ARGOS
Perspectives in the Study of Religion
Perspectives en sciences des religions
Perspektiven in der Religionswissenschaft
Prospettive in scienze della religione

Contested Exorcism
Navigating Lutheran 'Heil' and Healing Expectations in Papua New Guinea

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Published on 22/11/2024

Abstract

This paper sheds light on the intersection of religion, medicine, and cultural practices in Papua New Guinea, focusing on a case study of an exorcism conducted by a Lutheran doctor from Madagascar. It underscores that the attribution of failure is contextually dependent and fluctuates based on spatial-temporal scales and observer perspectives. By considering the role of semiotic ideologies in shaping these interactions, I debate the complexities involved in navigating distinct cultural, religious, and medical norms in this therapeutic setting. The paper attends to the historical and socio-political contexts, including the impact of colonialism and missionary work on local religious and healing practices. It also examines the concept of possession and its implications for healing expectations. The paper wraps up by discussing aspirations for the indigenization of Lutheran Christianity. German Lutherans, missionaries, the Madagascan doctor, and New Guinean locals all strive to harmonize their respective worldviews. By comparing such different yet equal perspectives, one's own can be reflected upon and better understood. The discourse of healing in this unique configuration serves as a microcosm of broader debates surrounding religion, healthcare, and cultural diversity in a globalized world.

1. Introduction

Paul, a missionary from Mission *OneWorld*, and I have just arrived at Karkar Island, following our attendance at a Lutheran conference in Madang on the mainland. We spent the afternoon at Kavailo, the site where the first Lutheran missionaries landed in 1886 and encountered the ancestors of Pastor Ibak (all names are replaced by pseudonyms), an important local figure who took charge of all arrangements. He guided us to Gaubin, where he joined us for an overnight stay. We spent the night in a house provided by the Evangelical Lutheran Church of Papua New Guinea for expatriates serving in its church-run hospital. Since 2018, this has been the residence of Dr. Hery, a physician, and his family from Madagascar.

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To quote this article: Heinrich, Thomas. 2024. "Contested Exorcism. Navigating Lutheran 'Heil' and Healing Expectations in Papua New Guinea." *ARGOS* 3 (3) Special Issue *When Healing Fails*, 50-81. DOI: 10.26034/fr.argos.2024.6204.

After an exhausting journey and a stormy night, we found ourselves in a cozy, dimly lit living room discussing my research interest in 'failed healing'. However, 'failure' did not resonate with the audience when reflecting on their faith. The conversation revolved around the diverse

Fig. 1. Entrance of Gaubin Hospital, Karkar Island, Madang Province, Papua New Guinea, 2022. All photographs by the Author.

experiences with Christian faith that my well-travelled companions had in their lives, mutually confirming their belief and its efficacy for healing.

The discussion had already revealed different interpretations, particularly evident in Paul's stories from his time in Tanzania and Kenya. When speaking about local expressions of Lutheran Christianity, he primarily associated them with dealings with spirits and possession, which was not 'unusual' to Dr. Hery and Pastor Ibak. As Katharina Wilkens discusses, "[possession] stories contribute to upholding the reality of the spirits as independent non-human agents," while the narrative flexibility of these stories allows for addressing changing cultural and social needs with each retelling (Wilkens 2020).

Eventually, Dr. Hery shared his experience of performing an exorcism at the Lutheran Gaubin Hospital on a young man, making explicit disputed aspects of Lutheran faith. Up until then, such otherness was only implicitly touched upon and tacitly tolerated or smiled away. For Dr. Hery, the exorcism aligns with his religious background, heavily influenced by a Lutheran revival in Madagascar, known as Fifohazana. The varying reception of those present directed my attention to the perspective-dependent nature of healing and failure. Dr. Hery's description exposed underlying competing worldviews that challenge the narrative of Christian unity. Thus, our discussion became a pivotal moment in my field research.

Dr. Hery fulfils his hospital responsibilities, engages with the local youth, and participates in a church community. He views his work as God's calling and wields a medical toolkit that extends beyond biomedical means, brought from his homeland. In doing so, he allows his Malagasy Lutheran-charismatic disposition to integrate seamlessly with local circumstances — implying that faith and interactions with spiritual beings are prevalent in both Madagascar's and PNG's religious traditions.

In my paper, I aim to provide a relational perspective on the topic of failed healing by highlighting the mutual dependence of categories like success and failure and their social implications. My focus is on the considerations I have set around expectations, which I analyse as social phenomena. In this clash of semiotic ideologies (Keane 2007), a concept I employ to address differing worldviews, access to knowledge, and the construction of truth seems imbued with morality and norms. Thus, discomfort arises from a sense of irritation or (potential) disappointment in (normative) expectations, which I address based on Leon Festinger's theory of cognitive dissonance (Festinger/Ricken/Schachter 1956).

I argue that the resistant nature of normative expectations is a primary determinant in judging failure and success. It is true that values (personal values) can change and adapt over time. However, since they are sometimes acquired at a very early age and, as an essential part of our self-concept, ensure the consonance of human experience far beyond individual actions, they are, in principle, stable dispositions (Döring 2021).

The evaluation of exorcism brings to attention the subtle underlying power dynamics between former missionaries and colonizers, as well as the proselytized and colonized. Questions about success and failure may lead to normatively biased decisions: the relevant power imbalance for future organizational decisions (such as who contributes how much money to the hospital and under what conditions?) can also act or be (mis)understood as enforcing specific theological positions. How should the topic of exorcism be handled in the Evangelical Lutheran Church, for instance? Everyone in the field navigates such topics of discordance, where differences become apparent — e.g., liturgic or calendric variations or religious praxis like exorcisms. Those are the pitfalls where normative dissonance lurks. Having set the stage, I will now place my case in a broader research discourse on exorcism and possession and introduce the methodological approach that guided my considerations, providing a framework for the following analysis.

2. Research discourse and methodological approach

Fig. 2. Kavailo Bay, Karkar Island. Landing site of the first missionaries; bBuildings of former Kavailo mission station visible at the top of the hill on the far left, overlooking the bay.

In recent decades, the topic of possession and exorcism has gained increasing relevance within Christianity and contemporary research, especially in the context of healing and health. As Laycock observes, "exorcism is arguably more popular today than at any point in history" (Laycock 2020: 10). The Catholic Church has experienced a boom in exorcism practices, spreading widely through globalization and missionary work (Kingsbury/Chesnut; Giordan/Possamai 2018: 14, 81–98). Popular books and films like *The Exorcist* and charismatic preachers in the USA brought significant public attention in the 1970s, contributing to an interrelated demand and supply for exorcism practices (Giordan/Possamai 2018: 2–5, 99–111). Concepts of spirit possession and exorcism are deeply rooted in cultural and historical contexts, illustrating their adaptability in addressing human concerns about evil and suffering. This includes religious, historical, and sociological perspectives (Giordan/Possamai 2018, 2020; Pócs and Zempléni 2022). Mary Keller explores the intersection of tradition and modernity, with spirits disregarding modern boundaries (Keller 2022). Johannsen, Kirsch, and Kreinath (2020) highlight the role of narrative cultures and the aesthetics of spirit possession in connection with identity formation and healing (Wilkens 2020). A legal perspective (Sax/Basu 2015) reveals another area of tension that connects with these concepts of modernity and identity — a complex situation that also arises in my case.

