sampela rot we ol i save oraitim ol sik em ol i save singaut long matmat. Ol i sanap antap long matmat na singaut long ol daiman i ol i dai pinis insait long mat[mat]: O, yupela i kirap, na bai yu kalap kolim nem blong man hia, go na yu puttim-, kamaut long tumbuna hia o kandere hia o brata yu, o mama hia, yu mas lusim han blong yu na bai skin blong em i orait. Bikos ol i bilip olsem bikos yu- olsem yu brukim sampela lo blong culture, o maybe em i kuk o wok long dispela garden o hap graum we i no bin gat tok orait long en, em nau na em i kisim sik long en, nau ol i mas go na toktok long dispela man, tok: yu rausim sik antap long dispela meri o dispela man, em nau, bai sik bai i orait. So dispela bilip i stap long ol lain blong tumbuna bipo, taim marasin i no bin kamap. Em wanpela rot, em ol man i save wokim ol man i save dai long en.</p>	<ul style="list-style-type: none"> ✘ # singaut long matmat ✘ # singautim ol tumbuna ✘ # tumbuna (lusim han blong sikman, stop from making the person sick) ✘ # tumbuna/tewel blong tumbuna i salim sickness ✘ # skin bil ✘ # beliefs/practices in the past
07:52	<p>I7: Narapela, ol save i kisim ol pipia blong ol man ya, olsem klos, part blong klos o, pipia blong en, na ol i go wokim ol kainkain, ehm, pawa, poisin blong ol long pipia blong klos blong ol nau, ol i toktok long en, em nau, i tok orait, dispela pipia blong klos blong man hia, ol i go toktok long ol spirit blong daiman nau: orait, yupela i kisim spirit hia, na lockim em, na em i mas dai. Em i mipela i kisim dispela shirt blong em, wantaim liklik toea, mipela i kam givim long yupela; larim i stap long hap hia, underneath long wanpela bikpela, draipela sel, sel blong ol- kramsel blong solwara, we i gat kawawar na i gat tanget, na i save stap long en, ol go puttim klos antap long sel [?], i tok: orait, mipela larim i kam long na yupela i wokim wok blong yu long go na killim i dai dispela man o dispela meri. So dispela samting i save kamap, tu.</p> <p>S: So ol-, sori, mi no kisim gut. Ol i, ol husait i laik bagarapim sampela arapela man</p> <p>I7: Ehe.</p> <p>S: ol i kisim shirt</p> <p>I7: shirt o wanpela pipia long klos blong em</p> <p>S: Na ol i puttim, olsem yu tok, ananit long wanpela-</p> <p>I7: Ol i kisim dispela hap klos nau, kisim sampela moni tu, antap long en, puttim antap long dispela sel hia,</p> <p>S: Ya. Na ol i toktok long husait?</p> <p>I7: Ol i toktok long spirit long daiman.</p> <p>S: Long spiriti blong daiman blong ol family yet?</p>	<ul style="list-style-type: none"> ✘ # belongings of a victim, used in sorcery ✘ # causes of sickness ✘ # tumbuna (asked to send sickness) ✘ # gifts for the tumbuna ✘ # lockim spirit ✘ # sel ✘ # tumbuna (asked to send sickness) ✘ # tumbuna (asked to send sickness)

Appendix A2: Recorded and Coded Specialist Interviews

Information for how I analyzed this recorded material is available in a short video at www.gutnius.de/PhD.html

The screenshot displays an audio player interface for a file named "P 8: Interview 13, Part 1+2.mp3". The interface includes a waveform visualization, a progress bar, and a list of codes on the right side. The codes are organized into sections, with some sections highlighted in yellow. The codes are as follows:

- relationship health system - trad. system
- haus sik (not able to help)
- autim tingting (family in the process of finding out what caused sickness)
- singautim family (in case of sickness, quarrels, etc.)
- stretim (in case of sickness, quarrels, etc.)
- autim tingting (family in the process of finding out what caused sickness)
- stretim (in case of sickness, quarrels, etc.)
- stretim (i.e. the family discussing together, does not help)
- glasman
- glasman ("i kam wantaim dispela strong")
- glasman (working with the spirits of the ancestors/spirits/masalai)
- kam bek laip (used for s.o. who had been poisoned and then healed)
- singautim tew
- kambang (to heal)
- masalai (singautim/calling them for help in the healing process)
- rubbim skin diwai
- time to perform
- toktok long spirit (in preparation of the healing ritual)
- spirit in the material that is used to heal
- dokta blong ples (describing the scene how he acutally performs)
- poisinman (used for the healer)
- spetim man
- spetim man
- destroyim (spirit nogut, work of the poisonman)
- spirit nogut
- poisinman
- poisinman (used for the healer)
- destroyim (spirit nogut, work of the poisonman)

Appendix B

Stories from the Specialists

This collection of stories gives an insight into the experience of sickness and healing from the perspective of specialists who serve the Lele people. I have made reference to some of the stories in the main text of this dissertation.

Story 1: Sewing Sago Leaves can be Dangerous

The old lady came back from sewing sago leaves and did not feel well. She wanted to eat, but had trouble doing so; her jaw was dislocated. She decided not to go to the hospital, but to the man she knew who has the ability to fix broken or dislocated bones and joints.¹ He had already helped her earlier when she had a problem with bones at her wrist. When she went to see him, he held her lower jaw and placed it back in its position. She felt better, but at the same time was convinced that there was another dimension to her problems. She still had trouble eating. In a vision she saw women (whom she did not know) who had been putting something to harm her in the sago leaves. So she knew that she had to deal with it and called the traditional healer, who happened to be her nephew. She knew that he had helped many people in the past.

The healer had seen her the night before we met and performed his ritual. Had we not met this morning, he would have gone to see her again, but because he was busy with me, he only went there in the afternoon. I accompanied him. We first went to his house where he got his *kambang*, 'lime'. He showed me a piece of bark in the container filled with *kambang*. He had obtained the bark from people at the west-coast of Manus which would make the *kambang hot*, 'effective.' When we were at the lady's house, he took his *kambang* bottle, put some *kambang* on the palm of his hand, and used the right hand to mark the lady's jaws, the skin underneath her throat, her neck, the top of her head, and her ankles. Then he asked her to stand facing the setting sun and to close her eyes. He then blew the *kambang* that was still on his hand towards her. That was it. Her grandson who lives with her gave her a towel, to clean herself from the *kambang*. The *kambang* the healer had blown followed a straight path and did not come back, indicating for the healer that the patient would be alright. When we left, she mentioned that it was already easier for her to speak normally again.

I realized that the healer had not called upon the ancestors before he used the ritual and forwarded my observation to him. He said that this was something he did in his

¹ I had met this person earlier and interviewed him.

mind. It seems that he is connected to the ancestors he uses. The lady added that before he came to see her, he would call upon them and tell them that they would go to heal her.

I also asked why he didn't give her *kawawar*, 'ginger' to eat, something he told me he would normally do. He said he had already given it to her earlier and told her to take it smashed and with some water, because she had trouble chewing it.

He then said, he had to show me something and I was getting quite excited. He tried to find something in his *kambang* bottle and finally showed me a tooth. It was a big tooth and I first thought about the tooth of a pig. But it was the tooth of his grandfather. I asked where he got it from and he answered that he himself had given it to him. His grandfather looked after him when he was still a small boy. So he gave his tooth (obviously a molar tooth) to him. Whenever he performs, he does so using his grandfather's spirit. He would not tell that to the people he heals, but he told me.

Story 2: Think Twice when Someone Offers you Betelnut

Every year a big soccer tournament takes place at the church and mission station where we live. In 2010, the woman I talked to had a small stall to sell goods during the tournament. At this occasion, someone gave her betelnut to eat. She took it and chew it and afterwards fell sick. She had diarrhea for a long time, stayed in bed, did not eat and drink for an entire month, and thought she would die. People came to her and said that others had given her the betelnut to harm her. The medical staff at the hospital could not help her and told her to go back to the village to find someone to spit at her.² One of her relatives had organized a *dokta blong ples* and sent him to see her. The traditional healer spit at her with ginger, but it did not help.

She said that during this time her spiritual life was getting stronger. She prayed more and often read the Bible. Then she had three dreams. In the first, she saw a poisonous snake coming from a dark place. Someone held her on the neck. But it was a frightening picture. Then, in a second dream she saw three men coming, visiting her in town. She told them that she was not interested in seeing them and they should go back. In a third dream, on Oct. 26th, the three men appeared again. They said: "Get up, you are healed." She also was told to look up Mt. 6:26. She did. The Bible passage is about God taking care of people and providing for their needs. So she knew she was healed. She was hungry and asked for two chickens to be slaughtered and prepared for a meal.³ Someone else gave a third one so they ate them together as a family. She first believed that people used that betelnut for sorcery, then she said she did not believe it anymore, but when I asked for the interpretation of the dreams, she said, it might have been the case that someone tried to use sorcery against her.

I asked for the meaning of the dreams. The first, she said, maybe meant that someone wanted to use sorcery against her. But God helped her to break the neck of the snake. The second dream she interpreted as angels who came and wanted to help her, but

² Although this is not the official policy, as someone in a high position of the public health care system told me, it still seems to happen.

³ When we talked, I did not have the impression that this had any ritualistic background, like bringing an offering or so. Unfortunately she has passed away in the meantime.

she sent them away, expecting that she would die soon. In the third dream, God spoke to her and healed her.

Story 3: Stopping the Evil Spirit from Coming Again

A girl (who is now in high school) went to the stream to wash. She left clothes at the bank of the water and went back to the house. In the night a *snel*, ‘spirit being who lived at the water’ followed the smell and came to the house where she slept and came over her. She shivered, felt cold, her blood did not circulate properly in her hands anymore, so her family called for the traditional healer, who happened to be her uncle, for help. He did not really know what to do, so they involved a *glasman* to find out the cause of the girl’s problems. The *glasman* told them that it had to do with the *snel* at the stream. The healer went there to stop the *snel* from coming. He planted a *tanget* shrub and put *kambang*, ‘lime’ on its roots. He expected the *snel* to come back to the girl at around 5 P.M. so he was there to treat the girl starting from 4 P.M. by blowing *kambang* at her. At the same time, the *snel* needed to be blocked so that it would not come in and come over her, but go back to the river. Then, the girl herself sensed that the *snel* was approaching. The healer told the girl to remain calm and stopped the *snel* by putting a line of *kambang* in front of the door. He told her to go sleep, because the *snel* would not be able to come and bother her; it would have to go back. He had put a barrier between the *snel* and her already. The next morning she was fine. He added, that the *snel* had left the stream and it would be safe now to go and wash there.

Story 4: The Tooth that Eats the Brain

A *glasman* and healer told me: At the Western Islands of Manus Province (a group of islands, far west of the main island Manus), a woman and two girls were raped and murdered. There were eyewitnesses. Before the case could be brought before the national court, it was dealt with on Manus to see if the case could be substantiated before the national court, which is common practice. A magistrate presided over the sitting. But during the sitting and up until a short time before we met, this magistrate had blanks in his mind and could not think clearly anymore so that the proceeding of the case had to be stopped. He went to Port Moresby and then all the way to Australia for a health check, but no doctor could find anything. They told him he must have some family problems that caused him these troubles in his mind. But he had no family problems.

Back in Manus, he called the *glasman* and healer who told me this story. He asked the magistrate to come and see him to find out what (or who) was responsible that he could not think clearly anymore. The magistrate even sent a car to pick up the *glasman*. The two met and the magistrate told the specialist about his problems. The *glasman* said that he would have to go back to his village in order to perform his ritual that would tell him what or who caused the problems. So he went back, put the leaf in the special water he frequently uses and “saw” that a security guard of the court had been involved in an attack against him. He had rubbed the backrest of the magistrate’s chair with special oil. He had also used ginger in manipulating the seat. The intention was exactly what happened. The magistrate should not be able to continue with the hearing

and so the case would be delayed. So he called the magistrate who was still in town and told him about it.

