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When Healing Fails
Heilserwartungen und Irritationen in drei christlichen Kirchen

Bernadett Bigalke / Jakob Eißner /
Sebastian Schüler / Sabrina Weiß

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Zusammenfassung

Dieser Beitrag führt die zentralen Fragen und Erkenntnisse eines kooperativen Forschungsprojekts mit dem Titel *When Healing Fails* zusammen und dient zugleich als Rahmung der in diesem Sonderheft vorgestellten Fallbeispiele. Das leitende Erkenntnisinteresse ergab sich aus der Frage, wie Christ:innen mit Heilungserwartungen umgehen, was sie darunter verstehen und insbesondere, wie mögliche Enttäuschungen verarbeitet werden. Ausgehend von der Theorie kognitiver Dissonanzen (Festinger) wurde daher gefragt, ob Heilungserwartungen Irritationen auslösen können und wie diese kommunikativ aufgefangen und verarbeitet werden. Von besonderer Bedeutung waren dabei vor allem kollektive Deutungen und weniger individuelle Copingstrategien. In dem Projekt wurden dazu drei unterschiedliche christliche Kirchen auf drei Kontinenten untersucht. Die Ergebnisse dokumentieren einerseits die empirische Breite des Heilungsbegriffs und der Möglichkeiten von „gescheiterter" Heilung. Andererseits konnte gezeigt werden, dass das Thema Nicht-Heilung nicht allein Glaubenszweifel produziert, sondern sehr kreativ in die alltägliche Praxis eingehegt und so zu einem festen Teil von gelebter Religion wird.

1. Einführung

Die in diesem Band versammelten Beiträge bilden die Zwischenbilanz eines dreijährigen Forschungsprojekts, an das wir mit der Frage herangetreten sind, wie Christ:innen mit enttäuschten Heilungserfahrungen umgehen. Ausgangspunkt für das Projekt war zunächst das gemeinsame Interesse der drei Projektleiter:innen (Bigalke, Schüler, Weiß) an dem Thema „Christentum und Heilung". Das führte zu der Beobachtung, dass derzeit nicht nur Heilung eine gewisse Konjunktur zu erleben scheint (sowohl in den Religionen als auch in der Religionsforschung), sondern dass zumindest bei Publikationen zum Thema „Heilung im Christentum" auch viel über die Bedeutung von Heilung in verschiedenen christlichen Traditionen oder über die Beziehungen und Spannungen zwischen Religion und Medizin zu lesen ist. Es wurde jedoch auffallend wenig darüber geschrieben, wie religiöse Menschen reagieren, wenn die

Korrespondierende Autor:innen: Bernadett Bigalke und Sebastian Schüler, Universität Leipzig.
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gewünschte Heilung ausbleibt, sich lange hinzieht oder sich nicht so einstellt wie erhofft (*Nicht-Heilung*).

Die davon ausgehende Forschungsfrage schloss weitere methodische und theoretische Fragen ein: Was kann alles unter Heilung verstanden werden, sowohl meta- als auch objektsprachlich? Wie lässt sich demgegenüber Nicht-Heilung theoretisch bestimmen? Wie erhält man Auskunft von Interviewpartner:innen zu einem so sensiblen Thema? Zudem fiel der Projektstart genau in die Corona-Pandemie, was nicht nur die empirische Arbeit aller Beteiligten verzögerte, sondern es mussten auch methodisch neue Wege gegangen werden. Nicht zuletzt führte das Verhältnis von deduktiv entwickelter Forschungsfrage und induktiv vorgehender empirischer Arbeit zu neuen Reflexionsprozessen, die wir in die drei unterschiedlichen Fallbeispiele einbezogen haben.

Der Projekttitel *When Healing Fails* bezieht sich auf die Theorie der kognitiven Dissonanz des Sozialpsychologen Leon Festinger (1919-1989), welche einen zentralen Ausgangspunkt unserer Überlegungen bildet. In seiner berühmt gewordenen ethnographischen Studie *When Prophecy Fails* untersuchte Festinger die mehrfach enttäuschten Endzeiterwartungen einer kleinen UFO-Religion in Chicago (Festinger/Ricken/Schachter 1956). Er stellte dabei fest, dass das Ausbleiben dieser Erwartungen im Sinne einer „disconfirmed prediction" bei den Anhänger:innen kognitive Dissonanzen erzeugte, die wiederum bestimmte Reaktionen im Handeln und in der Kommunikation der Gruppenmitglieder hervorriefen, um die Situation zu plausibilisieren oder zu modifizieren (1956: 51). Unter kognitiven Dissonanzen versteht Festinger ein Auseinanderklaffen von Überzeugungen oder Erwartungen mit der gegebenen Realität oder dem eigenen Verhalten. Nach Festingers Beobachtung führen kognitive Dissonanzen häufig zu zwei Handlungsmustern: (i) dem Festhalten an ebendiesen Überzeugungen, insofern bereits in diese investiert wurde, und (ii) dem Versuch, andere Personen von den eigenen Ansichten zu überzeugen (im Falle der UFO-Gemeinschaft durch Mission). Die empfundene Dissonanz kann somit die eigene Überzeugung stärken, auch wenn diese im Widerspruch zum eigenen Wissen und Verhalten oder der Einschätzung der Situation derer, die nicht Teil der Gruppe sind, steht.

Die Theorie kognitiver Dissonanz ist seit ihren Anfängen in den 1950er Jahren zu einer nachgerade paradigmenhaften Forschungstradition innerhalb der US-amerikanischen Sozial-psychologie aufgestiegen, und es ist bemerkenswert, dass sie ursprünglich in einer religionssoziologischen Feldstudie erarbeitet wurde, bisher aber nur wenig Aufmerksamkeit in der Religionsforschung erfuhr. Dabei bieten sich gerade aus der Beobachtung des Umgangs mit enttäuschten Erwartungen viele Anschlussmöglichkeiten in der Religionsforschung, die weit über das ursprüngliche Thema – nicht eingetroffene endzeitliche Prophetien – hinausreichen, wie etwa auf den Bereich enttäuschter Heilungserwartungen.