My study primarily draws on semi-structured interviews and participant observation conducted during a three-day visit to Karkar Island, part of a longer trip to Papua New Guinea (PNG) with a missionary from Leipzig Mission. Prior to this visit, I held video chats with a local authority and communicated with German mission staff. This pre-established contact helped minimize the need for an on-site trust-building process, although I was mindful of the potential perception of me as a 'white missionary.' I include data from seven semi-structured interviews with key individuals on the island, supplemented by insights from informal conversations. Key figures interviewed were Dr. Eli, Pastor Ibak, two other theologically educated church workers, and three local residents who were actively engaged in their community and possessed extensive biblical knowledge, much to the admiration of the German mission staff. Additionally, I spent an evening with Dr. Eli, his family, Pastor Ibak, and a German pastor, and another evening with Pastor Ibak and his family. These informal occasions provided substantial background information and deeper insights into local social dynamics and practices, including the narration of the exorcism, which is the focus of my case study. The interviews followed a flexible framework, allowing for adjustments based on context and responses, aiming to explore perceptions and experiences of (failed) 'healing' in a wide range of meanings. All interviews were recorded and transcribed. For data analysis, I used a hybrid approach, combining inductive and deductive methods (Gioia/Corley/Hamilton 2013). Using grounded theory principles, I conducted open coding to identify themes and patterns, facilitating a bottom-up understanding of the participants' perspectives (Bryant 2020; Charmaz 2006; Engler/Stausberg 2022). The analysis was also guided by existing theoretical frameworks, specifically Festinger's theory of cognitive dissonance, which served as a theoretical starting point for the "When Healing Fails" project, and Keane's concept of semiotic ideologies. This framework helped interpret the data, particularly in developing an understanding of the distinctions between cognitive and normative dissonance, which I will elaborate on further. Additional data was later supplemented through social platforms, chats, and further phone communications. In a medical knowledge ontology, concepts such as 'disease' can be defined and linked with other concepts like 'symptoms,' 'treatments,' and 'causes,' and various signs can represent them. A 'doctor' can function as the representative of the concept of 'treatment', just as a 'healer' or 'shaman' can, as they all perform treatments for diseases. However, they differ in practices, terminology, interpretations, and conclusions — in short, in their semiotic ideology (Keane 2007: 18). As a result, they are perceived and assessed as biomedical or religious practices and representatives.

Webb Keane defines semiotic ideologies as the underlying assumptions people have about what signs are, what functions signs fulfil, and what consequences they could have. These assumptions vary depending on the social and historical context. Keane expanded his concept of semiotic ideology to include 'affordance,' a term coined by perceptual psychologist James J. Gibson. It refers to the latent action potential of an object or situation, like "a chair inviting us to sit", as George Herbert Mead put it (Keane 2018b: 31). This potential varies with context and individual perception. Keane uses this concept to explain how different actions are suggested by the same

‘sign vehicle’ (Keane 2018a: 82), like a chair — or a treatment situation. The environment does not solely determine the actions taken (Keane 2018a: 82; 2018b), but also the individual’s interpretation of signs.

Festinger’s theory of cognitive dissonance describes how people try to align their beliefs and actions. If there is a discrepancy or ‘dissonance’ between these, it leads to discomfort. Festinger argues that people have an inner drive to establish a state of consonance. (Festinger et al. 1956: 25–26). At times paradoxically, this can lead them to hold even more firmly to their original beliefs rather than reconsider them — a conclusion he and his team reached through the field study of a UFO cult (Festinger et al. 1956: 216).

Moreover, in terms of human expectations, one could argue that semiotic ideologies shape people’s expectations about the meaning and consequences of signs. So, these interpretations can cause dissonance if they lead to actions that contradict the observers’ expectations.

I frame disappointments caused by violations of norms and values as ‘normative dissonances’ to emphasize the involvement of semiotic ideology in shaping expectations and experiences as potentially contradictory and conflict-laden elements of sociality. Building on this basis, I understand healing as an expectation itself. Based on these assumptions, I will illuminate my case study in the following.

I identify three latent positions within the field, adopting a tripartite view of the exorcism as a means to healing. These fluid categories serve as a kind of background framework to navigate and classify various perspectives for the people involved. First, there is the position that perceives healing as a success, represented by Dr. Hery, who views exorcism as a viable therapy, emphasizing the process over subsequent effects or evaluations. Second, some observers predominantly view the exorcism as a norm violation, contributing to boundary-making that extends beyond religious demarcations to cultural maintenance work and questions of Papua New Guinean identity (Wimmer 2008; Phalet et al. 2013). Finally, I discuss the consequences of conflicting semiotic ideologies in this interaction, leading to positional shifts. This includes situations when intergroup dynamics display a willingness to adapt and change, mitigating the inherent persistence of their norms (Brandstätter 2022). Consonance emerges here as the essence of Lutheranism, a topic revisited in the concluding section.

In addition to examining these normative positions, the main analytical section of this paper is structured around Dr. Hery`s recapitulation of the exorcism. A detailed look at specific aspects aims for an analysis of conflicting semiotic ideologies and to outline the causes and effects shaping the perspective-dependent evaluation and experience of (non-)healing. Terms and assertions will be quoted verbatim from the field, including the often-interchangeable use of ‘sorcery’/’witchcraft’ — often just referred to as ‘Sanguma’ (Eves 2013). Conversations, predominantly conducted in English, involved explanations of local Tok Pisin terms that often mirrored a global colonial discourse, like condensing the meaning of Sanguma to witchcraft.

With a methodological lens in place, I will present the process, and circumstances of the exorcism as recounted by Dr. Hery, serving simultaneously as a structure for the ensuing analytical part.

3. Providing a therapy: the exorcism

As a general practitioner, Dr. Hery encountered the limitations of biomedical methods, instruments, and pharmaceuticals at Gaubin Hospital when attempting to cure a young man.

In preparation for the exorcism, he and his wife Mirana donned white robes, symbolizing a shift from hospital employees to Christian authorities. Switching from a doctor's white coat to a shepherd's robe, both signifying outward purity. The ceremonial dress supplements the sincerity of inner purity, resembling the spiritual purgation of the newly baptized. Trained 'mpiandry' — shepherds — in their Madagascar congregation, they were authorized to perform exorcisms by the power of the Holy Spirit, as they told me (Sharp 1996; Holder Rich 2006; Austnaberg 2008).

The patient, whom I'll refer to as Wame, was described by Dr. Hery as suffering from "mental trouble issues. Like a psychosis, schizophrenia, he almost didn't know what's happening!" This was possibly due to drug abuse, which is a rampant problem not only on Karkar Island.

Wame was unresponsive to medication, especially sedatives, as "four or five kinds of treatments alternatively didn't help this patient." In addition to the ineffectiveness of the available biomedical means, it was particularly the symptom picture — Wame as the semiotic 'sign vehicle' — that influenced Dr. Hery's decision. He remembered: "At night, he became very, very strong! And furious. Very, very furious! Aggressive," and indicated that Wame only slept very restlessly and kept waking up in between, his eyes wide open, staring into the void. "Very, very strange!" This interpretation is influenced by Dr. Hery's background and demands an examination of local meanings and the (colonial) treatment history of such disease patterns, what will be explored later.