He added: “There is something else. Go back into the courthouse. Go to the chair you sat on. Lift the cushion. On the right side, underneath the cushion, you will find a container with a tooth in it. It was meant to eat your brain.” He went there and found the container. There was also some other sorcery related material in the container. The side of the defendant had organized a sorcerer to provide the material and then paid the security guard to assist them in hiding the material. With that they had found the cause of his problems, but not the remedy yet.

The *glasman*, who as I mentioned, is also a healer, prepared a juice to drink for the magistrate, using very pure, clean water and very soft roots of a plant they call *korkor*. He prepared the mixture and went to see the magistrate in town. Part of it he had to wash with, part of it he had to drink. This would defeat the power of sorcery and any spirit related to it. He performed the healing ritual and the magistrate became fine again.

Appendix C

Survey and Responses Based on Age

The following pages show the survey form that I used on the top and comments to the rationale for the questions underneath.

A Survey

Sickness and Healing among the Lele of Manus

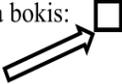
**Simon Herrmann, Doctoral student at
Fuller Theological Seminary, Pasadena (California, USA)**

May/June 2015

⇒ Bai yu needim samting olsem 25 minutes long answerim olgeta askim.

⇒ I nogat need long yu rait planti; makim ol bokis olsem tasol:

Sapos yu laik kamap part long dispela study, please puttim **X** insait long dispela bokis:



This is the cover sheet of the survey; I indicated the time needed to go through the survey and mentioned that they needed to tick the box in the right hand corner if they wanted to participate. I also said that they could leave that until they have gone through the questions and decide later whether or not they would like to hand in the filled form and provide consent or not.

Normal/natural sik ⇔ sik blong ples.	1
<i>1. Long olgeta askim, makim "i tru" o "i no tru".</i>	
	I tru I no tru
a) I gat normal/natural sik na i gat sik blong ples. Tupela i different.	<input type="checkbox"/> <input type="checkbox"/>
b) Ol sik blong ples haus sik i no inap long stretim.	<input type="checkbox"/> <input type="checkbox"/>
c) Sapos mi go long haus sik na ol i no inap long stretim, mi save, em sik blong ples nau.	<input type="checkbox"/> <input type="checkbox"/>
d) Ol normal/natural sik, bikpela i salim.	<input type="checkbox"/> <input type="checkbox"/>
e) Sampela manmeri ol i kisim sik bikos ol i wari tumas o ol i tingting planti. I no normal/natural sik, em i no sik blong ples tu. Ol yet i responsible long sik blong ol.	<input type="checkbox"/> <input type="checkbox"/>

The first set of questions dealt with the general distinction of normal/natural sickness and *sik bilong ples*. This distinction was frequently made by the specialists and seemed to be foundational for choosing the right treatment. I expected affirmative answers for a) through c). Some mentioned that normal/natural sickness is sent by God and he therefore provides means to deal with these kinds of sicknesses through the public health system. Through question d) I wanted to find out whether this is a common understanding or the belief of some people only. I put the last question in because some specialists mentioned that some sicknesses do neither fit the category of normal/natural sickness nor are they considered as *sik bilong ples*. One participant mentioned something like a “psychological” reason for sickness. Others had similar ideas. I used question e) to find out if such an additional category exists.

Wanem ol samting i ken mekim ol manmeri i kisim sik?	2
<i>2. Yu ting ol samting mi listim, i ken mekim ol manmeri i kisim sik? Makim wanpela bokis long wanwan lain.</i>	
	Yes Ating Mi no klia Mi no ting Nogat
a) Pisukei	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b) Snel	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c) Kambang long bagarapim man	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d) Kawawar long bagarapim man	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e) Sting o bun blong ol man i dai pinis	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f) Curses/Strongpela tok	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
g) Ndrai (blut blong daiman i kalap long man)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
h) God	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

This set of questions asked for the belief-side of the causes of sickness. I took up the various causes of sickness that were mentioned by the specialists and also added “God” in question h) to see if God plays any role when it comes to causes of sickness. In the context of the Lele, there is no doubt that when “God” is mentioned, it is the biblical God that is in mind.

3. <i>Sampela askim long pisukei</i>		3	
		I tru	I no tru
a) Ol pisukei i ken mekim ol pikinini i kisim sik		<input type="checkbox"/>	<input type="checkbox"/>
b) Ol pisukei i ken mekim ol bikpela manmeri i kisim sik		<input type="checkbox"/>	<input type="checkbox"/>
c) Ol pisukei i stap yet long Lele area.		<input type="checkbox"/>	<input type="checkbox"/>
4. <i>Sampela askim long snel</i>			
		I tru	I no tru
a) Sapos ol manmeri i no lukaut gut, snel i ken kam na stilim tewel blong ol.		<input type="checkbox"/>	<input type="checkbox"/>
b) Sapos ol manmeri i no lukaut gut, snel i ken kalap antap long ol.		<input type="checkbox"/>	<input type="checkbox"/>
c) Ol snel i stap yet long Lele area.		<input type="checkbox"/>	<input type="checkbox"/>
5. <i>Sampela askim long curse</i>			
		I tru	I no tru
a) Curse i ken causim sik i kamap.		<input type="checkbox"/>	<input type="checkbox"/>
b) Curse bai i kamap tru, sapos right man o meri i autim curse		<input type="checkbox"/>	<input type="checkbox"/>
c) Curse i wok long power bilong toktok tasol. I no needim ol spirit.		<input type="checkbox"/>	<input type="checkbox"/>

The questions on this page have all to do with specific causes of sickness. Question 3 deals with the *pisukei*, ‘tree spirit.’ I wanted to know whether it can make only children sick or also adults and whether the *pisukei* are still in the Lele area or have left already; something I had heard in some interviews.

Question 4 is concerned with *snel*, another spirit being connected to the natural world. In a) and b) I want to find out what exactly the ideas are when these *snel* are thought to make people sick. Is the *snel* “steeling” people’s soul or does it “jump” on the one to be attacked? Respondents could mark both answers. Through question c, I want to find out whether people think that the *snel* are still around.

Question 5 was about curses. The specialists in general agreed that curses can be the cause for sickness, but the connection seemed to be rather indirect. I also want to know whether a curse will definitely come true if the right person speaks it; a statement made by all the specialists I asked. Lastly, I had reason to believe that curses do not involve spirit beings; something I assumed to be confirmed by the respondents (c).

6. *Sampela askim long kros blong family*

Yu ken makim wanpela, tupela, tripela o fopela answer. Sapos yu ting olgeta i no inap long mekim man i kisim sik, makim last choice (e).

Sapos i gat kros namel long family:

- a) Dispela kros tasol em inap long causim man i kisim sik.
- b) Sapos wanpela i mekim strongpela tok long narapela/em i cursim em, dispela i causim man i kisim sik.
- c) Ol man i dai pinis, sapos ol i no wanbel long kros insait long family, ol i ken givim sik long wanpela (ol yet i givim; nogat man i askim ol long mekim).
- d) Wanpela man i askim ol man i dai pinis long givim sik long arapela man, na i kamap.
- e) Olgeta answer antap i no tru.

7. *Askim long poison*

Sapos wanpela man in no poret long power bilong poison, still poison i ken bagarapim em?

- a) yes
- b) nogat

Family quarrels had been mentioned as one cause of sickness in many interviews. But there were different ways how to understand this exactly. Do the quarrels itself cause the sickness (a), or does one have to say powerful words to the other family member (b) or do the ancestors of the clan send sickness themselves, without being asked (c), or does someone have to ask the ancestors to send sickness to the opponent within the family (d)? I limited these questions to inner-clan quarrels as the specialists had made it quite clear that the possible answer choices only refer to what is happening within the clan (if body parts or fluids of the deceased are being used, which then is considered sorcery, people outside the clan can be targeted).

Question 7 at a first glance deals with sorcery, but on a deeper level, I wanted to find out if being afraid of the power of sorcery plays a role in whether sorcery is effective or not. In many interviews the idea that something is only effective if people “believe in it” was mentioned. I chose to inquire more into that here, in the case of sorcery, where I was fairly sure that people in general consider it harmful (whereas in other cases, for example, when ancestors take the initiative to send sickness, people are more likely to be divided if this could be a reason for sickness at all).

Sampela askim long experience blong yu yet

8. Tingting long laip bilong yu yet. Yu bin kisim sik bikos ...

	Yes	Ating	Mi no klia	Mi no ting	Nogat
a) pisukei o snel i kamapim dispela sik	<input type="checkbox"/>				
b) wanpela i cursim yu	<input type="checkbox"/>				
c) wanpela i bagarapim yu long kambang, kawarwar o sting/bun blong man i dai pinis	<input type="checkbox"/>				
d) i bin gat kros long family na ol tumbuna i dai pinis i salim sik i kam	<input type="checkbox"/>				
e) wanpela i singautim ol tumbuna i dai pinis long givim sik long yu	<input type="checkbox"/>				
f) ndrai (blut blong daiman) i kalap long yu	<input type="checkbox"/>				
g) God i givim sik long yu	<input type="checkbox"/>				

The questions asked here take up the previous questions with the difference that I here asked for personal experience instead of belief. I wanted to be able to find out whether the different causes of sickness play only a role in the world of ideas or are also part of the experience of people. (These questions also functioned to check internal consistency. If someone does not believe that something can be the cause of sickness that person cannot consistently state to have been made sick by it).

Painim halpim taim yu sik

6

9. Sapos yu sik na yu no save wanem as tru bilong dispela sik, bai yu mekim wanem?
 Makim first step long first column (a). Sapos i no wok aut na yu sik yet, wanem em i second step? Makim long second column (b). Bihain, continue long step three (c) na four (d).

a) First, mi		b) Sapos sik i stap yet, mi		c) Sapos sik i stap yet, mi		d) Sapos sik i stap yet, mi
<input type="checkbox"/> singautim family long painim out, i gat kros namel long family		<input type="checkbox"/> singautim family long painim out, i gat kros namel long family		<input type="checkbox"/> singautim family long painim out, i gat kros namel long family		<input type="checkbox"/> singautim family long painim out, i gat kros namel long family
<input type="checkbox"/> askim pastor/elder long kam na pray	→	<input type="checkbox"/> askim pastor/elder long kam na pray	→	<input type="checkbox"/> askim pastor/elder long kam na pray	→	<input type="checkbox"/> askim pastor/elder long kam na pray
<input type="checkbox"/> go long haus sik/aid post		<input type="checkbox"/> go long haus sik/aid post		<input type="checkbox"/> go long haus sik/aid post		<input type="checkbox"/> go long haus sik/aid post
<input type="checkbox"/> go lukim glasman/dokta blong ples		<input type="checkbox"/> go lukim glasman/dokta blong ples		<input type="checkbox"/> go lukim glasman/dokta blong ples		<input type="checkbox"/> go lukim glasman/dokta blong ples
<input type="checkbox"/> give up, acceptim tasol, na rereim mi long dai		<input type="checkbox"/> give up, acceptim tasol, na rereim mi long dai		<input type="checkbox"/> give up, acceptim tasol, na rereim mi long dai		<input type="checkbox"/> give up, acceptim tasol, na rereim mi long dai

With this question I moved from the causes of sickness to the treatment. The search for the causes is often intertwined with the treatment. This was the most complicated question and I provided some extra verbal explanation so that all respondents would have a good grasp of what they were supposed to do. I wanted to find out if a common pattern exists in the response to sickness.

In each column, I listed five possible responses to sickness: to call the family together and settle quarrels in case there are any; to ask the pastor or elder to come and pray; to go to the hospital or the aid post respectively; to ask the *glasman* for help and/or consult the village doctor if necessary; and to give up and accept the sickness.

I asked respondents to mark their first option for dealing with the sickness in the first column. In case this does not work, what would they do next? They should mark that in the second column; and then continue in the same manner in columns three and four. I mentioned that if at any point they wanted to take measures they had taken in an earlier step, they could mark that again, if this represents what they would normally do.