Eine solch ambitionierte Forschungsfrage muss sich im Laufe der Forschung stets der (Selbst-) Kritik stellen und den selbst gewählten theoretischen Rahmen reflexiv hinterfragen. Entsprechend wurde von den Projektmitarbeiter:innen in ihren jeweiligen Studien immer wieder die Frage aufgeworfen, ob die beteiligten Forscher:innen nicht selbst einer kognitiven Dissonanz

unterliegen, wenn sie davon ausgehen, dass religiöse Menschen, die um Heilung beten, von den daran geknüpften Erwartungen und Überzeugungen enttäuscht werden könnten. Sind es am Ende die Erwartungen der Forscher:innen selbst, dass religiöse Heilungswünsche enttäuscht werden können? Und sind sie es, die eine Dissonanz wahrnehmen, wenn jemand über Jahre für Heilung betet, aber offensichtlich keine Besserung eintritt? Auch Festinger wurde unterstellt, dass nur für ihn selbst die nicht eingetroffenen Prophetien eine Dissonanz darstellten (Johnson 2011). Mit anderen Worten: Wenn religiöse Menschen trotz äußerer Widrigkeiten und Widersprüche an ihren Überzeugungen festhalten, handelt es sich dann tatsächlich um eine kognitive Dissonanz – oder eher um das, was wir bereits herkömmlicherweise Glaubensüberzeugungen nennen?

Wir denken, dass Festingers Theorie durchaus einen wertvollen Beitrag für die Religionsforschung liefern kann. Religiöse Überzeugungen unterscheiden sich nicht so sehr von anderen Überzeugungen (wie etwa, dass es heute bestimmt noch regnen wird), wenn wir sie auf die sehr menschliche Eigenschaft reduzieren, Erwartungen zu generieren, die dann irritiert werden können. Ob diese Irritationen dann dazu führen, dass die Überzeugungen aufgegeben, modifiziert oder einfach beibehalten werden, ist aber nicht nur eine Frage der individuellen Einstellung oder gar der Persönlichkeit, sondern durchaus auch eine Frage kultureller Normierungen („es kann nicht sein, was nicht sein darf“), intersubjektiver Aushandlungen („wenn du überzeugt bist, bin ich es auch“), oder kollektiver und institutioneller Strukturen und Oppressionen („wir haben das schon immer so gemacht“). Kurz: Kognitive Dissonanzen bedürfen kommunikativer Aushandlungen und sind immer integrativer Teil kultureller und religiöser Rahmendeutungen. Und eben diese Formen kommunikativer, aber auch materieller und praxisbezogener Aushandlungsprozesse sind das leitende Erkenntnisinteresse für das Projekt.

Der Projekttitel bezieht sich nicht nur rhetorisch auf Festingers Arbeit, sondern geht der Frage nach, wie Christ:innen mit dem Ausbleiben erhoffter und erwarteter religiöser Heilung umgehen, d.h. wie kognitive Dissonanz in diesen Fällen gedeutet und kommunikativ verhandelt wird. Darüber hinaus soll in Teilen auch angesprochen werden, wie die Gruppen und Gemeinschaften auf solche enttäuschten Heilungserwartungen reagieren, d.h. inwiefern deren einschlägige Reflexionen, Sinnstiftungen und Handlungen als Faktoren der Resilienz einer religiösen Gemeinschaft angesehen werden können. Der Anspruch einer solchen Fragestellung geht dabei auch weit über Festingers Forschung hinaus, weil sie nach den Möglichkeiten einer sozialwissenschaftlich informierten Theorie der Resilienz für die Analyse religiöser Kommunikation und Handlung fragt. Die Synopse der drei Einzelstudien zum Zwecke einer verallgemeinerbaren Resilienztheorie bleibt ein Desiderat, das eine ganze Reihe von methodologischen Schwierigkeiten birgt, deren Reflexion in den folgenden Abschnitten noch ausgeführt werden und das Ergebnis dieser Studie bilden.

Deshalb fokussieren sich die folgenden Artikel auf die Herausarbeitung und die theoretische Reflexion von christlich-emischen Kommunikationsweisen und Handlungen, die der Auflösung kognitiver Dissonanz im Zusammenhang mit ausbleibender Heilung dienen. Die empirischen

Beispiele dafür sind der Marienwallfahrtsort Lourdes in Frankreich (Ellwanger), die US-amerikanische und inzwischen global operierende Megakirche Churchome (Kovac) sowie die deutsche evangelisch-lutherische Mission und deren globales Partnernetzwerk (Heinrich).

Ausgangspunkt des Forschungsvorhabens war einerseits die Beobachtung, dass Heilung nicht allein im esoterischen Feld, sondern gerade auch im Kontext christlicher Bewegungen – von pfingstlich-charismatischen Freikirchen bis hin zum Katholizismus – eine deutliche Konjunktur erlebt. Andererseits wurde der Fokus verschiedener Forschungen zum Thema „Heilung und Religion“ bisher kaum auf die Erfahrungen enttäuschter Heilungserwartungen gelegt, obschon die daraus zu erwartenden Erkenntnisse äußerst vielversprechend für die Erforschung religiöser Kommunikation und deren Funktion für die Resilienz religiöser Gruppen erscheinen. Das Erkenntnissinteresse des Projekts bewegte sich im Rahmen bekannter Grundsatzfragen, die mit den vorliegenden Einzelstudien zwar nicht in Gänze beantwortet, aber denen zu erneuter Relevanz verholfen werden soll: der Zusammenhang zwischen gescheiterten Heilungsversuchen und der Widerstandsfähigkeit religiöser Gruppen; den Dynamiken von Stabilität und Instabilität von Deutungssystemen und ihren Heilungsversprechen; den kommunikativen Ressourcen und Handlungsstrategien religiöser Gruppen, um Krisen zu bewältigen.