Fig. 3. Dr. Hery gladly presents the shepherd's robe he was wearing during the exorcism.

In preparation for the exorcism, they obtained permission from Wame's father, the brother of a high-ranking Lutheran church official and prominent local figure. Dr. Hery then explained the procedure to Wame and his father, and they agreed. Hery and Mirana performed the exorcism in Malagasy because their language skills were not sufficient at that time. However, they showed

Wame and his father the relevant passages they wanted to use in a Tok Pisin Bible. Wame was not aggressive during the process, and Dr. Hery recounted that he "showed faith in Jesus Christ," signalling he was ready and willing to "open" himself for his purification.

Significant psychopathological diagnoses were absent in the doctor's and other observers' framings and were neither addressed nor questioned by others. The typical biomedical treatment path for psychosomatic illnesses was virtually non-existent, partly due to the scarcity of mental health services and the logistical challenges of managing dozens of patients. Additionally, the widespread stigmatization of such diseases, considered very shameful, cannot be ignored. The aspect of psychological classification received little attention at the hospital or in my conversations, lacking resources and specialist knowledge.

The tension Dr. Hery navigates between spiritual and medical interpretations reflects broader challenges seen in other Christian contexts. The resurgence of exorcism in the Catholic Church highlights the complex relationship between faith and psychology (Csordas 2017). Similarly, integrating medical terminology into exorcism practices illustrates an evolving intersection of religion and medicine (Bauer 2022). At the same time, the overlap between possession states and psychological diagnoses emphasizes the need to consider spiritual beliefs in therapy (Sersch 2019).

The unspecific treatment involving observation, testing, and medication could not provide a clear diagnosis. This marked not only the failure of biomedicine but also signifies a potential failure of establishing good relationships — a prerequisite for healing for New Guineans as well as for Malagasy. So, after three weeks of unspecific trial-and-error proved ineffective, Dr. Hery and his wife decided to perform an exorcism. At that time, one local and one German doctor were also working at Gaubin, seemingly without success for Wame. Dr. Karefu, a local physician, cautioned Dr. Hery against repeating the procedure, citing its "extra medical" nature, which could harm the hospital's reputation. This specific concern does not foreground religiously based irritation but points to ongoing identity constructions in PNG.

On the first night, Wame was able to sleep but woke up around 4am, walking around his bed and saying things that were "incomprehensible" to the observers. The exorcism continued for three more nights, during which Mirana and Dr. Hery prayed over him, and eventually, the young man was considered healed. After one more week in the hospital without psychic symptoms, as defined by Dr. Hery as anger and rage, he was discharged. No one inquired whether he had relapsed. So, he presented the story to us as a success, setting the stage for further evaluation.

To add a final layer, the last point to consider is that this event took place in a Lutheran hospital. Therefore, in the following chapter, I will approach the broader concept of healing, especially extending to Evangelical Lutheran "*Heil*" — meaning *salvation* and *healing* in German. It also aims to highlight how, in the course of missionary work, foreign Christian concepts were adapted to local contexts and what far-reaching consequences this entailed.

4. Analysis

Luterhan "Heil" – salvation and healing

Healing is semantically tightly connected to the German term "Heil," signifying salvation. Since its early medieval use, it has also meant healthy, whole, perfect, unharmed, saved, and redeemed (Pfeifer 1993). Therefore, the topic of (non-)healing (German: Heilung) holds rich associations among German-speaking Lutherans, extending beyond physical conditions to encompass existential aspects. Lutheran theology, while emphasizing the psychosomatic unity of body and soul, distinguishes the two. In Christian anthropology, the soul has traditionally played a prominent role, reflecting a body-mind dichotomy where the body became hierarchically subordinated (McGuire 1990, 1996; Bräunlein 2015).

In this perspective, the body is perceived as a necessary but perishable shell, allowing the soul to have sensory experience in the world — and thus also of suffering. The body, while making religious salvation tangible through healing, is seen as something to be transcended (Koch/Wilkens 2019; Bulang/Toepfer 2020). Cross-cultural observations reveal mutual misconceptions, such as missionary Maurice Leenhardt's encounter with locals in New Caledonia in 1902 unintentionally emphasized the materiality of the body: "In short, what we've brought into your thinking is the notion of spirit," to which came the correction: "Spirit? Bah! We've always known about the spirits. What you brought was the body" (Keane 2007: 200).

This encounter highlights how the concept of objectifying the body entered local thinking through Christian influence, shifting the focus from spirits to the material body. While the missionaries believed they were teaching about the Holy Spirit, by introducing this concept, they also introduced a new form of distinction in observing the world: the differentiation of the spirit from the object. This altered to which signs attention is given and how these signs are interpreted. Only the distinction between the spirit and the human body made it necessary to now occupy the other, 'unclaimed' side of this distinction. The dematerialization of the spirit consequently led to the materialization of the body. This is precisely what Leenhardt's conversation partner's response confirms — and a prerequisite to get possessed by a dematerialized entity at all.

Possession presupposes an understanding of the body as permeable and its quality as a vessel and reveals the influence of semiotic ideologies on normative expectations. The transfer of concepts such as 'soul' into Melanesian contexts also reveals this interpretive aspect of linguistic translation on the shaping of reality (Fischer 1965).

Contemporary (German) Lutheran theology is uncertain about "whether salvation and healing should be attributed more to creation, reconciliation, or redemption" (Wendte 2018: 14). Narratives of community and fellowship emerge frequently, underscoring the importance of communal aspects. Publicly performed prayers, whether in worship services, public events, or online appeals, often tie healing narratives to relationships. In contemporary contexts, prayers address peace, reconciliation, the cessation of disasters and pandemics, and during the COVID-

19 pandemic, the rapid development and globally equitable provision of vaccines. Prayers also relate to the broader concept of salvation ("Heil"), focusing on the establishment and maintenance of healthy societies and the successful integration of vulnerable individuals. Christianity in Papua New Guinea is evaluated, both by locals and missionaries, based on its ability to act as a unifying agent and contribute to the 'healing' of society.

On the contrary, early Christian missionary efforts in Papua New Guinea benefited from instances of failed healing, where the inability to combat new diseases and epidemics brought by Europeans became an advantage. While diseases initially posed a challenge to the mission's persuasiveness of its biblical message and expectations linked to the Abrahamitic God, the failure of indigenous healing practices — among others — became instrumental in the success of Christian mission efforts (Paul 1889: 209; Moorshead 1913: 76–77; Tomlinson 2017; Midena 2021).

Having presented my case, I will now turn to an analysis of Gaubin Hospital and introduce the reasons for our visit, as well as some relevant local specifics. This will make the nexus on site that may have influenced the exorcism comprehensible.