Bush material / Marasin blong ples

10. *Sampela askim long ol marasin blong ples (i no samting olsem kawawar, kambang o tanget, tasol ol marasin blong ples olsem: skin blong diwai, herbs, rop blong diwai, ol lip...)*

	I tru	I no tru
a) Sampela marasin blong ples i gutpela blong healim ol normal/natural sik	<input type="checkbox"/>	<input type="checkbox"/>
b) Sampela marasin blong ples i gat wankain use olsem marasin long haus sik	<input type="checkbox"/>	<input type="checkbox"/>
c) Sampela marasin blong ples i gutpela long healim sik blong ples	<input type="checkbox"/>	<input type="checkbox"/>
d) Taim dokta blong ples i usim ol marasin blong ples, olgeta taim em i save usim strong blong ol spirit wantaim.	<input type="checkbox"/>	<input type="checkbox"/>
e) Sapos dokta blong ples i soim mi how long usim ol marasin blong ples, mi tu ken usim ol long oraitim sik blong ples.	<input type="checkbox"/>	<input type="checkbox"/>

This question was an attempt to understand better people's concept of using bush material, like herbs, roots, barks and the like. The main point in the different questions was to find out whether or not spirits are involved when people use these kinds of medicines. I chose to come from different directions in the hope to receive answers that together form a conclusive picture of the issue.

Healing (long ol tripela askim, makim olgeta we yu ting i orait. Sapos yu no klia, makim last bokis)

11. *Sapos wanpela man i sik bikos long snel o pisukei, i gat wanem rot long stretim?*

- a) go long papa graun na askim em long toktok long snel o pisukei na salim tewel i kam bek gen.
- b) painim wanpela man we i ken poretim snel o pisukei
- c) painim wanpela man we inap long spetim sikman long kawawar
- d) painim wanpela we inap long winim kambang long sikman
- e) mi no klia tumas; dokta blong ples tasol i save em i mas wokim wanem

12. *Sapos wanpela i sik bikos long ndrai (blut blong man i dai pinis), i gat wanem rot long stretim?*

- a) painim wanpela man we i ken toktok long tewel blong man i dai pinis na rausim em long sikman
- b) painim wanpela man we inap long spetim sikman long kawawar
- c) painim wanpela man we inap long winim sikman long kambang
- d) painim wanpela man we i save usim ol herbs o as blong diwai o skin blong diwai long stretim sikman
- e) mi no klia tumas; dokta blong ples tasol i save em i mas wokim wanem

13. *Sapos wanpela man o meri i sik bikos long poison, i gat wanem rot long stretim?*

- a) painim wanpela man we inap long spetim em long kawawar
- b) painim wanpela man we inap long winim em long kambang
- c) painim wanpela man we i save usim ol herbs o as blong diwai o skin blong diwai long stretim sikman
- d) mi no klia tumas; dokta blong ples tasol i save em i mas wokim wanem

The questions on this page were all concerned with the treatment of various cases of *sik bilong ples*. Question 11 asked about treatments in the case that *pisukei*, 'tree spirit'

or *snel*, ‘spirit connected to the natural world’ caused the sickness; question 12 was about treatment in the case of *ndrai*, ‘the blood of a deceased person’ and question 13 about treatment in the case of sorcery. In all three cases I provided possible answers that had been mentioned by the specialists. I wanted to find out if some treatment methods are more common than others, taking into account that local differences could exist and that the specialists might only have mentioned the treatment available to them. Because I conducted the surveys village by village, I included the village in the analysis which enabled me to see whether these local differences exist or not.

<p>Source bilong oraitim sikman</p> <p><i>14. Long next askim, please makim wanpela bokis tasol. Taim ol dokta blong ples i usim kawawar o kambang long healim man,</i></p> <p>a) <input type="checkbox"/> ol i usim strong blong tewel blong ol man i dai pinis b) <input type="checkbox"/> ol i wok long strong blong wanpela masalai i bin givim kambang o kawawar long ol tumbuna blong ol. c) <input type="checkbox"/> ol usim tupela wantaim: tewel blong man i dai pinis wantaim strong blong masalai i givim ol dispela samting long ol tumbuna. d) <input type="checkbox"/> mi no kila, o olgeta answer i no stret.</p> <p><i>15. Yu ting i tru o nogat? Please makim wanpela bokis long wanwan lain.</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%; text-align: center;">I tru</th> <th style="width: 10%; text-align: center;">I no tru</th> <th style="width: 10%; text-align: center;">Mi no kila</th> </tr> </thead> <tbody> <tr> <td>a) Olgeta healing i kam long han blong bikpela; maski i kam long sait blong haus sik o long ol dokta blong ples.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b) Taim ol dokta blong ples i usim ol spirit long healim man, trutru ol i wok long power bilong Satan.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c) God i save usim ol dokta blong ples long helpim ol man.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		I tru	I no tru	Mi no kila	a) Olgeta healing i kam long han blong bikpela; maski i kam long sait blong haus sik o long ol dokta blong ples.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Taim ol dokta blong ples i usim ol spirit long healim man, trutru ol i wok long power bilong Satan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) God i save usim ol dokta blong ples long helpim ol man.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9
	I tru	I no tru	Mi no kila														
a) Olgeta healing i kam long han blong bikpela; maski i kam long sait blong haus sik o long ol dokta blong ples.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
b) Taim ol dokta blong ples i usim ol spirit long healim man, trutru ol i wok long power bilong Satan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
c) God i save usim ol dokta blong ples long helpim ol man.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														

Question 14 asked for the concept of how *kawawar*, ‘ginger’ and *kambang*, ‘lime’ are thought to be effective when used by the traditional healer. I had heard from the specialists that the power to heal comes from a spirit being and that *kawawar* and *kambang* are used while referring to that spirit being. I had also heard that the ancestors or those from whom the healers had received the *kawawar* or *kambang* are called upon to heal the patient. I was not sure if the general population could answer the question, but if not, they could indicate it in field d).

I included question 15 first of all in view of the following step in the research. The purpose was to find out how people understand God to be the final source of healing and whether he uses the traditional healer too, or not. Some people I talked to (not the specialists, of course) had the perception that whenever spirits are involved, people who work in their power in the end rely on the power of Satan. So I included this aspect in the questions as well.

Sampela askim i pas long ol glasman na dokta blong ples

10

16. *Insait long las 12pela mun mi bin go painim helpim long glasman o dokta blong ples.*

- a) i tru
- b) nogat

17. *Las taim mi bin go long glasman, em i bin inap long painim aut wanem em i cause bilong sik bilong mi.*

- a) i tru
- b) nogat
- c) mi no go yet long glasman

18. *Las taim mi bin go long dokta blong ples, em i bin inap long stretim sik bilong mi.*

- a) i tru
- b) nogat
- c) mi no go yet long dokta blong ples

Whereas the questions about treatment and healing up to that point had dealt with the general concept, questions 16 through 18 asked about the respondents' personal experience. I asked whether or not they had consulted a *glasman* or a *dokta blong ples* within the last twelve months and whether or not these specialists had been able to help them. I attempted to find out which role the *glasman* and *dokta blong ples* play in the life of the people when they are sick and how effective patients evaluate their work to be.

19. *Makim wanpela tasol:*

11

- a) Olgeta man we ol i save poisonim man, ol i ken healim man tu.
- b) I gat sampela man we ol i save poisonim man, ol tu bai i healim man tu.
- c) I gat man blong poisonim man tasol na i gat man blong oraitim man tasol. (Same man i no inap mekim tupela wok.)

20. *Wanpela taim gen, please makim wanpela bokis tasol:*

- a) Mi bilip, ol glasman na dokta blong ples, ol i no inap long helpim ol sikman.
- b) Ol glasman na dokta blong ples, ol i inap long helpim ol sikman. Sapos mi sik, mi save go lukim ol.
- c) Ol glasman na dokta blong ples, ol i inap long helpim ol sikman. Tasol mi no save go lukim ol bikos long bilip blong mi.

When I interviewed the specialists almost all of them mentioned that they are only involved in doing good, in healing people or bringing about desired effects. I included question 19 to find out from the general population whether those who can harm people are also those who are consulted for healing or if these two activities are carried out by different people. My assumption was that if the specialists were also involved in harming people, they might not have disclosed it to me. (Although there is some prestige to be won in claiming or demonstrating power to harm and to kill, I would probably not have been the right person to speak to about that).

In question 20, then, having in view the next step in the research process, I gave people three options and asked them to mark only one. I asked them to mark option a) if they believe that the specialist are unable to help; option b) if they think they can help and therefore they actually make use of them in time of sickness, or option c) if although they believe that they can help do not use their service because of their faith in God. (These answers could be checked against questions 9 and 16 through 18). The responses are especially relevant if combined with responses to question 23 (people's self-declared spiritual status).

<p>21. <i>Yu gat hamas krismas?</i></p> <p>a) <input type="checkbox"/> 18, 19, 20, 21, 22, 23, 24 b) <input type="checkbox"/> 25, 26, 27, 28, 29, 30, 31, 32, 33, 34 c) <input type="checkbox"/> 35, 36, 37, 38, 39, 40, 41, 42, 43, 44 d) <input type="checkbox"/> 45, 46, 47, 48, 49, 50, 51, 52, 53, 54 e) <input type="checkbox"/> 55, 56, 57, 58, 59, 60, 61, 62, 63, 64 f) <input type="checkbox"/> 65, 66, 67, 68, 69, 70, 71, 72, 73, 74 g) <input type="checkbox"/> 75, 76, 77, 78, 79, 80, 81, 82, 83, 84</p> <p>22. <i>Yu blong wanem lotu?</i></p> <p>a) <input type="checkbox"/> Catholic b) <input type="checkbox"/> ECOM c) <input type="checkbox"/> SDA d) <input type="checkbox"/> Pentecostal/Charismatic (AOG, 4 Square, CRC, ...) e) <input type="checkbox"/> Arapela Kristen sios (Baptist, Lutheran, United, ...) f) <input type="checkbox"/> Mi no blong wanpela Kristen sios</p> <p>23. <i>Yu ting wanem long yu yet?</i></p> <p>a) <input type="checkbox"/> Mi wanpela strongpela/committed Kristen b) <input type="checkbox"/> Mi Kristen, but mi no active tumas long bilip blong mi c) <input type="checkbox"/> Mi no man/meri blong lotu</p>	12
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On this last page in the survey I asked for age (21), denominational affiliation (22) and how people think about their spiritual life (23). This last question was included to enable me to see whether Christians, especially those who consider themselves strong or committed Christians, differ from others in their beliefs and practices.

Table 27: Answers to Question 8a-f, According to Age Groups

Do you think you have you ever been sick in your life because (of...)¹

Age range	18-34 years		35-54 years		55+ years		Age ?	Total
	Raw figure	%	Raw figure	%	Raw figure	%	Raw figure	%
8a: <i>Pisukei</i> (tree spirit) or <i>snel</i> (nature spirit)								
Affirmative	5	12.8%	19	29.2%	9	23.7%	3	24.8%
Unsure	3	7.7%	3	4.6%	1	2.6%	0	4.8%
Negative	31	79.5%	43	66.2%	28	73.7%	0	70.3%
8b: Someone cursed you								
Affirmative	6	15.4%	21	32.3%	14	38.9%	3	30.8%
Unsure	3	7.7%	2	3.1%	1	2.8%	0	4.2%
Negative	30	76.9%	42	64.6%	21	58.3%	0	65.0%
8c: <i>Kambang</i> (lime), <i>kawawar</i> (ginger), or body parts of the deceased, used to harm (sorcery)								
Affirmative	9	23.1%	35	52.2%	20	51.3%	2	44.9%
Unsure	0	0.0%	1	1.5%	3	7.7%	0	2.7%
Negative	30	76.9%	31	46.3%	16	41.0%	0	52.4%
8d: Quarrels in the family and the deceased ancestors took the initiative to make you sick								
affirmative	4	10.3%	15	23.4%	8	21.6%	2	20.4%
unsure	4	10.3%	0	0.0%	1	2.7%	0	3.5%
negative	31	79.5%	49	76.6%	28	75.7%	0	76.1%
8e: Someone called upon the ancestors to make you sick								
affirmative	3	7.3%	17	25.4%	13	32.5%	2	23.3%
unsure	2	4.9%	1	1.5%	0	0.0%	0	2.0%
negative	36	87.8%	49	73.1%	27	67.5%	0	74.7%
8f: <i>Ndrai</i> (the blood of a deceased person “jumping” onto you)								
affirmative	2	5.1%	19	28.4%	16	41.0%	3	27.0%
unsure	1	2.6%	1	1.5%	1	2.6%	0	2.0%
negative	36	92.3%	47	70.1%	22	56.4%	0	70.9%

¹ The table does not include invalid responses and percentages for those who did not indicate their age. The total percentage is based on valid responses; including those who did not indicate their age.