Während in der christlichen Theologie der Aspekt von *failed healing* meist als Auseinandersetzung über den Begriff der Theodizee stattfindet (Warum lässt ein allwissender, gütiger und omnipotenter Gott das Leiden in der Welt zu?) und in der Religionspsychologie vorwiegend individuelle Coping-Strategien religiöser Akteure untersucht werden (Wie gehe ich mit Herausforderungen meines Glaubens um? Haben Christ:innen mehr Resilienzpotenzial als Atheist:innen?), möchte das vorliegende Projekt in drei lokalen Fallstudien die konkrete religiöse Kommunikation im Umgang mit Erfahrungen enttäuschter Heilungserwartungen erforschen. In diesem Aufsatz wird daher zunächst ein theoretischer Rahmen für die nachfolgend dargestellten Einzelprojekte skizziert, um sie in einen übergeordneten Sinnzusammenhang zu stellen.

Ein erstes Unterkapitel wird sich mit der Explikation einiger grundlegender Begrifflichkeiten wie Heilung und Nichtheilung im Christentum beschäftigen und deren aktuellen Forschungsstand skizzieren. Im zweiten Unterkapitel werden die zugrundeliegenden theoretischen Konzepte, namentlich kognitive Dissonanz und Resilienz, erläutert, forschungsgeschichtlich eingeordnet und deren Schwierigkeiten (vor allem in Bezug auf den Resilienzbegriff) kritisch diskutiert. Das dritte Unterkapitel möchte einige Punkte zur Methodologie und Methodik im Forschungsprojekt anbringen, insbesondere zu den konkreten Herausforderungen, die sich für die Feldforschung in Zeiten der COVID-19-Pandemie ergaben, auch um auf die Potenziale einer künftigen Erweiterung der Projektidee hinzuweisen. Schließlich sollen im letzten Unterkapitel die drei Einzelstudien kurz vorgestellt, miteinander verglichen und daraus erste Arbeitshypothesen zum Umgang mit enttäuschten Heilungserwartungen abgeleitet werden.

2. Heilung und Nicht-Heilung im Christentum

Die Einzelstudien thematisieren gescheiterte Heilungsversprechen anhand dreier lokaler Christentümer. Sowohl die Begriffe der Heilung und des Scheiterns als auch die Rede von „Christentümern" sind erklärungsbedürftig.

Bewusst sprechen wir vom Christentum im Plural, um die Heterogenität christlicher Konfessionen, Kongregationen und Bewegungen hervorzuheben, die sich in Theologie und Geschichtsauffassung, Ritualen und anderen religiösen Performanzen, aber auch in Sozialstruktur, Ausbreitungsdynamik, Kommunikationsweise und dem *entanglement* mit politischen, ökonomischen oder anderen religiösen Akteuren vor Ort erheblich unterscheiden können. Die Fokusse auf den mitteleuropäischen Katholizismus am Beispiel von Lourdes (Ellwanger), auf eine digital-affine, evangelikale Großkirche in Seattle (Kovac) und der Blick auf die deutsche evangelisch-lutherische Auslandsmission und ihre weltweiten Kooperationspartner, insbesondere in Papua Neuguinea (Heinrich), sollen dieser Pluralität christlicher Lebens-, Glaubens- und Organisationsformen Rechnung tragen.

Durch den zielgerichteten Blick auf drei lokale Christentümer in Europa, Nordamerika und Ozeanien verdeutlicht das Forschungsprojekt also deren jeweilige „historischen und kulturellen Ausdifferenzierungen" (Bräunlein 2013: 252). Dennoch scheint der Verweis auf Christentümer in diesem Zusammenhang angebracht, weil einerseits die Idee der Kirche als der weltweiten Gemeinschaft von Christ:innen in den Ohren vieler immer noch eine gewisse Uniformität suggeriert, obwohl sie wohl richtiger – zumindest im Fall der Katholischen Kirche – als spezifische organisationale Rhetorik zu fassen ist (Norget et al. 2017: 7). Andererseits verdienen die lokalen Unterschiede in geografisch, historisch und kulturell völlig anders gelagerten Weltregionen in der Anlage dieses Projektes ein besonderes Augenmerk. Es wurde überprüft, inwiefern ähnliche gesellschaftliche Rahmenbedingungen der Moderne, wie die gut ausgebaute schul- und alternativmedizinische Gesundheitsversorgung, niedrige Zugangsschwellen und geringe soziale Barrieren sowie ein höheres Bildungsniveau als Spezifika im Hinblick auf Heilungshandeln und im Umgang mit enttäuschten Heilungserwartungen hervorbringen.

Auch Heilung ist ein komplexer Begriff, der morphologisch eine Suffigierung des Wortes *heil* darstellt. Ein Heilsversprechen (*promise of salvation*) ist jedoch nicht dasselbe wie ein Heilungsversprechen (*promise of healing),* wenngleich aus der Binnensicht einer christlichen Gruppe beides durchaus aufeinander bezogen oder gar komplementär aufgefasst werden kann. Das Adjektiv *heil* bezeichnet etymologisch einen ganzheitlichen, unversehrten, vollkommenen Zustand und ist mit dem englischen Wort *whole* verwandt. Im christlichen Kontext kommt das Heil (lat. *salus*, griech. *σωτηρία*) als Seelenheil einer Erlösung gleich, die Jesus nach seinem Tod erfahren habe und die Christ:innen in seiner Nachfolge anstreben. Ein Heilsversprechen ist also das Versprechen einer letztinstanzlichen Erlösung, eine göttliche Begnadigung.

Heilung als Prozessnomen, das sich auf den Vorgang des Heilwerdens bezieht, kennzeichnet im säkularen wie im religiösen Bereich das Genesen von einer Krankheit oder von einem Zustand

des Leids. Ein Heilungsversprechen, das eine religiöse Gemeinschaft ebenso bieten kann wie ein Ratgeberbuch oder ein ärztlich verschriebenes Medikament, ist also die Zusage auf eine diesseitige Wiederherstellung des normalen, gesunden oder reinen Zustandes. Durch den Diesseitsbezug, der im Heilungsbegriffes angelegt ist, wird Heilung häufig durch die Mitglieder einer religiösen Gruppe anhand emisch festgelegter Kriterien empirisch feststellbar gemacht (z.B. durch das *Bureau des constatations medicales* in Lourdes oder durch die Unterscheidung der Geister beim Exorzismus).