Gaubin hospital

The group I was part of for the visit included an administrative official, Pastor Ibak from the local area, and Paul, a German missionary who represented Mission OneWorld, one of the hospital's funding organizations based in Neuendettelsau, Germany. Gaubin Hospital, managed by the Lutheran Church, operates with around 130 beds, catering to the essential healthcare needs of the 80,000 residents of Karkar. However, the facility's services have deteriorated over the years, with only inpatient and outpatient wards remaining functional (Tesfaye 2016: 5; EMTV Online 2022). This ongoing downward trend, mainly caused by underfunding, was still apparent when we visited in 2022. It is important to consider this circumstance, as it is not only a basis for decision-making regarding further financing or to track the whereabouts of donations. Also, the therapies applied largely depend on which alternatives are available and how effective they are. The main purpose of the group's visit was to evaluate the ongoing service and condition of the facility.

Fig. 4. Gaubin Hospital Area; deteriorated Basketball court; hospital wards.

Fig. 5. Inside a Ward; Mosquito nets attached with wooden sticks to the beds.

Fig. 6. A treatment room. Due to electricity shortages devices often cannot be operated.

The interplay between local cultural norms, religious beliefs, and the often-foreign medical staff shapes the hospital's dynamics. Native doctors, educated in the capital and often opposed to traditional ideas, interpret signs of diseases differently from non-medical ordinaries, creating a clash of semiotic ideologies. Underfunded provincial hospitals struggle to attract native doctors, further intensifying this socio-cultural divide. The hospital's hierarchical structure and biomedical logic also contribute to differing perceptions of practices, such as exorcism, within the institution. How one acts in the hospital and whether and to what extent an exorcism becomes a scandal or problem also depends on one's position (Vogd 2004; Bourdieu 1977). The same applies to the motives for rejecting non-biomedical practices or even preferring them, as will be addressed further below.

A local characteristic is closely linked to the hospital building and its formal characteristic of hospitalizing the sick — thereby separating the patients from their community. With doctors at the top and nurses and staff at the bottom of the formal hierarchy, patients, often vulnerable and uncertain, strive to expand their options for action and thus try to strengthen their position as the weakest in this social field. The absence of accompanying relatives or an unsuccessful establishment of relationships with medical staff is considered a significant factor in failed healing. A prolonged absence from the family association, in case of serious illness or if isolation is necessary, can have disadvantageous consequences (Street 2014, esp. chapter 5). This can result in a lack of workforce, high costs of treatment and care, and put entire families in financial distress. While this is not unique to PNG, it can go so far as to consider the disease as a punishment for misconduct, causing relatives to turn away. As a result, those affected are very concerned with regulating social matters.

In Papua New Guinea, physicians and medical institutions often struggle to deliver the performance promised by biomedicine due to infrastructural deficits. Social segregation persists, primarily determined by financial means, resulting in a colonial continuity of racial segregation. Access to (bio)medicine is usually costly, surpassing traditional treatment methods, affecting the local population at the lower end of the social hierarchy.

With the introduction of the hospital and its contextual challenges, Dr. Hery's working environment is presented, where he navigates and incorporates his own semiotic ideology. Which signs he recognizes, and how he reads them can be better understood by looking at his religious imprinting — the Lutheran revival movement of Madagascar.

Cross-cultural perspectives: the shepherds of Madagascar

The Lutheran revival in Madagascar, known as Fifohazana, commenced in 1894 and integrated into the mother church, unlike similar movements in the West. Before delving into the exorcism, Dr. Hery critiqued the church's organizational structure, expressing concern about human control overshadowing spiritual matters within the church. Accustomed to the lay ministries common in charismatic congregations, he is uncomfortable with the strict hierarchies prevalent in Lutheran

churches throughout Europe and whose order continues to serve as a model for the structures of the partner churches.

The first Protestant missionaries were sent out by the London Mission Society in 1817 (Campbell 2012: 289), and in 1866, the missionaries of the Norwegian Mission Society founded the first Evangelical Lutheran mission in Madagascar, to which Dr. Hery traces his Christian origin. He rests his call to action on Luther's postulate of the 'priesthood of all believers,' which reflects his imprint by a charismatic environment. The same goes for his overall understanding of his work as service (diakonia) and vocation, all theologically based and deeply rooted in Lutheran tradition.

Dr. Hery emphasizes Madagascar's Lutheranism as a local uniqueness and describes it genealogically from his emic perspective. His personal stance is ambivalent when it comes to classification. He rejects labelling this Lutheranism as Pentecostal in the sense that he and his family identify as Lutherans, and its Malagasy characteristic lies precisely in its historical background. This can be interpreted as identity-forming — and being expatriates — identity-preserving cultural maintenance at work. The whole thing is further underscored by a certain pride in the strong faith associated with this origin, as his narratives suggest. The Fifohazana embodies a resistance movement against colonial and missionary endeavours (Sharp 1996: 47–49) and also represents the self-understanding — and, in negotiation with the European mother churches, the self-confidence — of an indigenous Lutheranism today. It is not originally Pentecostal; it arose before its later, indisputable influences (Moody 1930). Nevertheless, today's Evangelical Lutheran Christianity in Madagascar is heavily influenced by the globalized style of Pentecostalism.

Spirit possession and mediums in Madagascar, rooted in a historic tradition first mentioned in European literature in 1661 (Holder Rich 2006: 55), carries local features. Dr. Hery highlights dealing with demons as a Malagasy Lutheran strength (Sharp 1999: 173–175). This assertion is accompanied by a confident claim to engage in these practices in the name of Jesus and in Martin Luther's tradition, preserving pre-Christian elements while representing this stance also vis-à-vis the European mother churches.

The motivations behind the exorcism have both medical and relational dimensions. Dr. Hery, faced with the failure of biomedical treatments and limited options, sought alternative solutions. He perceived Wame's symptoms as indicative of possession, a diagnosis significantly shaped by his Madagascan origin, where demonic possession is regarded as culturally prevalent (Swift 2006). Additionally, Wame's status as a relative of a high-ranking church official in the region underscored the importance of providing a solution. The exorcism served various purposes for Dr. Hery, but it should not be reduced to them. Given that foreigners often work under unfamiliar and challenging conditions, one of these purposes might have been to affirm their own faith as a family by demonstrating God's power. Hery is also involved with local youths, teaching them football as a means to overcome drug-related issues and violence, and he is active in a local

parish. Thus, being an effective and successful leader in his own right enhances his public image and supports his latent missionary objective.

In my understanding, the most valuable aspect for all involved was to save face and establish good relationships, which also explains Hery's actions. I regard a functionalist explanation applied from the outside as complementary to the concept of semiotic ideologies. It does not address the truth claims of the belief nor ignores individual religiosity or even questions it. However, functionalism points to social patterns and can provide possible explanations for the emic attractiveness of certain semiotic ideologies and why they work well in a certain setting. One such possible description is that the exorcism ultimately transcends underlying difficulties like biomedical errors, lack of resources, and expertise, but also socially undesirable behavior or perhaps a shameful mental illness. In a functionalist view, symptoms could become incarnate as demons and can be addressed accordingly. The complex medical and social causes and consequences associated with Wame's condition can neither be solved quickly from a medical nor socio-political perspective by the participants. Addressing them would rather lead to uncomfortable, disharmonious situations and thus pose another challenge for sensitive social relations. The need for resolution or avoidance of dissonant experiences is also recognizable here. As a regulating factor of action, it makes available alternatives likely (Quirin/Kuhl/Lindemann 2021; Brandstätter 2022). The ritual enables one to avoid one kind of communication by offering another form of communication. In this case, it relieves the parties from being stuck with certain deficits or directly addressing unpleasant affairs like the (possible) shameful drug abuse of a relative of a high-ranked church official.