Appendix D

Selection of Focus Groups

Appendices D1-D8 provide background information for the process of finding mature Lele Christians. Appendix E is the discussion guide I used during the focus groups with additional comments coming from the reflection of the discussion groups. Appendix F contains material that has to do with the analysis of the focus groups, and Appendix G provides a sample of a story related to the discussion during one of the focus groups.

Appendix D1: Research Instrument for Phase 1 of the Selection of Research Participants for the Focus Groups

5pela mak i mekim dispela man o meri
i kamap gutpela piksa
long ol arapela Kristen

1) _____

2) _____

3) _____

4) _____

5) _____

Appendix D2: Anonymized List of Respondents for Phase 1, Sorted According to Village

In the following table I show an anonymized list of people who were involved in the first phase of identifying mature Christians.

#	Village	Male/Female	Age
1	Powat	Male	41
2	Powat	Male	43
3	Puluso	Female	46
4	Puluso	Female	60
5	Puluso	Male	22
6	Puluso	Male	70
7	Ndrelap	Male	52
8	Dungoumasih	Female	50
9	Dungoumasih	Male	20
10	Dungoumasih	Male	65
11	Lundret	Female	45
12	Lundret	Female	67
13	Lundret	Female	76
14	Pondelis	Female	25
15	Pondelis	Female	32
16	Pondelis	Female	46
17	Pondelis	Male	54
18	Warambei	Female	46

Appendix D3: Answers from Phase 1 and Assigned Catchwords

Answer #	Response	Catchword
1/1	Bubu blong mi em givim graun na nau church em stap	Give land for church
1/2	Sapos lapun man or meri emi stap lo ned mi pla sa helpim	Helping others (?)
1/3	Sapos Kristen im [em i] ¹ nedim help mipla sa helpim mi [em]	See 1/3
1/4	Onpla sista com na mi pray lo leg blo papa blo mi na leg im orait [not to identify who prayed for whom]	-
1/5	Taim im [mi?] go lotu or nogat mi lukim blessing im [i] stap [hard to interpret]	-
2/1	Dispela man em i helpim planti man/meri long tok blo bikpela na nau ol i sanap strong long wok blo bikpla	Teach God's word
2/2	Em strongim ol youth na nau mipla long Johannes Deroo igat ol pastor now mekim wok blong God stap	Strengthening youth
2/3	Em strongim toktok long mipela now long PoNdrelaps	Persuaded people to

¹ Comments in square brackets are my own; meant to find the most probable interpretation of what was written by the respondents.

	kamap local church	become church
2/4	Em i man blong lainim singsing now ol planti youth i man/meri blong singsing	Singing songs
2/5	Planti man/meri now long hia i kamap strongpela Christians	Developed people to become strong Christians (?)
3/1	Saveman	Knowledge
3/2	Man blong wok	Work
3/3	Man blong toktok	Toktok
3/4	Man blong singaut strong	Singaut strong
3/5	Man blong kros	Scolding
4/1	Lapun meri em i honest	Honesty
4/2	Em i faithful	Faithful
4/3	Em i patient	Patience
4/4	Em i gutpela adviser blong pasim kastam	Advisor in custom-related things
4/5	Em i save givim bel long lotu	Man of the church/serious in faith
5/1	Bihainim tok blong bikman	Obedience to God
5/2	Em i holim strong gutpela culture bikman i givim (gutpela pasin)	Hold on to good aspects of culture, gutpela pasin
5/3	Serim samting long ol arapela	Generosity, sharing
5/4	Gutpela toktok (not funny)	Talking in a good way
5/5	Lukautim gut bodi bilong em (not drink)	Taking care of one's own body
6/1	Givim graun long church long mekim haus lotu	Giving land to the church
6/2	Autim Gudnews long ples Lessau, Nyada na Tingou	Sharing God's word
6/3	Lukautim planti man na meri ol arapela ples olsem brata, susa	Taking care of other people
6/4	Sharim samting wnataim narapela brata, susa	Sharing, generosity
6/5	Fellowship wantaim family na friends	Fellowship with family and friends
7/1	Samuel Poiil Pongur. Lessau students gutpla education early 1950s-60s [most likely teaching these students, not his own education]	Good educator
7/2	Stuportim ECOM Highschool i kirap	Starting school
7/3	Strongim mipla ol pikinini igat gutpela pasin	Bringing up children to have gutpela pasin
7/4	Givim graun long gavman long wokim wok development	Giving land to the government for development
7/5	-	-
8/1	Pasin long daunim em	Humble
8/2	Pasin long stap isi, patience	Patience

8/3	Laikim	Love
8/4	Encouragement	Encouragement
8/5	Kindness (pasin blong helpim), soim gutpela pasin	Kindness, helping others, gutpela pasin
9/1	Pastor	Pastor
9/2	100% performance; gutpela character blong em	Good character
9/3	Disciplined man	Disciplined life
9/4	Honest	Honest
9/5	Man blong toktok	Man blong toktok
10/1	Singautim man long kam long haus (hospitality)	Hospitality
10/2	Em i givim klos lon ol arapela na assistim ol wokman bilong God	Generous, sharing
10/3	Em i witness how God i blessim em	Witnessing
10/4	Humbelim em yet	Humble
10/5	Givim gutpela advice taim hevi i kamap	Good advisor in need
11/1	Hatim sin	Hates sin
11/2	Ol lain long ples i respectim em	Receives respect
11/3	Livim holy laip	Holy life (see 11/1)
11/4	Taim em i toktok ol man i harim na bihainim	People listen to that person/have respect
11/5	Em i laik lotu na pray olgeta taim	Devoted to worship and prayer
12/1	Laikim, love	Love
12/2	Marimari, grace	Grace
12/3	Mercy, bel sori (helpim man i gat need)	Sharing, bel sori
12/4	Patience (long gut taim tai mi gat hevi)	Patience (in good and bad times)
12/5	Peace (inside and establishing)	Peace (within and making)
13/1	Humble	Humble
13/2	Save laikim family na ol Kristen i kam bung wantaim; bung wantaim unity	Brings people together, working for unity
13/3	Helpim ol man long ol i no gat bel nogut long narapela manmeri	Working for peace (?)
13/4	Laikim ol youngpela bihainim gutpela pasin and helpim ol long puttim head long wok na lus tingting long wokim hambag	Investing in/leading young people for good life
13/5	Wok bilong sios na community i mas go ahead na complete	Working for church and community, pushing things forward
14/1	Obedience	Obedience
14/2	Humble	Humble
14/3	Help others	Help others
14/4	Sharing (knowledge, ideas, material things)	Sharing (in a wide sense)
14/5	Committed to his task	Committed to task

15/1	Laikim ol arapela	Love
15/2	Gutpela wokabout blong em (strepela pasin)	Blameless life
15/3	Meri blong toktok na smile (joyful)	Joyful
15/4	Lukautim ol man (olgeta even i no lain bilong em)	Hospitality
15/5	Helpim narapela (material side)	Sharing
16/1	servanthood	Servanthood
16/2	Faithful	Faithful (see 16/4+5)
16/3	Self-sacrificing	Self-sacrificing
16/4	trustworthy	Trustworthy (see 16/2+5)
16/5	Reliable	Reliable (see 16/2+4)
17/1	Share things with others	Sharing
17/2	Love one and others	Love
17/3	Alway make visitations	Visiting others
17/4	He or she always do the right thing	Doing what is right
17/5	She or he always faithful in his or her job	Faithful in job
18/1	Discipline	Discipline
18/2	Hunger and thirst for God	Longing for God
18/3	The way he preach the word of God	Preaching, sharing the word of God
18/4	Committed	Committed
18/5	Faithful	Faithful

Appendix D4: Sorting of Answers Received during Phase 1

Appendix D5: Anonymized List of Respondents for Phase 2, by Village

This table provides an anonymized list of people who were involved in the second phase of identifying mature Christians, which was to identify the four most important character traits for someone to be a good example of what it means to live as a Christian.

#	<i>Village</i>	<i>Male/Female</i>	<i>Age</i>
1	Dungoumasih	Female	36
2	Dungoumasih	Female	36
3	Dungoumasih	Female	38
4	Dungoumasih	Female	50
5	Dungoumasih	Female	54
6	Dungoumasih	Male	21
7	Dungoumasih	Male	58
8	Dungoumasih	Male	80
9	Dungoumasih	Male	23
10	Lundret	Female	53
11	Lundret	Male	56
12	Lundret	Male	60
13	Ndranou	Male	36
14	Ndranou	Male	57
15	Warambei	Female	21
16	Warambei	Female	23
17	Warambei	Female	42

Appendix D6: Items According to Frequency in Phase 1, in the Pre-Test for Phase 2, and in Phase 2

Number of times mentioned in phase 1	Number of times chosen in pre-test for phase 2	Number of times chosen in phase 2	Characteristic as listed	English translation
5	0	6	Helpim ol husait i gat need	Helping those who are in need
4	3	5	Faithful	Faithful
4	3	10	Humble, pasin bilong daunim em yet	Humble
4	3	8	Love, laikim ol arapela	Love for others
4	1	4	Strepela pasin, holy laip	Irreproachable conduct, holy life
3	0	2	Man/meri bilong bel isi	Person of peace
3	1	0	Man/meri bilong wok	An industrious person
3	1	1	Patience, stap isi	Patience
3	0	2	Serim samting wantaim ol arapela	Sharing something with others
3	3	8	Serim tok blong God	Sharing God's word with others
3	1	5	Strongim ol yangpela long bihainim gutpela pasin	Helping youth to follow a straight path
2	0	3	Discipline	Discipline
2	0	1	Givim graun long sios	Giving land to the church
2	3	8	Honesty	Honesty
2	1	3	Lukautim ol manmeri (i no lain bilong em stret)	Caring for others (not his/her own people)
2	0	2	Man/meri bilong lotu	A devoted person
2	0	0	Man/meri bilong toktok	A person who has something to say and speaks with authority

Appendix D7: Research Instrument for Phase 2²

Mi bin askim sampela manmeri dispela askim:

Wanem samting i mekim wanpela Kristen i kamap gutpela piksa ol arapela Kristen i ken bihainim?

Ol planti response ol i givim i stap long dispela lista hia.

Inap yu makim fopela (4) mak (or characteristics) we yu ting ol i important tru.

Tenkyu!

Makim olsem: ✓



	Patience, stap isi
	Lukautim ol manmeri (i no lain bilong em stret)
	Love, laikim ol arapela
	Man/meri bilong bel isi
	Givim graun long sios
	Strepela pasin, holy laip
	Serim samting wantaim ol arapela
	Man/meri bilong wok
	Humble, pasin bilong daunim em yet
	Honesty
	Strongim ol yangpela long bihainim gutpela pasin
	Man/meri bilong toktok
	Discipline
	Man/meri bilong lotu
	Faithful
	Serim tok blong God
	Helpim ol husait i gat need

² As noted in the main part of this dissertation, the items on the list rotated for each new respondent.

Appendix D8: Number of Respondents in Phase 3 According to Villages and Gender

The following list shows the distribution of respondents in phase 3 of the task of finding mature Christians. It was important to have people from many different villages included.

#	Place	Men	Women	Total
1	Ndranou	1	3	4
2	Lundret	2	1	3
3	Powat	1	4	5
4	Sapon	2	1	3
5	Puluso	1	2	3
6	Warambei	2	2	4
7	Ndrelap	2	1	3
8	Dungoumasih	1	2	3
9	Pondelis	2	1	3
10	Northcoast	2	2	4
11	Bulihat	1	0	1
	Total	17	19	36

Appendix E

Discussion Guide for the Focus Groups

The question guide I prepared for the focus groups and the rationale behind it. When I conducted the focus groups, I only deviated from the question guide in insignificant ways. I leave the future and present tense in the question guide as it represents the ideas I had prepared in advance, but add footnotes in which I refer to some of the adaptations I made during the group discussions.