Religiöses Heil und seelische bzw. körperliche Heilung sind also nicht identisch, gehen aber fließend ineinander über. Während das Seelenheil – je nach Konfession – den Glauben an die göttliche Gerechtigkeit oder Gnade zur Voraussetzung hat und sich erst im Jenseits offenbart, ist Heilung ein sich im Diesseits vollziehender Akt. Heilung in christlichen Settings reicht von den Wunderheilungen Jesu, der die Blinden sehend und die Lahmen gehend gemacht haben soll, bis zum Fürbittengebet, das die Pfarrerin zum Traugottesdienst an alle im Streit lebenden Ehepaare spricht. Heilung erscheint hier als ein weites Feld, das die Gesundung von körperlichen, psychischen und sozialen Leiden umfasst und häufig – intendiert – mehrere dieser Dimensionen meint, wenn sie von den Akteuren aufgerufen wird.[1] Wir interessieren uns für Heilung und gescheiterte Heilung in religiöser Alltagskommunikation, insbesondere von religiösen Laien. Dabei ist uns bewusst, dass Laien- und Expertendiskurse durchaus in Spannung zueinander stehen können. Das in diesen Laiendiskursen kommunizierte Wissen stellt dabei immer eine Mischung aus angeeigneten, institutionalisierten, normativen Wissensbeständen und zugleich individuellem und kollektivem Erfahrungswissen körperlicher und psychischer Art dar.

Heilung kann z.B. in einer gegebenen Gruppe als langsame mentale Transformation zu einer neuen Weltsicht aufgefasst werden; oder in der von Gott angestoßenen, aber natürlichen Rekonvaleszenz nach einer Krebserkrankung; oder in der plötzlichen Wunderheilung eines Gehörlosen; oder in der psychotherapeutischen Aufarbeitung der eigenen Familiengeschichte. Was Heilung ist, ist regional und kulturell eingebettet und wird in erster Linie im Feld selbst bestimmt. Je nach Region, historischem Zeitpunkt und Konfession hatten und haben Christentümer (wie Gesellschaften im Allgemeinen) sehr unterschiedliche Vorstellungen von Krankheit und Gesundheit (z.B. Homosexualität als Krankheit im Evangelikalismus) – und damit auch von Heilung als der Brücke zwischen diesen beiden Zuständen. Wer, was und wie geheilt werden kann, wurde und wird diskursiv verhandelt, d.h. als kollektiver Wissensbestand sozial konstruiert und unterliegt zum Teil sehr ausdifferenzierten, gruppenspezifischen theologischen Framings.

Ebenso uneindeutig, weil interpretationsoffen und kontextabhängig, ist eine Definition von Nichtheilung bzw. dem Scheitern der Heilung. Dabei verbietet es sich in vielen Gruppen, die mit der normativen Vorstellung eines allmächtigen Gottes operieren, von dessen Versagen

[1] Damit ähneln viele christliche Gesundheitsbegriffe dem der WHO (1948), für die Gesundheit ein „state of complete physical, mental and social well-being“ ist.

auszugehen, und es findet sich eine Bandbreite von Deutungen, die sich mit der Theodizee-Frage auseinandersetzen: Handelt es sich um eine Strafe Gottes oder um eine Prüfung? Hat Gott einen Plan, den ich nicht erkennen kann? Möchte er mir damit etwas sagen? Hat mich seine Gunst verlassen oder hat er mich vielleicht vergessen? Womöglich war es das Werk Satans oder anderer böser Geister? Habe ich ein Gelübde gebrochen und meine Seite der Abmachung mit Gott (bzw. Maria, den Heiligen o.ä.) nicht eingehalten? Interessant für unseren Forschungsrahmen sind weniger die individuellen Deutungsmuster als die kollektiven, d.h. jene Interpretationen von Nichtheilung (im weitesten Sinn), die innerhalb einer Gruppe diskursdominant werden und als repräsentativ für eine Gemeinschaft gelten können.

Das Thema „Religion und Heilung“ ist ein breit bearbeitetes Forschungsfeld, an dem unterschiedliche Disziplinen wie Medizinethnologie, Religions- und Pastoralpsychologie, Kirchengeschichte, Soziologie, Ritual Studies und die Religionswissenschaft beteiligt sind. Dabei kommen, wie oben angedeutet, verschiedene objekt- und metasprachlich verwendete Heilungsbegriffe zur Anwendung (*spiritual care, mental healing, Seelsorge, physical health, epistemologies of healing* usw.).

Bereits für die spätantiken griechischen „Kirchenväter” konnte Dörnemann (2009) aufzeigen, welche zentrale Rolle die biblischen Heilungswunder Jesu spielten, die ihm den Titel c*hristus medicus* einbrachten. Auf der Ebene der Laienchrist:innen wurde nach diesem Vorbild geheilt und so um Mitglieder geworben (Lutterbach 1996). Heilung wurde auch zur Aufgabe der christlichen Mittlerwesen. Diverse Heilige und Maria fungieren dabei kontinuierlich als wirkmächtige Mediatoren, als Quellen und Kanäle der „Gnadengaben Gottes” für die Gläubigen – von der Alten Kirche der Antike bis in die Katholische Kirche der Postmoderne (Duffin 2009, 2013; Norget/Mayblin/Napolitano 2017: 23). Und zu diesen möglichen „Gnadengaben” gehört auch häufig die Gesundung bereits im Diesseits.

Eine Ausdifferenzierung der personellen Zuständigkeiten der Heilung von Leib und Seele erfolgte im Westen erst im Laufe des Mittelalters. Seelsorge und Sorge für den Leib wurden sukzessive von unterschiedlichen Berufsgruppen betrieben. Steiger (2005) hat jedoch herausgearbeitet, dass die spezifisch kirchlichen Heilsangebote (z.B. Sakramente) seit der Reformation von den Theologen auch in medizinischer Sprache gerahmt wurden. Im Europa der frühen Neuzeit war in katholischen Regionen die „geistliche Seelenarznei”, also die geistliche Seelsorge, als breitenwirksamstes Paradigma etabliert, „in welchem versucht wurde, die emotional-mentale Ebene von Gesundheit und Krankheit bewusst und systematisch für diätetische und therapeutische Verfahren zu berücksichtigen“ (Watzka 2021: 33). Für gesundheits- und krankheitsbezogenes Denken und Handeln waren die religiösen Konzepte des Christentums prägend, also z.B. die Anleitungen zur Lebensführung theologischer Provenienz, aber auch von Priestern durchgeführte Heilungsrituale usw. (Watzka 2021: 84).