From the believer's perspective, the solution now rested with God, provided the possessed was willing to participate. The exorcism, in this context, diverted attention from human powerlessness against complex problems, redirecting focus towards a divine solution. The story concluded as a success, with Wame being discharged as 'symptom-free'. Dr. Hery demonstrated his ability to act as a doctor and healer, showcasing the "work of the Holy Spirit." While such use of language was conspicuously absent during my fieldwork with German Lutherans, where almost no one talks about 'the work of the (Holy) Spirit', it was used all the more frequently by those who had turned to Pentecostal churches. This is not surprising, but it does indicate a strong charismatic-Pentecostal influence, which in PNG — and Madagascar — also fruitfully ties in with traditional beliefs in spiritual beings. Besides an animistic tradition and colonial history, both countries share, after all, an Austronesian settlement history, which seems worth mentioning in view of today's geographical distance (Adelaar 2013; Gaffney et al. 2015).

However, the exorcism is embedded in a normative social framework where it is judged and evaluated. The success or failure of healing depends on the individual evaluation of the process against semiotic ideologies rather than verifiable facts. This emphasizes the role of normative expectations and potential normative dissonances in shaping the outcome, shifting the focus from an outcome orientation (Schieffelin 2007) to a perspective-dependent assessment.

Building on Dr. Hery's background as presented above, I will subsequently provide some insight into an understanding of illness in PNG and a brief history of local psychiatry. Considering this medical sector and its colonial origin allows for a better understanding of the contexts in which the events are to be seen.

Understanding illness: local concepts and beliefs

Illness extends beyond physical suffering to encompass emotional experiences, with shame being a powerful and compelling emotion. The same is true of hospitalizations: they limit social relationships and make it difficult for individuals to maintain connections.

In Papua New Guinea, external appearance, particularly the condition of the skin, is closely linked to one's health and moral state. Enhancing the skin's appearance through oiling or decoration is seen as reflecting the individual's inner qualities and 'spiritual brightness' (McGuigan 1992: 257; Hauser-Schäublin 2021: 96). Discomfort caused by a lack of privacy and visible skin conditions may not be unique to Papua New Guinea. However, the cultural context emphasizes the significance of visible signs as indicators of negative personality traits or interpersonal conflicts (Keck 1992: 79, 176). These are seen as directly influencing or hindering healing and are often connected to shame.

Relationship aspects are decisive and influence, or rather decide the success or failure of healing. If the doctor is unable to name a disease or diagnose it accurately, these patients receive little attention. Thus, the establishment of a relationship is considered to have failed (Street 2011, 2014). The unknown disease, portrayed in words resembling "a hidden, dangerous force located deep within the body" (Street 2011: 816) becomes an addressable entity with certain characteristics. Within the hospital setting, it is "awaiting discovery by powerful technologies of visibility" (Street 2011: 816; Foucault 2003: 165–168). In this biomedical context, failure is associated with not knowing — the illness 'hides' itself from doctors' knowledge to be effectively addressed. If these scientific technologies fail, that is, if the hospital fails, other techniques may then come into play.

Another example of differing interpretations of signs with causes otherwise hidden is reflected within the "'glasman,' a medical deviner" (Street 2014: 5). This loanword for sorcerers or seers who can look inside the body and reveal the 'true' reasons for illness shows the influence of Western technologies within Tok Pisin. The term likely draws parallels between these religious specialists and technologies that make the invisible visible, such as glass lenses of microscopes or the X-ray (Herbst 2017: 57–59).

Effectiveness in the healing process is not solely measured by biomedical interventions. Nurses, critical of fixed hospital hierarchies, emphasize the relational basis of exchange and co-dependency. They provide diagnoses and advice rooted in traditional beliefs, asserting their role in making patients better by addressing social conflicts or sorcery that doctors may overlook. This

relational approach, involving a deeper understanding of patients' lives, contrasts with the perceived limitations of doctors who may only see 'skin deep' (Street 2014: 130, 140, 251).

This perspective significantly influences how personnel are perceived within the healthcare system. The characterization of biomedical practices as a shallow 'just talk' can be linked to a communication problem already being an issue between Western authorities and local audiences over a century ago. Missionary Georg Kunze, who was the first Lutheran working on Karkar Island, received a hint from a local about the effectiveness of their sermons:

> "We all come to church, but many consider your word only a 'speech,' as with us too, a speech is often given because it is customary. A speech only hits the ear. But if you sit in the village with individuals in the evening and talk to them, then you hit the liver. (He meant the heart). (Paul 1889: 515)

This historical insight underscores the enduring importance of relationship-building and effective communication. The success or failure of a situation is determined by the nature of the relationship and culturally specific normative expectations. Efficiency in communication is achieved through proximity, genuine interest in the whole person, and, ultimately, the establishment of trust. In the realm of healthcare, the relational aspect becomes paramount, as it shapes the perception of effectiveness and the potential for successful healing.

The following chapter extends the discussion from the preceding one to the context of origin of the mental health sector and its integration into PNG.

Interpreting illness: The diagnosis of possession in PNG

Dr. Hery described Wame's "mental trouble issues" in a non-specific, unclear manner as if the patient had 'gone mad.' What stood out for Hery was the symptomatology, which he emphasized as "aggressive" and "furious", and that Wame, especially at night, "became very, very strong." This notion of unacceptable, 'unbalanced' behaviour highlights cross-cultural similarities that resonate with the Malagasy concept of 'tromba.' In Madagascar spirits are invoked to address issues ranging from personal afflictions to broader social tensions, serving as a mechanism for managing crisis and a response to perceived social disruptions (Fiéloux/Lombard 2022).

The 'socially incompatible' symptomatology also recalls the colonial origins of psychiatry in PNG and should, therefore, be briefly mentioned here. Because psychiatry — not only in PNG — often functioned more as a social control mechanism than a provider of culturally sensitive mental health services. For a long time, the morally and normative subordinated 'savages' needed to be handled, not healed. Mental institutions often served to eliminate troublesome community members, using mental illness accusations as a strategy to ease social tensions.

Colonial actors also made general attributions, thereby either obscuring complex contexts or reinforcing (racist) clichés. After World War II, the Australian colonial administration saw the "backwardness of the indigenous" as one of the obstacles to the implementation of their development plans, and Lutheran guidelines warned of the "uncontrolled drives" of the natives

(Goddard 2011: 23). This is part of the problematic colonial legacy of Papua New Guinea, which is connected with an underfunded (mental) health sector and is still evident in the stigmatization of mental illnesses (Adu Krow et al. 2013).