A. Opening, Introductory and Transition Questions

Krueger and Casey (2015, pos. 1220) point out the need to lead participants towards the key questions. Therefore, Y have?¹

B. Traditional Ways to Become Sick (and the Need for Protection)

- Do you think that the following can make a person sick:
 - *pisukei*, ‘tree spirit’
 - *snel*, ‘nature spirit’
 - *ndrai*, ‘blood of a deceased person’
 - *poisin*, ‘sorcery’
 - curses
 - ancestors?
- If so, should Christians take any measures to avoid getting sick? Which ones?
- In the survey I conducted, I asked: If someone does not believe in the power of sorcery, can sorcery still harm that person? The responses were mixed.
 - How would you answer the question?
 - Do you know anyone who does not believe in the power of sorcery?
 - What should one do or believe in order that sorcery does not harm?

C. Finding the Cause of a Sickness

- There are people who seem to “know” things (for example, who caused a sickness or who poisoned someone, etc.).²
 - What are the benefits of having such people?
 - What is the negative side of having such people?

¹ It is important that up to this point, participants are not asked for their personal evaluation, which will become the main focus of the remaining discussion.

² During the first focus group, I realized that it was better to add a story to that question. So I related a personal experience someone told me some time ago and changed it in a way that participants could not find out who the person was.

- Where do you think, do they have their knowledge from?
- For the next question I will hand out cards to the participants that look as follows:

In order to find the cause of a sickness,
it is okay for Christians to

Yes	I think so	I'm not sure	I don't think so	No

Name

Figure 8: Card Used for Focus Groups

Each participant will receive five cards in different colors. On the upper line of each card, one of the five means to find the cause of a sickness will be printed:

- Discussing grievances within the family (green)
- Doing tests at the hospital (yellow)
- Asking a *glasman*, ‘seer’ for assistance (red)
- Talking to the deceased ancestors, e.g., at the grave (blue)
- Giving meaning to dreams (orange)

I will ask:

- Can you please mark the box on each card that best describes your position?

I will then ask all participants to put the cards on a bigger sheet of paper, sorted according to the colors (= means) and the answer they have provided. I will then generate a discussion. We will go through each means and spend more time on those that have received different responses.

My question will be:

- How do you feel about _____ (means) to find the cause of a sickness?³

³ I chose here to ask “how do you feel about...” rather than “what do you think about...” or “why did you check this box” because oftentimes decisions involve much more than beliefs or knowledge. It is likely that by opening the questions to include feelings, the participants’ responses will provide deeper insights in the processes that are part of their decision making (Krueger and Casey 2015, pos. 1680).

- I might add the following follow-up question when discussing whether it is appropriate for a Christian to consult a *glasman*, ‘seer’ or not:
- When Christians consult the *glasman*, ‘seer,’ do they have to ask God for forgiveness afterwards?



Figure 9: Research Instrument Used in the Focus Groups

D. Traditional Healing Practices⁴

Another round of conversation will deal directly with the traditional healers. I will use the following story:

- Two pastors discuss the role of traditional healers. Pastor Malachi says: “Many of our people do not have access to proper health care. The traditional healers were here even before aid posts were built and doctors came. They have helped us for centuries. In addition, who should we turn to if the sickness is a *sik bilong ples*, ‘village sickness?’ I believe God uses the traditional healers just as he uses the doctors and the nurses at the hospital.” Pastor Bernhard responds: “Brother, I believe you are misguided. We all know that the traditional healers work in the power of the spirits. They are totally different from the spirit of Jesus. Therefore, it is not God who uses the traditional healer. In fact, they are servants of Satan. Whoever seeks help from

⁴ I had printed, both the story and the statements in this section, for the participants to read along.

a traditional healer seeks the help of Satan.” What do you think about the arguments both pastors mention?

- In the survey I conducted, many people said that the the *glasman*, ‘seer’ and *dokta blong ples*, ‘traditional healer’ work with Satan’s power. But some of the same people also noted that it is God who uses them to heal people. Can you help to make sense of these responses? Does God use the power of Satan to help people?
- Please respond to the following statements:
 - If a sickness is caused by the spirits, we also must use spirit power to deal with it.
 - The traditional healer thinks he works with the help of the spirits. Let him think whatever he wants. On a deeper level, it is God who works through him and uses him.
 - Before the missionaries came and told us about God, and before we had access to modern health care, the traditional healers provided service that we desperately needed and this was God’s way to care for us. Today, we should not depend on it anymore.
 - Pastors and traditional healers can work together. The one prays, the other uses his power and knowledge to heal.

E. Medicine/Treatment

- Can you recommend the following treatments for Christians? What are criteria for your recommendations?
 - Herbs, barks, roots
 - *Kawawar*, ‘ginger’
 - *Kawawar ol i toktok antap long em*, ‘ginger which was spoken over’
 - Letting someone blow *kambang*, ‘lime’ at you
- Does your evaluation change whether the treatment is done by yourself or by a *dokta blong ples*, ‘traditional healer’?
- What do you think about people who can mend broken bones by touching the spot where the bone is broken?
- Can you provide some guidelines when it is acceptable for Christians to be treated by traditional means?
- Some Christians use holy water or oil they have prayed over to treat all kinds of sicknesses. What do you think about that?

F. Biblical and Theological Aspects

Ideally, biblical and theological themes will be raised by the participants as we discuss the various topics. If so, I will ask them to elaborate more at these points in time. This will help to keep the flow of the discussion both naturally and focused. Should the discussion come short, I will deal with these questions in a separate round of discussion.

- “XY has just mentioned the Bible passage ABC. Can some of you expound on how this passage is relevant for your understanding of the causes of sickness?”
- “All of you have a high regard for God’s word. Are there any Bible passages that you find relevant for dealing with sorcery related sicknesses?”

I purposely leave the questions open-ended at the beginning. This will provide the room for the research participants to bring to the fore passages and themes that are important to them. However, at some later point in the discussion, I will ask them about their interpretation of some Bible passages. Here are some examples:

- In the New Testament we read much about Jesus driving out demons.
 - Are the spirits mentioned in the Bible comparable with any of the spirits you know?
 - How do these stories have significance for your life and your dealing with the unseen world?
- There are a couple of passages in the Bible, mainly in the Old Testament, that tell the people of Israel not to converse with or find help from the spirits of the deceased (Lev. 19:31; Dtn. 18:14; 1Sam. 28:7-12; 2Kings 21:6; Is. 8:19). How do you interpret these passages in light of your culture?
- From your perspective as a Christian, how do you understand the role of the deceased ancestors in the life of the living?
- Which of the following statements describes your personal convictions best?
 - Our traditional system of responding to sickness is well compatible with my Christian faith.
 - There are many aspects of our traditional system of responding to sickness that are not compatible with my Christian faith; therefore I do not consult a *glasman*, ‘seer’ or someone who works with the power of the spirits.
 - I feel uneasy about consulting a *glasman* ‘seer’ or a *dokta blong ples*, ‘traditional healer’. But when someone is sick or dying, we need help. So I seek the help, but with a bad conscience.

G. The Christian Community

A concluding round of discussion will revolve around the following questions:

- What difference does it make for someone to be a Christian when it comes to dealing with sickness?
- What are some ways the Christian community can help the sick?
- If a Christian is convinced that he or she has a *sik bilong ples*, ‘village sickness’ what would you suggest his or her Christian brothers and sisters do?
- How would you like your children be taught in Sunday School about dealing with sickness?

H. Concluding Questions

With these questions, the discussions will move towards the end. The first question provides the participants with the opportunity to add areas of importance that have not been covered. I will set aside sufficient time to include discussions if necessary.

- Is there an aspect that is important to you that we have not covered yet?

At the end, I plan to use two case studies⁵ that could just like that happen in the life of a Lele person. I conclude the key question with these case studies to see how participants work through such a real life situation. It is also possible that participants will mention that their perspective has changed through the focus group and that it becomes evident at this point.

- Stephen is from Lele village XY. He is forty years old and a member of our church. He lives a happy life. But one morning he woke up and realized that he had *grille*, ‘a skin disease.’ First he didn’t think much about it, but the *grille* got worse. After a week, he went to the hospital where he was given an ointment. He used it for another week as the doctor told him to, but instead of getting better, the *grille* got worse. Then it came to his mind that the *grille* started just after he had returned from the bush and that at this area of the bush a man had been killed a short while ago. What would you suggest, Stephen should do?⁶
- Charles is a committed ECOM Christian. One day, some custom work took place in the neighboring village. Someone offered him a *buai*, ‘betel nut’ that he happily accepted. When he went home that night, he had difficulties to breath normally. It felt like asthma, but he never had asthma before. He tried to sleep, but was awake the whole night. In the early morning hours his thoughts went back to this *buai* that he had received. He also remembered that some months ago he had an argument with the brother of the one who had offered him the *buai*. Was something wrong with it? What should he do?

I. Ending Question

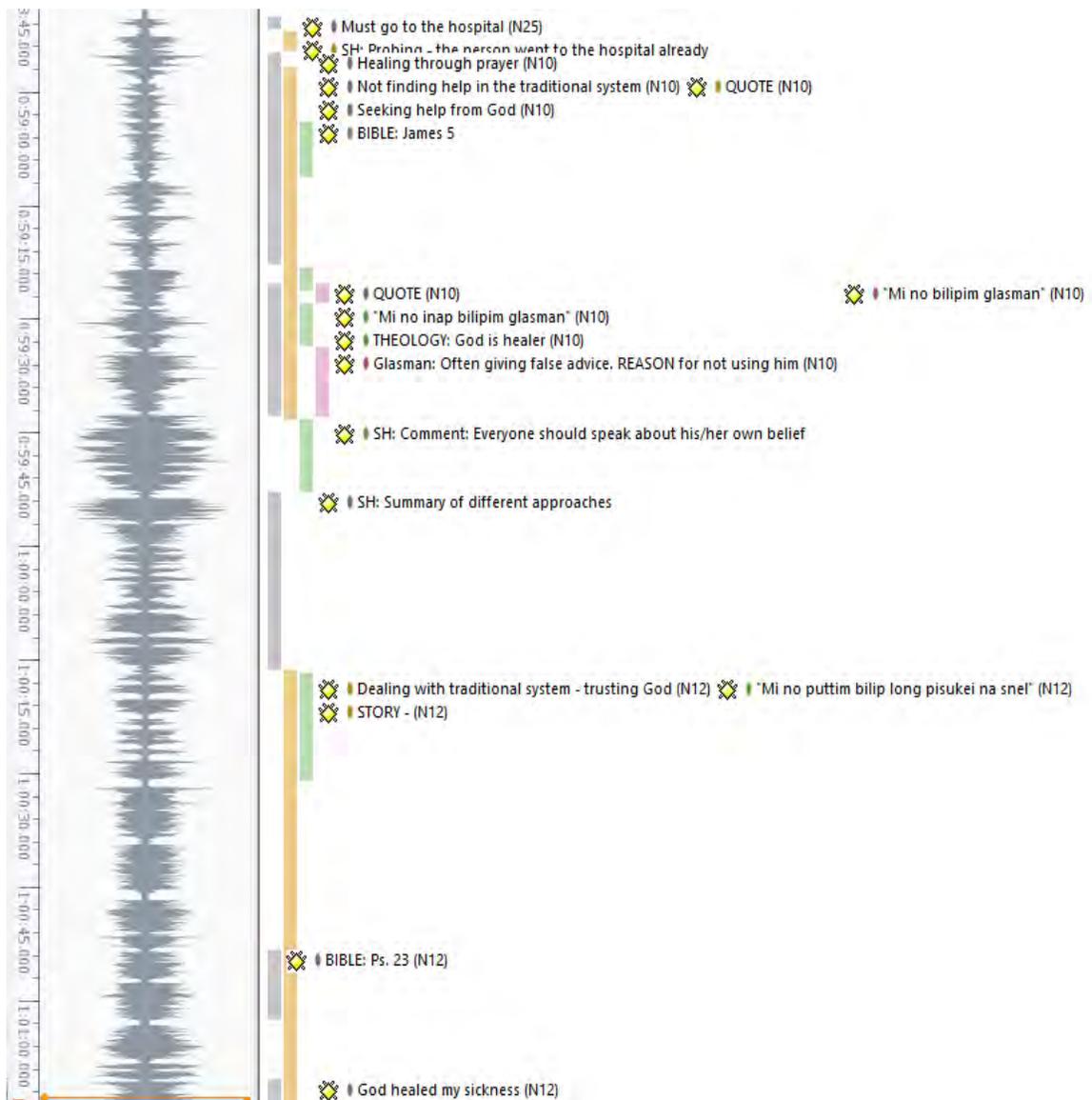
- Can each of you in less than one minute highlight one aspect of our discussion which is very important to you?