Weitere kirchlich eingebettete Heilungspraktiken wie der Exorzismus zum Zwecke der „Dämonenaustreibung” von „Besessenen” sind bis in die Frühe Neuzeit hinein gut erforscht

(Levack 2013; Young 2016). Als priesterlich-charismatische Heilpraxis schlechthin wurde sie auch von einigen protestantischen Kirchen nach der Reformation noch zeitweise fortgeführt (Rieger 2011). Die globale Konjunktur exorzistischer Praktiken in der Moderne in protestantischen Kirchen enthusiastischen Frömmigkeitstyps (z.B. die Pfingstbewegung) ist Fokus vieler ethnologischer und religionswissenschaftlicher Studien (Csordas 1988, 2002; McGuire 1991; Bergunder 2011). Nicht selten überschneiden sich im Kontext charismatischer Gruppierungen gruppeninterne Sündenvorstellungen und Krankheitsbilder (Haustein 2012). Quantitativ betrachtet, lag der geografische Forschungsfokus insbesondere der religionsethnologisch angelegten Studien bisher in Lateinamerika und dem subsaharischen Afrika (Haustein 2012; Coleman/Hackett 2015; Lindhardt 2016).

Wo immer sich weltweit christliche Gemeinschaften entwickelten und sich mit lokalen, kulturellen und religiösen Settings verbanden, entstanden häufig auch neue Formen von Heilungspraktiken, die (auch) christlich codiert wurden und werden. Zu diesem Spektrum der Praktiken gehört beispielsweise das Therapieren nach der Christian Science, Heilung in charismatisch geprägten *healing rooms* sowie durch Diät und Sport in den USA (Voorhees 2011; Poloma 1991, 2006; Griffith 2004; Tolksdorf 2015; Radermacher 2015); ebenso gehören dazu Santería auf Kuba (Wedel 2004), Marian Faith Healing in Tansania (Wilkens 2009) und Telepathie und Yoga bei Anglikaner:innen in Kanada (Klassen 2011). Diese Heilungspraktiken wiederum verbreiteten sich weltweit im Zuge der Globalisierungsdynamiken christlicher Gruppierungen und durch globale Migrationsprozesse und passten sich an die jeweiligen neuen Kontexte an, wie verflechtungsgeschichtliche Studien zeigen (Waldschmidt-Nelson 2009; Rauhut 2012).

Ein zweites thematisch eng angelagertes Forschungsfeld zu Heilung und Christentum ist die Verflechtungsgeschichte der Hospitäler in Westeuropa mit denen kirchlicher Institutionen. Kranken- und Altenpflege wurden zur durchgängigen Aktivität christlich geprägter Wohltätigkeit von Lai:innen, Laienkollektiven und Ordensgemeinschaften (Klosterhospitäler, Lazarette, Pesthäuser, Irrenanstalten). An diesen Orten der Heilung wurden und werden im alltäglichen Vollzug sowohl Sakramente gespendet, gesegnet, gebetet und Dämonen ausgetrieben als auch mit pharmazeutischen Mitteln behandelt und seelischer Beistand angeboten (Numbers 1986; Jetter 1986). Der Zusammenhang von Caritas und Diakonie in Form von Medizin und Bildung in der Mission wurde dann verstärkt aus postkolonialer Perspektive untersucht (Grünschloss 1999). Seit der Frühen Neuzeit wurden Krankenhäuser zu Kerninstitutionen verschiedenster Missionsgesellschaften in den Kolonien, aber auch in anderen Gebieten, an denen christliche Gruppierungen auf Initiative der Kirchen Europas und Nordamerikas entstanden (Risse 1999; Wall 2015; Ratschiller/Weichlein 2016).

Es gilt noch zu klären, ob – in der *longue durée* betrachtet – Heilung verstanden als zentrale, institutionalisierte Praxis als ein stabiles Merkmal in der Mehrheit christlicher Gruppierungen zu bezeichnen ist (Porterfield 2005; vgl. Frankiel 2003) oder ob sie lediglich als zeitweise auftretende Dienstleistung (z.B. das Klosterhospital oder das Missionskrankenhaus) im Rahmen diverser anderer Tätigkeiten christlicher Institutionen zu betrachten ist (z.B. Bildung). Und gerade in

Regionen, in denen sich Gesellschaften mehrheitlich als säkular verstehen, wird Religion nicht selten „nur noch" eine diakonische Rolle zugesprochen, die deren Dasein legitimiere (Krech 2011: 78). Die Antwort hängt natürlich auch davon ab, welchen engen oder weiten metasprachlichen Heilungsbegriff man als Arbeitsdefinition zu Grunde legt.

Praktiken zur Heilung von Krankheiten und Praktiken zur Heilserlangung (angebunden an die jeweilige Soteriologie) sind oft eng miteinander verflochten oder bedingen einander. Aus der Beobachterperspektive handelt es sich, wie oben bereits angesprochen, nur um graduelle Unterschiede. Ein mögliches Kriterium für die Zuordnung ist, ob Praktiken der Heilung und Gesundung und erlebte Krankheiten durch die beteiligten individuellen und kollektiven Akteure eine spezifisch religiöse Rahmung erhalten, denn die Grenzen zwischen Heilung und Erlösung werden diskursiv bestimmt. Die Untersuchung solcher Framings ist eine Leitlinie dieses Projekts.