Often, individuals arriving at psychiatric units were not primarily considered mad but were brought in "because of particular precipitating factors such as violence or social disruption" (Goddard 2011: 62). Therefore, 'madness' as a term for the designation of local concepts is not without problems, as context-dependent meanings are omitted (Goddard 2011: 70, 77). In this context, madness would be "neither mental illness nor a culture-bound syndrome, but socially constructed" (Goddard 1998: 62). This construction of madness is also evident in other cases and contexts, such as Castel's exploration of the 'scrupulosity disease' in 17th century France (Castel 2022: 234), where the internalization of guilt and the overemphasis on self-restraint can lead to psychological distress. As a result, the complexity of "madness, in its social context, remains largely beyond the practical gaze of psychiatry," (Goddard 2011: 62) further complicating the diagnosis and treatment of mental health issues. Possession, "rather than inflicting damage in protest, [can be] oriented […] to excite sympathy and to avoid conflict" (Strathern 1995: 254). Cultural specifics, especially the significance of interpersonal relations, are frequently overlooked by foreign personnel acting confined to a certain biomedical repertoire and lacking specialized training in this regard.

The notion of being (temporarily) inhabited by an (evil) spirit aligns with all my PNG-based interlocutors' understandings when addressing the topic of exorcism and exhibits some kinship with Western ideas of 'possession' (Goddard 1998: 74, 2011: 70–75). If caused by personal guilt and misbehaviour or arising from powerlessness, in the end, it is all about settling disputes and putting wrongs right. The entanglement of possession with social relations should be clear by now.

The key insight here is that local expectations of medical treatment can rapidly surpass the simple dispensation of medications, examinations, or diagnoses confined to medical-scientific terminology. From the local perspective, these biomedical methods often fail to identify or address the 'true' causes. When viewed through the lens of semiotic ideologies, biomedicine falls short as it either misinterprets the signs or fails to interpret them at all, leading to incorrect conclusions and ineffective solutions.

After introducing some local concepts and diagnostic peculiarities, I shift my focus to the socio-political aspects of Sanguma — a broader term encompassing 'harmful magic' (Keck/Herbst 2021). This will illuminate the wider societal context of these practices and contribute to a deeper understanding of why and how certain actors classify and evaluate exorcism.

Beyond biomedicine: socio-political aspects of 'harmful magic'

Local observers I spoke to attribute the numerous Sanguma cases, officially termed Sorcery Accusation Related Violence (SARV), to unsettled role- and gender issues and a loss of power

among traditional authorities (Urame 2015). After dismantling traditional magic and sorcery powers, criminalizing and humiliating those previously in charge of religious and mutually connected social matters, missionaries and other colonial actors disrupted the accustomed reproduction of power. This points to ethical and practical challenges also faced by Dr. Hery, but also illustrates that traditional practices persisted and adapted in postcolonial contexts, despite efforts by the state (or equal actors) efforts to medicalize or criminalize them (Quack 2015). Unresolved conflicts over legitimate regimes have left challenges between old and new authorities.

In PNG, the terms 'witchcraft' and 'sorcery' are often used synonymously with little conceptual distinction. This blending of the two terms appears in popular media reports and is reproduced by NGOs, donor organizations, and government institutions (Eves 2013).

In pre-Christian times, issues related to sorcery, demons, and magic were addressed and resolved by religious specialists and other important figures like clan leaders (Dalton 2016; Herbst 2017: 58). Today, such old societal structures and roles are disputed and often no longer hold validity. This can lead to a sense of powerlessness among young people who struggle to attain the same level of authority, credibility, and recognition enjoyed by the elders.

In a society characterized by high youth unemployment, inadequate education, and rampant crime, many feel disorientation and alienation. Belief in the malevolence of sorcerers exacerbates this situation, as does the lack of legal consequences for those who commit violent acts of revenge against those accused of such magic. This impunity is due to a weak legal system and a lack of police presence. Increasing economic inequality, generational conflicts, and a limited knowledge of hygiene and nutrition often exacerbate health-related problems.

Fig. 7. A nationwide newspaper, Oct. 20th 2022, headlining a recent SARV case.

Fig. 8. Posters in a Catholic church in Mendi, Southern Highlands, calling for peace and pointing to the causes of grief.

The aspect of possession can also be interpreted in the context of empowerment, where spirit possession provides socially intelligible symbols that render personal crisis experiences meaningful to the group and the afflicted individual. This interpretation aligns with Castel's analysis, which contrasts how possession in individualistic societies becomes a deeply internalized struggle with evil, a reflection of the process of "obsessionalization of the Christian soul" (Castel 2022: 233) that he describes in early modern European contexts. Moreover, power relations are a crucial theme in the study of spirit possession and they represent "an oblique, aggressive strategy" (Lewis 1971: 32) employed by powerless actors in societies where possession beliefs are common (Ackermann 1981: 90) — fitting the contexts of (the more non-individualistic culture of) Madagascar and PNG.

Papua New Guinean society has been undergoing significant upheavals and transformations since the late 19th century, yet to find a stable form. Massive Christian missionary contact, reinforced by various denominations and charismatic groups in recent decades, has contributed to an already extremely heterogeneous religious landscape. Local traditions are interwoven, revived, or reinterpreted with and through Christian beliefs.

Being possessed with demons, Birgit Meyer observes in Ghana, serves primarily as an explanation as to why promises, pledges, and expectations attributed to a (western) modernity are not fulfilled:

> "[M]odernity evokes the sorts of demons that are believed to prevent the better life that Christian discourse promotes. Indeed, the impossibility of a smooth transition to modernity, to which discourses of conversion and development pertain, is crystallized in demons, which embody the massive contradictions to which the project of modernity gives rise in the practice of everyday life. (Meyer 2004: 103–104)

This also leads to the "problem of presence," the fundamental concern of religious mediation (Engelke 2007). The breakdown of social structures provides no tangible solution for the marginalized and no communicable counterpart in the realms of medicine or politics, where the powerless individual is irrelevant — no money, no treatment, no political representation, no voice. Consequently, there is no biomedical healing, no adequate response to crime and drug addiction, and no remedy for despair. The individual may find their voice and relevance in possession, where the demonic becomes the religiously communicable representation of what is otherwise unrepresented — the worries and fears of the individual provoked by social pressure and hardships. As already mentioned, I don't consider functionalist explanations sufficient to 'fully' understand religion, but indeed view religion as an obvious range of reasoning and meaning to ground action and make sense of the world for those who believe. We fall back on what we are accustomed to, and 'religion' can already fulfil itself within the individual — as religiously founded hope, for example. Function and meaning do not have to present themselves in the world, outwardly, to be confirmed as valid only through the evaluation by others. Then, however, religion acquires a social interpersonal function, which again it cannot be reduced to alone.

In this context, I understand matters of Sanguma, as well as possession and exorcism, as aligning with a pattern of social functions such as empowerment or social control. This interpretation is mirrored in the narratives of the nation's intellectual elite and religious authorities in the field when they interpret the belief in magic and the proliferation of Sanguma practices as repercussions of a decline in values and order, for example.

It is worth noting that important fields such as health care, education, or even politics have been (co-)structured by the Church in such a way that it has become indispensable — the Church has positioned itself as vital to society (Lawrence 1956; Robin 1980; Street 2010). It has a say beyond the realm of religion when it comes to value orientation. Church members and representatives stand up for certain norms and values that they deem appropriate and legitimate, thus exercising a form of social control.