⁵ As it turned out, we had only time for one of the case studies in all three focus groups. I chose to discuss the first story. We had already talked about a similar issue as mentioned in the second story at an earlier stage.

⁶ The traditional understanding is that in such cases the spirit of the deceased person “comes over” the person who passes by and that person develops this kind of skin disease.

Appendix F

Analysis of Focus Group Data



Example of Codes

In total, I marked about 1400 passages and assigned a code to each one. The program allows to search for all passages in which a certain word is used in the code. This is very helpful to get an overview of a certain aspect or topic of the conversation; especially across the three focus groups.

I provide one example here as an illustration. The following list shows all the codes that contain the letters “SBP” which I used as an acronym for *sik bilong ples*, ‘village sickness.’¹

- “Worshiping SBP” (N06)
- About traditional herbs and SBP and mission (N13)
- Discussion about Christians who have SBP consulting the glasman and also pray (various) (N19) (N05) (N22)
- If SBP, we can use the traditional system (N22)
- In case a Christian is convinced s/he has a SBP, others must strengthen the sick person's faith and not bring him/her to the glasman (N04)
- People turn too quickly to the SBP explanation and thereby are not healed through medicine, the hospital... (N19) (N22)
- Praying for the sick, in case of SBP (N04)
- Process in dealing with sickness, SBP (N07)
- Process in dealing with sickness, SBP (N11)
- SBP: If it's SBP, you need to find a DBP (N06)
- SBP: “Anti i toktok” (N23)
- SBP: “go bek gen long sait blong ples nau” (N14)
- SBP: “God em i stap. Taim yumi stretim dispela sik pinis, bai yumi continue long lotuim God” (N19)
- SBP: “Ol man i no puttim bikpela i go pas” (N14)
- SBP: “Sapos faith blong yu i no bikpela yu mas painim witchdoctor” (N04)
- SBP: Caused by kawawar or kambang; there are people to turn to, but I don't bother and rather trust God to heal (N10)
- SBP: Causes: tumbuna or poisin (N25)
- SBP: Explains traditional system (N20)
- SBP: find glasman and DBP if necessary (not about herself, but in general) (N04)
- SBP: Finding help from glasman and DBP (N13)
- SBP: Healed through DBP (N12)
- SBP: Healing: “Singautim tumbuna” (N25)
- SBP: I either go to the hospital or pray (N01)

¹ It is also possible to let the software list more information to each code (file name, start time of marked passage, duration of marked passage for which the code was used). This can be seen in the transcripts of the interviews in the next section but is of no interest here. The codes in parentheses at the end refer to the participants in the focus groups which enabled me to look up all the codes I had given to a certain person. For the presentation in the dissertation I changed the codes for participants to fictive names.

- SBP: I sometimes encourage people to find a glasman or DBP (N22)
- SBP: I take medicine and pray (N05)
- SBP: If I know it's SBP, I know the way to find healing (N06)
- SBP: If SBP, we need to use the traditional system (N19)
- SBP: If sick, you want to find help (N10) - NR
- SBP: mentions different causes: masalai, sanguma, poisin (N15)
- SBP: my father left many things behind him when he became a Christian and lay pastor (N18)
- SBP: no personal experience (N14)
- SBP: "possessim man" (N06)
- SBP: Real. Treatment helpful. (N19)
- SBP: reasons: family, graun, poisin (N13)
- SBP: related to spirits (N13)
- SBP: "sik i no pas long sait long lotu, tasol i pas long family, graun, custom, sindaun long ples" (N13)
- SBP: Something the tumbuna believed and followed (N25)
- SBP: The fathers said: "God em i stap, tasol yumi stretim sik pinis, bihain bai yumi pray long God" (N19)
- SBP: Treatment by DBP (N13)
- SBP: Treatment: Difference between traditional herbs and spiritual powers to heal (N13)
- SBP: what the tumbunas believed (N25)
- SBP: When the ancestors did not know about God (N20)
- SBP: work of glasman and DBP (N13)
- SH: Introductory question SBP
- SH: Q to N06: Do you believe in the causes of SBP?
- SH: Q: How should we protect ourselves from SBP?
- SH: Q: If a Christian thinks he has a SBP, how can the other Christians help?
- SH: Q: Should we protect ourselves from SBP? Many: Yes! (various)
- SH: Q: What comes to your mind when you hear SBP?

Appendix G

Sample of Transcribed Focus Group Conversations

Here, I present samples of interviews from the focus groups that I transcribed and translated after I had coded them from the audio files.¹ The first line shows the file name and position in the interview; the next lines provide the codes I had assigned in Atlas.ti for this section. Then, above the transcription (on the left) and the translation (on the right), I give a short introduction.

A [?] in the text stands for an unclear meaning and [##] or [###] for a word or words that I could not understand, even when listening to different recording devices.

Example 1: Responding to a Sorcery Attack

FG_2A – Quot. Ref.: 5:81 (Start: 0:31:45.27 [0:09:22.65])

Codes:

[STORY - about a sorcery attack - QUOTE (N01)]²

What follows here is a long story told by Bruce, an old man. He shared how he responded to the announcement of a woman who told him that he would die the next day because of sorcery.	
Bruce: Dispela, em, long poison ya, em i, planti man i save lusim laip long em, long poison. Orait; mi yet mi experience long mi. Long mi, man em i-, we ol i bagarapim mi na mi no save, mi ting mi orait. Na taim mi bin wok long taun na mi wokabaout long sampela wok long Saturday na mi no inap wok. Mi pilim sik. Na taim mi-, mi kam slip long haus hia, long ol sumatim. Two weeks tasol. Na mi go bek long Saturday mi go, wokabout i go olsem long antap long cancer hill na wokabaut na i gat wanpela meri Samurai i sindaun. Sindaun long outside. Na taim em i lukluk long mi na i lukluk strong. Mi wokabaut i kam long lukim wanpela wanwok blong mi. Lukluk strong na, ey, meri i lukluk strong olsem wanem? [Laughter.] Mi lukim em pastaim [?] na em i greet: Good morning! Em i tok gut morning long mi na i kam na mipela i shek	Bruce: Many people lose their lives because of sorcery. I have made my own experience. There were people who did me evil. I didn't know anything about it; I thought I was fine. It was during the time I had work in town. On a Saturday I wanted to do some work, but couldn't; I was feeling sick. That time, for two weeks, I was sleeping in a house with some students. On that Saturday, I went back [to the house] and walked up the "Cancer hill." A woman from Samurai was sitting there, outside [a house]. She was looking at me, very intensely. I wanted to see a colleague of mine. [But] I saw the woman looking so intensely at me [and I thought], ey, why is she looking at me like that? [Laughter]. I looked at her and she greeted me: Good morning! She said "good morning" to me, came near, and we shook hands. Then she said: Excuse me, maybe you

¹ More conversations are available at www.gutnius.de/PhD.html

² I also had coded shorter passages within the story; these codes are not shown here.

han. Na em i tokim mi: Sori, nogut yu tingting nogut long mi lukluk strong long yu, bikos yu tupela dai blong yu i kam wokabout blong yu nau. Em i tokim mi olsem. Em i tok: Yu na dai blong yu, nau i stap wantaim yu. Long Saturday. Na mi tingting i go nau, mi no moa go nau, mipela sanap, mipela sindaun na mipela i toktok. Na em i tokim mi, i tok: Ol i kisim yu, yu bai i dai tumora long Sande. Em i tokim mi olsem. Tumora bai yu dai. Na inap, painim liklik Toea yu kam. Bai mi stretim yu. Na mi-, tingting blong mi, mi no bilip long en. Em i tok tru, tingting blong mi i no tingting long en. Na bihain meri i lukluk long mi na em i tok: Mi save, yu no bilipim mi. Em i tok: Yu no bilipim mi. Em nau, em i tokim mi i tok: Orait, harim, mi laik go long ples blong yu. Mipela sanap hia na mi laik go long ples blong yu. Mi no save long ples blong yu. Nau bai mi go.

⇒ *The woman tells him the way she would go and describes details of how the area around his house looks like.*

Em i tokim olgeta samting nau. Em i no bin go long mi. But em, samting blong em, em i tok, glas blong em i lukim olgeta samting. Na bihain em i tokim mi: Yu hia, bikman i stap wantaim yu. Em i tok: Bikman, God i stap wantaim yu. Mi lukim harara blong yu i nogat wanpela kawawar, wanpela tanget, wanpela wanem, nogat. Na mi save God i stap wantaim yu tasol nogut yu no bilipim mi, mi mas tokim strong blong mi. Na em i tokim mi: Dai blong yu, tumora, bikos samting hia man i go baim long ples blong mi. Em i usim-, baim long 1000 plus. Na dispela blong kilim man, em i kilim sampela blong yupela pinis. Na yu, wanpela. Na em i tokim mi: Pikinini blong yu, ol i killim em long dispela samting na yu, tu nau long dispela. Na mi ting, wanem em i tokim, em i tru. Em i tru. Em i tokim olgeta samting long ples, long haus. Em i tokim ol samting. Tasol mi no puttim head long en. Mi sanap strong, bilip bilong mi wantaim bikipela. Em i tokim mi: Yu go, morning nau, i mas gat man i wokabout wantaim yu. Yu tasol i go long wara, taim samting hia i kamap, network i stap long yupela, na samting bai i kam long rausim laip. Em bai yupela i lukim. O yu dai long rot. Orait.

Mi kam, stap long ples, Sande morning, mi kam mi tok, mi no-, family i singaut, ol pikinini i kam, mi tok: Bai mi mas dai tumora. Mi tok stret. [Laughter.] Bai mi mas dai. Glasmeri i tokim mi

think negatively about me because I looked so intently at you. [It is] because you “and your death” [i.e., personified – SH] come walking here. She said: You are here together with your death. That was on that Saturday. I had in mind to just walk there, but now we were standing there, [eventually] sat down and talked. She told me: They got you [i.e., they used sorcery against you – SH]. Tomorrow you will die. Don’t you want to go and find some coins? I can help you! I did not believe here. Was she saying the truth? My thoughts were different from hers. Then the woman looked at me and said: I know that you don’t believe me. She said: You don’t believe me. So she said: Okay, [let’s say,] I want to go to your village. We stand here and I want to go to your village. I don’t know your village, but that’s how we go.

⇒ *The woman tells him the way she would go and describes details of how the area around his house looks like.*

She told me everything. She had not gone to my place yet. But she said, “her glas” [i.e., her means of clairvoyance] saw it all. After that she said to me: You, God is with you. She said: God is with you. I saw that around your house there is no ginger, or *tanget* [i.e., a shrub often used for protection], or anything else [i.e., as means of protection – SH], nothing. And I know God is with you but maybe you don’t believe me. I must tell you earnestly. So she said: Your death – it will be tomorrow, because the man bought something [i.e., material, used for sorcery – SH] at my village. He bought it for more than 1000 Kina. And this stuff to kill people has killed some of you already. You are among them now. And she said: They have killed your child with it already and now [they have used it to kill] you. I thought: What she had told me is true. She told me everything about my village, my house. She told me all that. But I did not want to concentrate on it. I stood firm in the faith I have in God. She said to me: Go, in the morning you need someone to go with you. If you go to the creek alone, when this thing happens, the “network” is already there and it will take your life. You will see it. Or you will die on the way. Alright.