Wir beschäftigen uns anhand dreier Fallbeispiele mit Frömmigkeitstypen des Christentums, in denen Diskurse und Rhetoriken über Heil und Heilung sowie heilende Praktiken im Zentrum stehen. In der Binnenperspektive können diese durch „Wunder", „Charisma" oder durch die Wirkung transzendenter Mächte (Jesus, der Heilige Geist, Maria, Gott, Engel, Heilige, Geister, nichtpersonale Kräfte) erklärt werden, wie auch Diskurse über einen heilen (im Unterschied zu einem krank machenden) Glauben oder gar über die „Resilienz" des Glaubens. Das Projektteam richtet seinen Fokus dabei auf Reaktionen und vorbeugende Maßnahmen gegen Enttäuschungen, die solche Heilungserwartungen schüren können. Unter enttäuschten Heilungserwartungen soll dementsprechend jede Kommunikation und Performanz verstanden werden, die die Dissonanzen zwischen den Vorstellungen und Erwartungen von Heilung und den realen Erfahrungen thematisieren, also die Thematisierung der Aspekte, die diese Heilung verhindern, verzögern oder die als offizielle Heilung versagen. Diese Fälle von *failed healing* werden somit nicht vonseiten der im Projekt involvierten Forscher:innen normativ behauptet, sondern induktiv aus dem empirischen Material als kommunikative Muster rekonstruiert.

Wir haben uns auf eine heuristische Definition geeinigt, die nicht in eine semantische Binarität von Heilung und Nicht-Heilung zerteilt wird, sondern ein weites Begriffsfeld umfasst, das wir im weitesten Sinne als Transformationsnarrative und -praktiken bezeichnen möchten, die mit „Heilung" in Verbindung stehen. Dies beinhaltet z.B. die Artikulation von Glaubenszweifeln, die Plausibilisierungen des weiteren Leidens und Scheiterns, die Wiederholungen von Heilungsversuchen, die Beschreibungen gescheiterter Heilungsrituale, die Bemühungen um offizielle Anerkennung von Heilung oder den Einsatz alternativer Heilungsversuche.

3. Irritierte Heilserwartungen und Herstellung von Konsistenz

Zwei theoretische Ansätze waren in der Anfangsphase für die Auseinandersetzung mit dem Thema Nicht-Heilung im Christentum prägend, um die forschungsleitende Frage zu beantworten, wie Christ:innen, ob als Individuum oder in der Gemeinschaft, Heilserwartungen kommunizieren und wie sie damit umgehen, wenn sich diese nicht erfüllen: Einerseits geht es um die in der Sozialpsychologie verbreitete Konsistenztheorie der kognitiven Dissonanz (Raab/Unger/Unger

2010: 42), wie sie von Leon Festinger 1957 in seinem Buch *A Theory of Cognitive Dissonance* entwickelt wurde und im Wesentlichen einen Spannungszustand beschreibt, der entsteht, wenn kognitive Elemente (z.B. Wahrnehmungen, Vorstellungen, Wünsche, Absichten) miteinander in Konflikt geraten. Andererseits betrachten wir das „Schlüsselkonzept" Resilienz (Bröckling 2017, 2018), welches sich disziplinenübergreifend zunehmender Aufmerksamkeit erfreut und jüngst in sozialwissenschaftliche Resilienztheorien (Endreß/Maurer 2015) mündete, die die Widerstandsfähigkeit von sozialen Systemen nach einer Irritation diskutieren.

So verschieden die Ansätze im ersten Moment erscheinen mögen, versuchen beide zu erklären, wie der Zustand eines Systems, sei es ein psychisches System (Mensch) oder ein soziales System (Gemeinschaft, Organisation, Staat), welches nicht isoliert betrachtet werden kann, sondern in Beziehung zu seiner sozialen Umwelt steht, mit Erwartungen und Entscheidungen kontinuierlich auf dieses kommunizierend (sprachlich, körperlich usw.) reagiert. Während die kognitive Dissonanz vor allem die Irritation des Systems in den Blick nimmt, in dem sich eine Erwartung nicht erfüllt oder eine Entscheidung als Fehlentscheidung zeigt, so beschreibt der Begriff der Resilienz vielmehr eine mögliche Folge als Reaktion auf die Irritation eines Systems, welchem es gelingt, seinen ursprünglichen Zustand zu erhalten bzw. angepasst auf die neue Situation stabilisierend zu reagieren. Im Folgenden führen wir zunächst Überlegungen zum Begriff der kognitiven Dissonanz mit dem Begriff der Heilung zusammen.

Kognitive Dissonanz und das Streben nach Heil

Der Begriff der kognitiven Dissonanz beschreibt nach Leon Festinger zunächst recht allgemein einen Zustand, in dem Akteur:innen ein Ungleichgewicht zwischen ihren Wünschen, Hoffnungen und Erwartungen einerseits und der erlebten Realität oder ihrem Verhalten andererseits wahrnehmen. Kognitionen sind für ihn „any knowledge, opinion, or belief about the environment, about oneself or about one's behaviour" (Festinger 1968: 3), und sobald diese miteinander in Widerspruch treten, empfinden Betroffene diese kognitiven Dissonanzen als „psychologically uncomfortable" (Festinger 1968: 3). Irritationen und Widersprüche bei dem Streben nach Heil oder die Erfahrung eines Ausbleibens einer Heilserwartung, meint entsprechend einen Zustand, in dem Akteure einen Widerspruch zwischen ihren Wünschen, Hoffnungen und Erwartungen ausgehend von ihrem christlichen Wertesystem einerseits und der erlebten Realität andererseits wahrnehmen.

Festinger beobachtete in seinen eigenen Forschungen (Festinger/Ricken/Schachter 1956), dass die nicht eingetroffene Prophezeiung über das Ende der Welt und die daraus entstandene kognitive Dissonanz nicht etwa zu einer Abkehr von der religiösen Lehre geführt hat, sondern zu einer Steigerung in der Anwerbung potenzieller Mitglieder, um die eigenen Sinndeutungen durch sozialen Rückhalt weiter zu legitimieren. Festinger geht entsprechend davon aus, dass jemand, der bereits viel in eine Überzeugung investiert hat, noch mehr als je zuvor von der Wahrheit seines Glaubens überzeugt ist und sogar mit neuem Enthusiasmus und missionarischem Interesse für seine oder ihre Weltanschauung wirbt (Festinger/Ricken/Schachter 1956: 3).