Ritual (healing) practices involving spirit possession also intersect with judicial procedures (Steinforth 2015), further challenging the dichotomy between 'modern' and 'nonmodern' by revealing how seemingly separate domains are intertwined. Values and social concepts are sometimes transported on the backs of certain social problems. From this point of view, Dr. Hery would be at odds (not only) with normative expectations when performing an exorcism.

Transitioning from socio-political aspects, I proceed to an examination of infrastructural challenges, exploring their impact on identity and wider implications for the healthcare system. These aspects shape expectations and determine which treatments receive attention.

Negotiating norms and identity in therapeutic infrastructure

The emergence of 'failure' in a space dedicated to healing, the modern hospital, required a formalization of uncertainty, a "calculation of medical probabilities," and an "organization of the field" (Foucault 2003: 102–103) of medicine. The hospital's functioning depends on both material and non-material infrastructure. Guidelines, a non-material aspect, serve as structures of legitimation and boundary-making. While they secure quality standards and act as a self-reflective pattern for hospital staff, they not least determine what one can expect from this institution. Informal rules are not necessarily mandatory, and violating them may not have contractual consequences, allowing practices like exorcism in a Lutheran hospital. However, such actions may lead to social rejection, as seen with Dr. Hery's colleague concerned about the hospital's reputation. Expectations, including those related to the procedures and operations of organizations like the hospital, are linked to notions that derive from the customs and practices of a particular user group. State-run hospitals in Papua New Guinea face challenges in delivering comprehensive, culturally sensitive, and emotionally supportive biomedical healthcare (Scheer 2012: 215–217).

The latitude to sidestep norms hinges on potential repercussions, which are shaped by hierarchies and power structures. Nurses tend to withhold non-biomedical advice in the presence of doctors or unfamiliar visitors. Conversely, doctors at the apex of the hierarchy may encounter fewer (legal) consequences for disregarding certain rules. However, the social ramifications of such misconduct can be equally substantial, potentially complicating work (Street 2011: 820–821). This was something Dr. Hery experienced firsthand when staff he mistakenly scolded — erroneously suspecting their involvement in the theft of hospital inventory — stopped working.

Fig. 9. Hospital staff and Pastor Ibak in front of a board in the main building, with dedication and remembrance to its founders and long-term leaders, the Tscharkes.

In the case of the Lutheran Gaubin Hospital, financial and other struggles were intertwined with the founding narrative of selfless serving locals in God's name, detailed in the founders biography (Tscharke 1973).

Missionaries from the mid-20th century, including the hospital's founders, Edwin and Tabitha Tscharke, recognized the need to reconcile missionary efforts with local epistemologies in the context of rather slow missionary success. Post-World War II, the focus shifted towards social education, prioritizing successful conversions over scientific education. This required the acceptance of local 'peculiarities' and deviations, which pose an ongoing challenge to official church positions, precisely with regard to the widespread belief in spirits and magic.

Recognizing that "Western medicine can deal with symptoms and local medicine with causes" (Frankel/Lewis 1988: 30) acknowledges specific needs. Patients are allowed to leave the infirmary for days to resolve conflicts, returning with renewed strength once family unity is restored. The establishment of a 'Haus Krai' (= cry), a place of mourning for the deceased, also recognizes local needs and customs (Street 2014: 116). However, complications arise when the hospital issues an official certificate asserting that death or non-healing was not caused by sorcery (Ihle 2010: 1946). The official assessment by the Evangelical-Lutheran Church of Papua New Guinea identifies this as problematic since the certification of sorcery's exclusion implicitly acknowledges its reality. While this approach is sensible towards the local context, intended to safeguard doctors and medical staff from sorcery accusations and potential retaliatory actions, its legal

rationale was completely foreign to PNG. Its roots can be traced back to British witchcraft laws, later widely applied in former colonies (Orde Browne 1935; Keenan 2015).

For performing the exorcism, Dr. Hery received a reprimand only from Dr. Karefu, a local doctor who was also working in Gaubin at the time and was hierarchically equal to him. Dr. Karefu refused the act as 'extra medical' and did not want it repeated out of concern for the hospital´s reputation. His rejection is normatively grounded and reveals the conflict of semiotic ideologies. Crucially, he did not evaluate the exorcism based on its potential religious legitimacy and fit, i.e., whether it was appropriate for evangelical Lutheran practice. Dr. Hery's 'extra medical act' violated norms in an environment where medically scientifically justified, rational action was expected by Dr. Karefu. He saw the success or failure of healing and the hospital — the corresponding 'sign vehicle' — as a whole, linked to these conditions.

For Dr. Hery's colleague, the exorcism unveiled his normative expectations concerning the ongoing nation-building process and identity questions of how a nation-state oriented towards 'modernity' should be. In PNG, this often means a vision of western wealth and progress, and among the highly educated, ideas regarded as outdated or inappropriate are refused, such as a religious ritual in a place seen as a representative of rationality and technology.

The experience of exorcism in this environment is accordingly normatively dissonant for Dr. Karefu. Reading the signs of Wame's illness as possession contradicts his convictions to formulate them biomedically and to reject the supernatural in this context. His and Dr. Hery's semantic ideologies come into conflict here. The reprimand that Dr. Karefu gives to Dr. Hery to refrain from this serves to create consonance both in his experience and within the processes in the hospital, which he sees as oriented towards biomedical standards. From Dr. Karefu´s perspective, with a high level of scientific education and urban origin, such practices make PNG look backward internationally. At the national level, the reproduction of such practices is associated with social problems — like those related to the topic of Sanguma — which need to be overcome.

The previous explanations have focused on the background and contexts of exorcism as a perspective-dependent conflictual practice, which is consequently experienced as a dissonance. As I have illustrated, this is the case when someone else's actions do not meet one's own expectations, when they should act differently — and thus violate norms. However, Lutheran Christianity is obviously not characterized by disunity and disintegration, which could be assumed because of the dissonance potential of divergent semiotic ideologies. Instead, unity and consonance are established continuously, as I was able to observe. In what follows, I would like to consider the negotiation of boundaries and the search for common ground as the final chapter.

Paths to consonance: from dissonance to common ground

Missionaries embarked on journeys to propagate their interpretation of the Gospel, bringing back insights through personal accounts, letters, and diaries. These global flows of media, ideas, people, and finances, as emphasized by Arjun Appadurai (2008), significantly shaped the

(Lutheran) religious landscape. Returning missionaries and individuals with a broader global perspective, influenced by experiencing 'otherness', played a pivotal role in these transformations. For example, former US missionaries "have joined Lutheran charismatic churches in Minneapolis/St. Paul. These churches form part of the nationwide Lutheran Renewal movement, an independent revival led largely […] by former missionaries to Madagascar" (Halvorson 2008: 199).