I went to my village, was there, Sunday morning, I called the family together, the children were coming and I told them: Tomorrow I must die. I’m not kidding. [Laughter.] I must die. The *glasmeri* told

long mi mas dai. Okay. Nau olgeta pikinini i save olgeta. Mi mas dai na man bai i-, man i bagarapim mi ### i olsem dispela man. Nau, mipela i stap. Sande morning, em mi tok, yu mas go long- i kam long Sande morning stret. Pastor/Pastaim ###. Taim blong mi-, taim blong em i kam, bai apinun. Na mi mas stoppim rot blong em long kam.

Mi kirap long morning. Mi tok: ey, mi pilim sik nau. Mi tokim ol: Yupela go long ol. Na bihain mi tokim ol: Mi go waswas long waswas mi tokim yu bai mi kam long lotu o nogat, mi tokim ol. Mi go waswas pinis, mi kam, mi dress, senis, mipela go. Mipela lotu pinis, mi tokim ol Kristen: Yupela mas pray long mi long wanpela glasman i tok mi mas dai; laip blong mi bai pinis tude. Long Sande nau yumi stap long apinun. Nau, narapela pastor Thomas i tok, em i tok: Mi save: Nogat! God em i stap long yu, bai em i no inap go.

Lotu pinis, mipela go sindaun long haus mipela stap wantaim Jere-, Pastor Jeremiah, pikinini hia, na Thomas, mipela kaikai, mipela stap, toktok i go, apinun, pinis, Pastor Thomas em i go, i tok, mi go nau long half past five. Six o'clock nau, yupela ol pikinini i go waswas but Jeremiah i tok, bai yumi lotu, lotu long tude. Na ol i-, ol i go pinis, mi go long room, na i go stret taim samting hia i kamap. Kamap insait long room, room blong mi. Dua blong mi ###, em i opim i go insait. Tasol how em i op? Em nau na em samting hia i kamap stret, kamap stret long mi. Em hia [pointing to his head], worn out, i wokabout olgeta long daunbilo i kam antap, stop hia [pointing at his chest], head hia, i worn aut, mi pilim liklik win tasol i stap. Nau mi yet mi tingim olsem, sss, glasmeri i tok, samting i kam nau. Mi sindaun long bed, mi passim ai na mi tok: God-, em mi mekim pray nau, ### mi tok: God, mi wokman blong yu na mi blong yu na mi no blong Satan. Na mi laikim nau yet yu rausim olgeta i go pinis. Yupela, taim mi pray, em power ya! Dispela em hia [points to his hair], gras hia taim i kamap, mi holim gras i olsem sit long paia. Em nau, pinis. I wok long kam daun, kam, kam pinis, mi kirap nau, mi lukluk i go, Grace sindaun. Em i sik tu na em i tok: Ey, papa! Samting mi tok i kamap pinis nau. Ron i go long ol narapela narapela haus, tokim ol i kam, tokim ol narapela, ol i wok long kam. Taim ol i kam nau mi tokim ol: Sapos God em nogat, em bai mi dai bikos power blong man hia i em i tok em tru. Mi lukim tru olsem i kamap. Tasol tru yumi stap long bikipela, em nogat. Em. Dispela samting i ken kamap sapos man i sanap tru wantaim bikipela, yu

me that I must die. Okay, the children were informed. I must die and the one who wanted to do me evil ### is that kind of man. We were there. On Sunday morning ### [impossible to understand - SH]. My time, the time it [i.e., the power of sorcery] would come in, is in the afternoon. I need to stop it coming to me.

I got up in the morning. I said: Ey, I feel sick now. I told them: You go and see the others. After that I told them: I go have a wash, after that I tell you whether I come to church or not. That's what I told them. I had a wash, came back, dressed, put on other clothes and we went [together for church]. After church I told the Christians: You must pray for me. A *glasman* said I would die; my life would come to an end today. Today, this Sunday, in the afternoon. Now, another pastor, Thomas, said: I know: It won't happen! God is with you and he will not leave you alone.

When the service was over, we sat together at our house, Pastor Jeremiah, my son, and Thomas, we ate, were sitting there, chatted. Pastor Thomas said: I leave now, it's half past five. At six my children went to have a wash, but Jeremiah said that there would be a church service tonight. They left, I went to my room, and right then this thing came straight at me. It came right into my room. The door [was closed?]. It opened it and came inside. But how did it open?

Well, this thing came straight towards me. This here [pointing at his head] was out; it started down there and came all the way up, stopped here [pointing at his chest], my head, was out, it was difficult to breath. Now I thought, tsss..., what the *glasmeri* was talking about, here it comes! I sat at my bed, closed my eyes and said: God-, I was praying now, I said: God, I am your servant. I do not belong to Satan. I want you to come right now and take away all this. [I tell] you, when I prayed, that had power! This here, [points to his hair], when I prayed, when it happened, my hair was like ashes [i.e., lifeless]. But now it was over. I started to move down, further, even further. Then I got up and saw Grace sitting there. She was also sick and said: Ey, papa! [I said to her:] What I was telling you about has come already now.

Go to the neighbours, tell them to come, tell them all to come. They were coming. When they were coming in, I told them: Without God I would have died because the power the woman told about is true. I saw it really happening. But because we are on God's side, I did not die. This can happen when

kisim strong blong bikpela, bai samting nating. Na sapos yu nogat, em bai power em bai kisim yu, power blong Satan bai i wok. Tude yumi save ol dispela tupela power i stap.

Na mi-, mi save tokim ol blong yumi: Mipela long taim long nogut, em mi tok: Sapos power blong Satan i touchim yu blong- yu husait i stap long God, yu brukim skru stret long God. Yu no ken usim narapela samting moa. Nogat. Na sapos i nogat, yu laik painim laip i stap, painim ol glasman. Helpim yu tasol long sotpela taim na bihain yu stretim laip, ating i stret o i wrong? Hap tok blong ol. Na mi lukim stret na dispela tude i stap.

I gat, tu-, em-, i gat, em-, tupela glasman i lukim tupela pikinini: Yupela lukautim gut yupela. Papa blong yupela ol i laik traim long rausim em, tasol i no inap, bikos God i stap long em. Wanpela blong Buyang em i kam slip long haus blong mi. Em i kam wokabaut long tudak. Ol i kam, mi tok: Ey, tudak! Yu kam. Yupela kam long mi na stap.

Mipela kaikai pinis na em slip long haus. Morning em i kirap na mi askim em husait. Em i kirap tok: Ey, hap blong yupela i gutpela tru. Na ol man i bagarapim yu na samting hia i stap nating na i nogat wok long en. Na yu-, em i tokim mi stret: God i stap long yu. Em tripela glasman i tokim mi stret olsem. Na olsem, tude mi sanap stret olsem long laik blong bikpela.

you are really on God's side, God strengthens you and this thing is like nothing. But if not, this power will overcome you, the power of Satan is effective. We know that these two powers are present.

I tell my people: In the bad times, I tell them, when the power of Satan touches you, you who belong to God, go on your knees only before God. Don't use any other means. If not, if you want to have life, go and see a *glasman*. He will only help you for a short time. Then bring your life in order. I'm not sure, whether this is right or not, but that's what they say. I have seen all this; it's all here today.

I see that all this happens today. Two *glasman* were coming to my children [and told them]: Take good care of yourselves! They tried to make an end to your father, but it didn't work out because God is with him. One from Buyang came and stayed with me for a night. He came walking in the darkness. I told him: Come insight, it's dark! Come! Come and stay with me! We ate together and he slept in my house. In the morning he went up and asked me who I was. He got up and said: Ey, you are living at a good place. People came to do you evil, but what they wanted to use against you has no power. And he told me directly: God is with you. Three of these *glasman* have told me the same thing. Therefore, today, because of God's will, I am fine.

Example 2: Protecting Oneself from Evil

FG_2A – Quot. Ref.: 5:52 (Start: 0:28:08.53 [0:00:43.48])

Codes:

["pray long salt" (N22)]

[God created everything (N22)]

[QUOTE (N22) (and others)]

[Salt to protect and heal (N22)]

[Salt will "dry" whatever comes to your area - protection (N05)]

[THEOLOGY (what creation provides is good, because God created it) (N19) (and others)]

At this stage, we were discussing whether people should protect themselves against attacks from the spirit world. Many participants expressed their support for that idea and shared what they do in order to protect themselves.

Bill: So yumi ken protectim yumi tu. Bikpela, olsem yumi stap long lotu nau, he. Mi lukim long ol dispela ol plants na ol dispela, God i creatim. I gat purpose long em olsem. Salt tu, em mi kisim idea long wanpela pastor, tu. Em i bin kisim hevi na pen na em tokim mi: Yu tingim: Jisas, taim ol i puttim em long tomb, em ol i kisim draipela salt na ol i puttim hap sait long en [?]

Barb: puttim antap long en

Bill: Yu ken kisim salt, yu pray long en-, baim bikpela salt, i stap long stua, yu ken pray long en, na raunim tasol harare long area blong yu. Yu tromoim long olgeta sait long area blong yu so bai i draim wanem samting em bai kam, bai em i ken draim up.

Bill: So, we can protect ourselves. The big thing for us is that we are Christians, right? I see that God created all the plants and these things. They have a purpose. The same with salt. I got the idea from a pastor. He experienced difficulties and pain and he told me: Remember, when they put Jesus in the tomb, they took a lot of salt and they put it around him.

Barb: They put the salt ontop of him.

Bill: You can take salt, you pray over it-, a big [packet] of salt as you can buy it in the store, you pray over it and disperse it around your area. You disperse it around the boundaries of your area, so it will "dry" anything that will come, it will "dry it up" [i.e., make it innoxious].

FG_2B – Quot. Ref.: 6:74 (Start: 0:40:31.85 [0:01:14.80])

Codes:

[QUOTE - N22's kawawar and the reasoning around it (N22) (and others)]

[kawawar protects against spirits (for example, when having to do with widows) (N22)]

INTERESTING: The spirit of the widower could "kalap long yu" - but the deceased are dead]

[The kawawar I have is for protection (N22)]

Bill has ginger that he uses to heal people. He also uses it for protection. Here is a conversation between Bill and Barb. Barb was critical of what Bill is doing with the ginger, but the atmosphere of the conversation was still friendly.