Menschen, die Irritationen erleben, weil mehrere Kognitionen in einem Widerspruch zueinanderstehen, sind folglich darum bemüht, wieder kognitive Konsistenz zu erlangen und Widersprüche aufzulösen. Dies gelingt in der Gemeinschaft und durch die Herstellung einer geteilten Orientierung, von der aus die Realität gedeutet wird. Das Bestehen einer Gemeinschaft hängt somit davon ab, inwieweit sie fähig ist, gegebenenfalls immer wieder Irritationen zu vermeiden, abzuwenden, aufzulösen und alternative konsistente Kognitionen zu entwickeln oder anzubieten.

Das Heilsversprechen der christlichen Lehre ist universell formuliert. Erste Irritationen traten jedoch z.B. schon in der frühen Jesus-Bewegung angesichts der Parusieerwartung auf, d.h. der baldigen Wiederkunft Christi auf Erden, die jedoch ausblieb. Jede neue Generation hat dieses Thema auf spezifische Weise bearbeitet. Es gibt aber auch Phasen in der christlichen Religionsgeschichte, wo dieses Problem athematisch blieb oder nicht im aktiven symbolischen Haushalt präsent war und somit auch nicht bearbeitet werden musste. Und so wie es bestimmte überlieferte Strategien gibt, mit der ausbleibenden Parusie umzugehen, gibt es auch Strategien, um mit enttäuschten Heilungserwartungen umzugehen. Treten sie dennoch ein, stellen sie demnach einerseits eine potenzielle Bedrohung für die jeweilige Sinnkonstruktion und den Erhalt der Gemeinschaft dar, andererseits können sie auch neue Motivationen erzeugen, an den bisherigen Überzeugungen umso mehr festzuhalten und auf diese Weise das Engagement der Gruppenmitglieder zu steigern. Die Auflösung kognitiver Dissonanzen beruht entsprechend auf den jeweils gegebenen und genutzten kommunikativen Ressourcen sowie den Deutungs- und Reflexionsprozessen einer Gruppe. Nach Festinger drängt jede kognitive Dissonanz nach Auflösung, wobei hier unterschiedliche Möglichkeiten gegeben sind: von der Relativierung des Problems (Dissonanz-Reduktion) über die tatsächliche Aufhebung des Problems (durch alternative Kommunikation und Handlungsoptionen) bis hin zur Kompensation des Problems (z.B. durch neue Narrative, die das eigene Verhalten plausibilisieren und die Überzeugungen stärken) (Schüler 2022).

Für Festinger stellt die Frage nach dem Umgang mit kognitiven Dissonanzen in der von seinem Forscherteam beobachteten UFO-Gemeinschaft eines der zentralen Anwendungsgebiete der Theorie dar. Umso erstaunlicher ist es, dass die Theorie zwar über die Jahre in der Psychologie weiterentwickelt (Cooper 2007) und empirisch angewendet wurde (Aronson/Carlsmith 1963), aber bisher kaum Anwendungen in der Religionsforschung fand. So werden die Potentiale der Theorie zumindest in dem Sammelband „Expecting Armageddon“ (Stone 2000) veranschaulicht, auch wenn sich die Beiträge fast ausschließlich dem Phänomen religiöser Endzeiterwartungen widmen, wie es schon Festinger getan hat (vgl. auch Balch et al. 1983). Ergänzt wird dieses Spektrum durch eine Monographie, die ebenfalls kognitive Dissonanz bei einer UFO-Gemeinschaft erforscht (Tumminia 2005). Im Bereich der Religionsforschung fand die Theorie bisher vor allem Anwendung im Kontext prophetischer Versprechen und daraus entstandener enttäuschter Erwartungen (Dein/Dawson 2008; Inbari 2010), obgleich sich viele weitere religiöse Kontexte ebenso anbieten würden, in denen bei Gläubigen bestimmte Erwartungshaltungen

entstehen, wie etwa bei Heilungserwartungen, der Effektivität von Ritualen, dem „Funktionieren" von Gebeten oder Meditation, etc.

Eine erfrischend kritisch-konstruktive Auseinandersetzung mit der Theorie kognitiver Dissonanz für den Bereich der Religionsforschung und möglicher Weiterentwicklungen finden sich in dem Forschungsüberblick bei Dawson (1999) und in dem Sammelband *How Prophecy Lives* (Tumminia/Swatos 2011). Insbesondere Dawson kritisiert dabei die bisher einseitige Anwendung der Theorie auf nicht eingetroffene Prophetien und hebt deren Potential hervor, diese auf weitere religionsbezogene Fallbeispiele anzuwenden, indem er von einem allgemeineren „management of dissonance" und unterschiedlichen adaptiven Strategien spricht, mit denen religiöse Gruppen auf dissonante Zustände reagieren. So nennt Dawson neben Mission auch Rationalisierung, Affirmation und Transzendierung (im Sinne der Anpassung der theologischen Lehre) als mögliche Strategien, mit (prophetischen) Enttäuschungen umzugehen (Dawson 1999: 64-66). In Erweiterung des Anwendungsgebiets der Theorie etwa auf Erwartungen religiöser Heilung hat Sebastian Schüler zudem die Entwicklung und Verbreitung von Narrativen als eine weitere Strategie vorgeschlagen (Schüler 2022). Damit rückt der Blick auch weg von den Dissonanzen selbst und hin zu den Erwartungen und den (kommunikativen) Strategien, mit denen diese bestätigt werden sollen. Denn bisher gibt es so gut wie keine Studien, die sich explizit mit dem Scheitern von religiösen Heilungen, genauer gesagt, mit der kommunikativen und praktischen Performativität im Umgang mit enttäuschten Heilungserwartungen, auseinandersetzen. Das Thema wurde bisher lediglich in Bezug auf individuelle Copingstrategien im Umgang mit (unbeantworteten) Gebeten berührt (Pargament et al. 1998; Bade/Cook 2008; Sharp 2013). Weiterhin finden sich Studien, die vorwiegend die positiven oder negativen Effekte von Religiosität auf die Gesundheit zu belegen versuchen und dabei nicht selten normativ sind (z.B. Pollner 1989).