While such shifts must be viewed in biographical contexts, an openness in the interpretation of seemingly deviating practices is reflected by the missionaries and church employees I accompanied and conversed with. In relation to Dr. Hery's exorcism story, depicting Malagasy and New Guinean Lutheranism, the specifics of such benevolent group dynamics gave rise to arguments of solidarity despite — or precisely because of — the presence of latent otherness. Missionary Paul, acknowledging the diversity of global Christianity, expressed his approval, stating, "So if God would meet the people in Papua Niugini like he does in Germany, it wouldn't work at all."

Statements such as these undoubtedly contribute significantly to the motto of the (Lutheran) church, 'Unity in Diversity.' Its basic message — to make diversity a value in its own right — is likely to be more widely disseminated, as the attitudes illustrated in Paul's findings influence contributions to the programs and discussions of church organizations, especially those with an international orientation. Consequently, they make their perspectives visible to a wider audience of church members (Ev.-Luth. Missionswerk Leipzig 2020; Salooja 2020).

Amidst the growing visibility and significance of global partner churches, asserting their rights as equal partners, even traditionally conservative institutions like the German Evangelische Zentralstelle für Weltanschauungsfragen (Evangelical Central Office for Questions about World Views, EZW) find themselves compelled to address 'unfamiliar' topics such as exorcism (Utsch 2013). The increasing exposure to diverse perspectives suggests an inevitable adaptation in Lutheran theology as it responds to the changing dynamics within the global Lutheran community. The flexibility to incorporate, alter, or extend upon existing rituals with local elements creates a dynamic interplay between global religious teachings and local traditions, which is also observable in the Catholic Church (Meintel/Boucher 2020).

In Lutheranism, consonance emerges as its essence when confronted with 'otherness,' with the primary task being to endure and integrate the 'other' in a theologically meaningful way. This approach programmatically aims to eliminate irritation and counters normative dissonance.

Local aspirations point to a desire for an indigenization of Lutheran Christianity, similar to the Fifohazana movement in Madagascar, which led the Malagasy Lutheran Church to become one of the fastest-growing Lutheran churches in the world (Block 2020). The outcome of such efforts depends on the consequences of boundary work and intergroup interactions, as presented in this paper. Pastor Ibak emphasizes an open-minded and flexible attitude towards cultural specificities and brings in a touch of self-irony by imagining that Jesus was confused by his local preaching:

"Sometimes I just thought in my head when I preach here, and Jesus comes and touches me and says, 'Just tell me, pastor, what are you saying here?' Who are you? and Jesus: 'Sorry, I am lost'" — suggesting that he, like Paul in the quote above, is well aware of the effects of the irritating potential of differing semiotic ideologies. Ibak expressed his gratitude for the discussions and acknowledged their role in facilitating the exchange of ideas. Exploring global perspectives allows him to reflect on a Melanesian kind of theology that addresses local issues such as climate change, the perspective of young people, or reconciliation between conflict groups — all linked to the broader concept of healing.

A conclusion drawn by anthropologists Romola McSwain and Peter Lawrence attests to the locals' unique adaptability and receptivity to religion:

> "[…] Lawrence restated his position regarding southern Madang Province: Religion is of paramount importance, dominating epistemological systems and providing ritual techniques as essential components of secular success; coastal practitioners require an intellectualist explanation of ritual: they must be able to understand and accept the ideas underlying it (Lawrence 1988: 15). Thus, in cases of failure, they can refer back to these ideas to check and rework them. (McSwain 1994: 13)

The exorcism performed by Dr. Hery integrates seamlessly into the local environment, guided by similar semiotic ideologies. Practices that work and could help have a good chance of being considered legitimate, especially if their normative fit seems appropriate. Pastor Ibak reflects a Karkarian attitude of intellectualizing faith as described by Lawrence (1988) decades ago: to establish change based on the continuation of some traditions and local beliefs, to integrate and expand the Lutheran faith, and thereby making Christianity anew — that is, making use of it for local concerns through 'Melanesization.'

5. Conclusions and implications

Different interpretations of material culture, representation, and authorization are evident in the approach to exorcism. Semiotic ideologies vary between interest groups and people with different backgrounds. The diagnosis of Wame's symptoms as signs of possession reflects a view that is prevalent in Madagascar and PNG. Influenced by Christian doctrine, it makes exorcism an option, even a necessity (Sharp 1996: 142). Traditionally, this must not have been the case, as one goal was to make agreements with some spirits, such as those of the ancestors, and to please them. This, however, shows that possession can reflect certain needs and the wish to express them — or the lack to meet these demands. The practice of exorcism in a way reflects a blend of old and new, acting as a bridge between 'indigenous' traditions and modern demands (Keller 2022).

The presented discussions allow for the development of a typology of expectations. Normative expectations are directed towards social realities and differ from descriptive expectations, which

lead to cognitive dissonance in case of disappointment. Consequently, individuals align their actions with these assumptions.

Normative expectations extend to others, both individuals and actors like God. People assume what someone else likely expects from them and act based on this projection. The exorcism performed by Dr. Hery may lead to normative dissonance for some German Lutheran theologians like Paul. The 'sign vehicle' may be the same for both — the patient Wame — but its affordance, i.e., what actions 'it' suggests, is different to each of them.

However, Dr. Hery sincerely believes in the effectiveness of exorcism (factual) and the actual possession of the patient (factual), fulfilling God's expectation (normative) with this practice. This results in a continuous interpretative process between humans and God as the projection of expectations is constantly aligned with underlying norms considered true and correct.

Cognitive dissonance, in this context, is differentiated by orienting itself towards descriptive expectations (handled as facts) and actions. Cognitive dissonance identifies a discrepancy between the non-occurrence of an assumed fact and the expectation of its occurrence: God heals, he will heal → God did not heal = cognitive dissonance. It thus also becomes the starting point for reflection and re-evaluation. Normative dissonance, on the other hand, aligns with or tests the underlying norms of an expectation. And because norms denote certain boundaries, boundary work is always inherent.

Considering cognition as being connected to normative expectations, I argued at the beginning that normative expectations are subject to the persistence effect (Brandstätter 2022). This insistence on norms — as a cornerstone not only of our semiotic ideologies — helps us to live in a contingent world. But it also creates bias that leads to condemnation of what is considered 'wrong' from an emic point of view, to protect one's own beliefs and thus preserve the strong feeling of consonance.

In the case I've presented here, there is already an implicit, unspoken agreement that everyone is essentially a Christian. The narratively constructed sense of unity offers enough flexibility to cope with normative dissonance by conciliatory means, by avoiding communication, or by personal and normatively positive framing as diversity, or more theologically, naming it the many unfathomable ways and expressions of faith.

Regarding the intellectualistic attitude towards ritual that I claim for Pastor Ibak (based on Lawrence), a great flexibility of local Lutheran Christianity can be observed on Karkar Island or in relation to Ibak's area of responsibility. When necessary, he is the "theological expert[…] in the back room, as it were — the Greeks in the Empire — busily at work, seeking for a new formula when the last one was proved wrong" (Lawrence 1988: 23). This religiosity must prove itself by the effect and not by the norm, and therefore has the chance to not remain trapped in ideology in the event of failure.

Fig. 10. Inside the house provided for Dr. Hery by the ELCPNG; 'Big man' Pastor Ibak, the "theological expert in the back room, busily at work."

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