<p>Bill: Mi save go patrol tu, mi save holim. Bikos long Sandaun, story blong Sandaun em, tambu blong ol blackskin, he. Blackskin na ol widow, dispela em i tambu. Kastam, culture tu em i stap, yu no inap long wokabaut long ai blong ol. Yu mas abrusim ol i go longwe. Nogut bai spirit nogut-</p>	<p>Bill: I sometimes go on patrols and then I take it [i.e., ginger] with me. Because at Sandaun [i.e., the West coast of Manus], there are taboos in regard to black-skinned people and widows. There are customs and according to their culture, you are not supposed to walk in front of them. You have to take a way around them. If not, an evil spirit-</p>
<p>Barb: long widow i kalap long yu.</p>	<p>Barb: of the widow jumps on you [this should actually be the spirit of the deceased husband – SH, not of the widow].</p>
<p>Bill: So mi save kisim tasol nau long lukaut tasol, long protectim mi yet.</p>	<p>Bill: So I take it with me, to watch over me, to protect myself.</p>
<p>Barb: I kamap wasman blong yu nau.</p>	<p>Barb: It becomes your guard now.</p>
<p>Bill: I kamap wasman blong mi nau.</p>	<p>Bill: It becomes my guard now.</p>
<p>Barb: Tasol yu mas save olsem God em i wasman blong yu stret.</p>	<p>Barb: But you must know that God is your real guard!</p>
<p>Bill: So mi puttim bikpela-, bikpela i go pas [much laughter by others], and then dispela [?] nau, he.</p>	<p>Bill: I put God first and let him take lead [much laughter by others], and behind him, this, eh.</p>
<p>Barb: Em olsem yu servim tupela masta nau [much laughter].</p>	<p>Barb: It's like, you are serving two masters now [much laughter].</p>
<p>Bill: But i no long wrong way, wrong way, he.</p>	<p>Bill: But it's not [used] in a wrong way, eh.</p>
<p>Barb: Sori.</p>	<p>Barb: Sorry.</p>
<p>Bill: Em gutpela discussion. I no wrong way.</p>	<p>Bill: It's a good discussion. [I don't use it] in a wrong way.</p>
<p>Barb: Tasol em right way we yu-, channel, yu usim.</p>	<p>Barb: But you use it in a right way, use the right "channel".</p>
<p>Bill: Sapos i go wrong way, em mi save pinis nau, mi stap long Satan gen. Bikos em transfer long kandre i kam long bubu, bubu nau i stap long ol pikinini blong ol na i kam stap long mi. So i no long kilim man o bagarappim man, nogat. Long healim na long protectim mi tu, he. So nambawan protector em yumi save</p>	<p>Bill: If I used it in the wrong way, I know, I would stand on Satan's side again. Because it [i.e., the ginger plant] was handed over from a relative on my father's side to my grandfather, from him to his children and now it is with me. So, it's not used in order to kill or harm people, no, but to heal and to protect me. Our first protector as we know is-</p>
<p>Barb: God</p>	<p>Barb: God</p>
<p>Bill: em tasol.</p>	<p>Bill: exactly!</p>

Example 3: Discussion about the Case Study of Ps. Malachi and Ps. Moses

FG_2A – Quot. Ref.: 5:203 (Start: 1:48:01.57 [0:05:31.22])

Codes:

[Malachi/Moses: Supporting both (N19) - [CONTRADICTION - or: maybe meaning: it depends how we look at what is going on]]

[QUOTE - how Malachi/Moses go together (N19)]

[If the traditional system is used with reference to God and not the spirits, it is okay (N22)]

[QUOTE (N22) (and others)]

[Supporting Moses (N22)]

[Some Christians “ol i pundaun” to use the DBP who operates in the spirits' power (N19) - QUOTE]

We were trying to find a way through the case study of Ps. Malachi and Ps. Moses.	
<p>Betty: So yumi ken tok: husait in no stap long bikpela em i fully i stap insait long, ehm, we Moses em i ti-, toktok long en. Em ol i usim power blong spirit blong Satan na ol i lukim strong blong dispela spirit i wok na ol i sanap yet long dispela long usim today.</p> <p>Na ol husait ol i stap insait long bilip blong ol long bikpela, they-, ating ol i ken sanap wantaim tingting blong Malachi. Em i bilip olsem, yeah, em, God i usim dispela traditional way long ol i ken kisim healing long em.</p> <p>Tupela i orait, bikos tupela-, tupela wantaim i orait. Em hia, em i tok, em i stret, mi agree long tupela wantaim. Dispela, em taim man em i fully stap insait long power bilong Satan, em, em i lukim, em samting em i real tasol. Real tasol. Em i ken winim kambang, bai yu pundaun long hap ya. Em i ken tok long wanem, bai yu kisim stret. Eh. Na i wok. Ol i bilipim dispela spirit blong ol ancestor na dispela i wok. Na ol husait ol i givim laip blong ol long bikpela, ol i kam lukluk long dispela, ol i bilip olsem: dispela spirit em God i usim long helpim ol man olsem.</p> <p>SH: What if a Christian finds help from someone who uses kambang which is used in combination with the tooth of his grandfather?</p> <p>Bill: Em i no stret.</p> <p>Betty: Em bai i no stret. Dispela em olsem-</p> <p>Bill: Em olsem blong Satan.</p> <p>Betty: Ehe.</p> <p>Bill: Mi ting olsem, sapos dispela- olsem Moses i right, sapos dispela, ol traditional healer hia, ol i usim long spirit, blong-, olsem, long singaut long pisukei o snel o dispela long strongim dispela</p>	<p>Betty: So we can say: Whoever is not on God's side, takes part in what Moses is talking about. They use the power of Satan's spirit and they see the power of that spirit at work and they continue to use it today.</p> <p>And whoever believes in God, I think, they can join Malachi's side. He believes that God uses the traditional way for them to find healing in it.</p> <p>Both are right. The one over here, what he says, is right. I agree with both. The other, when people are taking sides with Satan and his power, they will see it as something real – as something that is real! Someone blows lime at you and you fall down. Someone speaks [i.e., in a form of a curse or similar powerful talk], and you feel the effect. It works. They believe in the spirits of the ancestors and this works. But for those who have given their life to God, they look at this and believe: this spirit is used by God to help people.</p> <p>SH: What if a Christian finds help from someone who uses <i>kambang</i>, 'lime' which is used in combination with the tooth of his grandfather?</p> <p>Bill: This is not appropriate.</p> <p>Betty: It would not be appropriate. It is-</p> <p>Bill: It's from Satan.</p> <p>Betty: Ehe.</p> <p>Bill: It think, if this-, Moses is right. If the traditional healers use the spirits and call for the dwarfs in the trees or the spirits of nature or the like, to give power to their herbs and make them</p>

herbs i wok, em bai i wrong.
 Sapos em save plant em God i wokim, em i creatim, so askim blong em, em i laik askim blong addim extra strong, em i mas direct, i go stret long God stret, he, bikos God i creatim.
 Then, yumi stap wantaim Moses now. So mi ting, Moses em i right. Em i right olsem, olsem nau mi explainim gen, he. Ol ancestors bipo bipo bipo taim ol i no kam klia yet long tok blong bikpela, em ol i save usim, olsem, ol i toktok na long ol spirit o ol i toktok nating long space tasol na sikman i kirap. Na ol yet nau ol i no luksave long God. Ol i gat bilip long pisukei o snel o curse o kain olsem. Nau na basically, bikos [?] ol i no save lotu wanem samting, pray, pray olsem wanem? Blong ol, pray em ol i sindaun tasol na toktok long kawawar hia long olsem toktok nating long space na sikman i heal, he. Bikos long dispela taim, ol lain long pastaim, ol i no save long bikpela.
 So taim lotu i kam insait now, olsem, em i givim strong long ol plants ya. Em i creatim, he, bikpela i creatim. But man yet i usim long wrong olsem yu kisim tit blong man gen, go kisim kambang gen na yumi blowim, yumi toktok long en na yumi kolim nem blong ol tumbuna. Yumi no kolim nem blong Jesu antap, blong givim power, strong blong em. Yumi go direct, so yumi go wrong gen, yumi usim Satan gen, he! Tingting blong mi olsem nau yumi discussim. So, nau Moses bai i tok olsem: Ol i usim spirit, dispela spirit em blong Satan. So ating, gutpela long rausim ol dispela i go but yumi rausim Satan i go so olgeta taim yumi mas olsem Jisas i kam em, em save pray tasol na man i heal up, eh. Em i meditate i go stret long papa blong em, he? ##, bun backsait i bruk, o ol daiman hia, em i just pray tasol na sikman i kirap gen long bed. Kain olsem. Yumi no go na bai usim, ehm, kawawar gen na yumi singautim tumbuna na sikkarapim skin blong diwai na ol dispela na yumi toktok – em i wrong nau; em i go long Satan gen. Mi helpim discussion tasol. So mi ting Moses i rait na bai yumi lukluk gen long sait bong Malachi, tu.

Betty: Nogut tupela wantaim i rait. Dispela practice i stap today, na sapos yu lukim tru tru long wanem, planti-, even planti ol Kristen today tu, em i-, i pundaun long dispela tingting, he. Taim ol i sik, ehm, ol i wari long ol i no ken dai. Olsem na ol i mas painim rot in order to live. So em ol i go stret long ol dispela-, olsem dispela ol kain man

effective, this is wrong.
 If he knows that God has made that plant, that he created it, and he wants to add extra strength to it, he must go direct, straight to God, because he created it.
 So now we are with Moses. So I think that Moses is right. He is right as I have just explained. The ancestors in the past have not had a clear understanding of God's word, so they used-, they talked to the spirits and just talked into space and the sick got up. But they did not know God. Their belief was in the dwarfs in the trees and the spirits of nature and curses and all these things. They did not worship [God], and what did prayer mean to them, anyway? For them prayer was to sit there and talk to the ginger, or just talk into space and the sick were healed. Because in those days, the people didn't know God.

So when the Christian faith came to us, [we understood that it was God] who made the plants effective [lit.: gave strength to the plants]. He created them, God created them. But people used them in a wrong way, like using [it together with] a person's tooth, using lime to blow it, we talked to it and called the nanes of the forefathers [when using it]. We do not call the name of Jesus who is above to give power and strength to it. We go direct [i.e., to the spirits] and with that we are wrong because in this way, we are using Satan, right!? That's my thoughts to our discussion. That's why Moses says: They use the spirits and these spirits are from Satan. So I think we need to get rid of Satan and everyting connected with him. So all the time we need to do it like Jesus: he just prayed and people were healed. In his meditation, he went straight to his father, right? ##, a broken spine, or the dead – he just prayed and the sick person got up from his bed. Somehow like that. We don't go and use, eh, ginger and call for the ancestors and scrap bark from the trees and these things and talk over it – that would be wrong, this would mean to join sides with Satan again. I just help the discussion. So I think, Moses is right and now we have to look again at Malachi's side.

Betty: Maybe both are right. This practice is still around today. And if you look carefully, many-, even many Christians fall over this. When they are sick, they are so concerned not to die. So they must look for what helps them to live. So they go straight to these kind of people who have ginger to spit at you, and that means there are others who collaborate

<p>i gat kawawar blong spetim yu, meaning, ol-, ol-, em i gat ol lain blong em tu em i stap, he! Ol spirit long backsait long helpim na husait moa blong kam na tupela bai i wok wantaim na checkim na dispela. So mi ting today, nau nau, tupela practice hia i stap. I stap.</p>	<p>with them [i.e., with the healers]. There are the spirits that are in the back to help and there are also other people who work with them [i.e., the healers], like those who “check you” [i.e., the <i>glasman</i>]. So I think today, in our time, both these practices are around. They are still here.</p>
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Vita

Simon Herrmann was born in Pforzheim, in the South-West of Germany, on April 24, 1978. He grew up with his parents, Rolf and Edith Herrmann, his two older brothers Matthias and Hans, and his younger sister Tabea. After graduating from high school (Mittlere Reife) he received training and worked with a governmental job center from 1994-2000 while upgrading his education (Fachhochschulreife).

Simon grew up in a mission-minded Christian family and started to be involved in kids' ministry around the age of twelve. He later became the youth leader in his local congregation. His desire to work full-time in Christian ministry led him to study at the Theological Seminary of Liebenzell Mission (2000-2005) in the Black Forest region in Germany; not too far away from his home village.

In 2004 he married Yvonne Furthmüller and after Simon graduated with a BA in Theology, the young couple was sent for a mission preparation program to Toronto, Canada. There, their son Johannes was born. After a short intermission in Germany, Liebenzell Mission sent them to Manus Island in Papua New Guinea in 2006 where they have had their center of life and ministry for the past twelve years. Their daughters Joy (2008) and Judy (2011) were born during this time in the capital city Port Moresby.

During the first years on Manus, Simon was involved mainly in youth ministry and supporting pastors in the roughly 40 local churches of the Evangelical Church of Manus. In 2011, after their furlough, he started to teach at ECOM Bible Training College while studying Education at the University of Papua New Guinea through an extension mode. He graduated in 2012 with a B.A. in Education (Professional Studies). As the kids grew older, Yvonne added the role of the teacher to that as a mother.

In early 2012, the family spent three months in Germany for Simon to take some Master courses in Intercultural Studies. They moved back to Manus and then left again a year later; this time for Pasadena where Simon started his PhD studies. After the initial year of the program, the family went back to Manus in 2014, where Simon continued to teach and study, followed by another year of furlough in Germany before they moved back to Manus for a last time in Fall 2016.

When the Herrmann family leaves Manus in June 2018, a new phase of ministry will start for them. They plan to spend some time in a totally different context to broaden their horizon and then help Liebenzell Mission in Germany in the training of missionaries for their ministry around the globe.