Für die Untersuchung möglicher Irritationen von Heilserwartungen in den Christentümern gehen wir davon aus, dass ein (potenzieller) Heilszustand nicht ohne die Vorstellung vom Nicht-Heil-Sein des Menschen oder der Welt denkbar ist. Daran schließt sich die Frage an, welche Vorstellungen von Heil bzw. Heilung und von Nicht-Heil bzw. Nicht-Heilung Christ:innen teilen, welche Heilserwartungen sie haben und wie sie damit umgehen, wenn diese Vorstellungen, Erwartungen und religiösen (Körper-)Praktiken irritiert werden. Das Bestreben eines Menschen bzw. einer Gemeinschaft nach einem Heilsangebot, welches im Stande ist, wahrgenommene Widersprüche potenziell aufzulösen, ist in Anlehnung an Festinger als eine Erwartung an kognitive Konsistenz zu verstehen. Erwartungen an ein Heilsversprechen sind vom jeweiligen christlichen Heilsverständnis geprägt und werden kommunikativ auf vielfältige Weise zum Ausdruck gebracht. Wenn beispielsweise Gebete, Heilungsgottesdienste, Pilgerfahrten oder eine angemessene christliche Lebensführung die kommunikative Funktion für das Individuum und das soziale Gefüge erfüllen, potenziell Heil und Heilung bringen zu können, so geht dem eine theologische Prämisse voraus: Der Mensch ist prinzipiell als ein nicht-heiles Geschöpf bzw. die Welt als ein nicht-heiler Ort zu betrachten. Das potenzielle Heilsziel und der Weg dorthin sind

jedoch von der jeweiligen christlichen Gemeinschaft abhängig. In manchen theologischen Traditionen wie z.B. im *Prosperity Gospel* oder Pfingstkirchen ist ein Teil des Heils bereits im Diesseits erreichbar (z.B. in Heilungsgottesdiensten).

Die vorliegenden Einzelstudien fragen dementsprechend, welche Irritationen vor dem Hintergrund bestimmter Erwartungskategorien des Heilens (vgl. Marty 2004) auftauchen und mit welchen kommunikativen und performativen Mitteln solchen Erfahrungen auf kollektiver Ebene begegnet wird. Auch die individuellen psychologischen „Strategien" (Coping) der Akteure im Umgang mit enttäuschten Heilserwartungen können erst vor dem Hintergrund des sozialen Umfelds und den gegebenen Kommunikationsmustern analytisch erschlossen werden. Im Mittelpunkt stehen also die kommunikativen Faktoren und Ressourcen, die im Umgang mit kognitiven Dissonanzen genutzt werden, um das Deutungssystem zu schützen, zu bewahren und ggf. zu modifizieren (Plausibilisierungen, alternative Deutungen, Zweifel, Verstärkung bestimmter Praktiken usw.). Dadurch rückt schließlich auch die Frage nach der Widerstandsfähigkeit (Resilienz) des religiösen Deutungssystems respektive der Kohäsion einer religiösen Gemeinschaft in den Fokus der Fragestellung.

Soziologische Resilienzkonzepte und die Stabilisierung irritierter Systeme

Der Begriff der Resilienz erlebt seit einigen Jahren eine merkliche Konjunktur, nicht zuletzt als ein Schlüsselbegriff in der Traumabewältigung. Daneben scheint Resilienz zudem in der Managementliteratur und *self-enhancement*-Bewegung inzwischen zu einem zentralen Konzept avanciert zu sein. Zwar findet der Begriff bislang vermehrt in psychologischen und therapeutischen Kontexten Verwendung, jedoch fasst allmählich eine soziologische Resilienzforschung Fuß (Endreß/Maurer 2015), die für die Religionswissenschaft fruchtbar gemacht werden kann. Denn etymologisch meint Resilienz nicht mehr als das Zurückspringen (lat. *re-silire*) in einen Ursprungszustand. So wird Resilienz in einer soziologischen Perspektive als soziales Phänomen bzw. als soziale Leistung verstanden, die die Steuerung von Komplexität und Kontingenz im Angesicht von Krisensituationen beschreibt. Als Krise wird in diesem Zusammenhang alles verstanden, was ein bestehendes System bedroht oder in ein Ungleichgewicht bringt, und kann sich somit auf „eine ganze Reihe von Phänomenen" beziehen, „die vom Klimawandel über die Ressourcenknappheit bis hin zur ökonomischen und sozialen Unsicherheit reichen" (Bonß 2015: 20).

Das Potential des Resilienzkonzepts wird darin gesehen, drei Dimensionen beschreiben zu können, die sich in Reaktion auf ein krisenhaftes Ereignis, also als eine Störung des Systems, beschreiben lassen, um wahlweise das System wieder zu stabilisieren oder zukünftig besser auf weitere Krisen reagieren zu können. Folke et al. (2010) führen dazu drei Dimensionen – „persistence", „adaptability" und „transformability" – an, was die Widerstands-, Anpassungs- und Transformationsfähigkeit eines Systems in Reaktion auf eine Krisenerfahrung meint. In sozialwissenschaftlichen und soziologischen Debatten werden diese drei Ausprägungen in vielen weiteren Formen diskutiert, wobei gerade Anpassungen und Transformationen kritisch diskutiert

werden, weil sie beispielsweise die Frage aufwerfen, ob ein System, wenn es auf eine Krise mit Anpassung oder Transformation reagiere, noch dasselbe System sei und ob somit überhaupt von Resilienz gesprochen werden könne.

Endreß und Rampp geben darüber hinaus zu bedenken, dass Resilienzkonzepte nicht einfach aus der Psychologie oder der Ökologie auf soziale Zusammenhänge übertragen werden können. Vielmehr bestehe für eine soziologische Theorie der Resilienz die Notwendigkeit, dieses Konzept nicht essentialistisch, sondern als Perspektive auf moderne Gesellschaftskonstellationen zu verstehen, in denen soziale Einheiten vor besonderen Herausforderungen stehen. Hier verweisen sie exemplarisch auf „die forcierte Pluralisierung kultureller Kontexte und konkurrierende Deutungsmuster" oder auch auf „die Erosion der Vertrauensgrundlagen und Vertrauenskulturen moderner Gesellschaften" (Endreß/Rampp 2015: 43). Eine wissenssoziologische Perspektive stelle eine Weiterentwicklung der bisherigen Resilienzkonzepte dar, die es ermöglichen, soziale Phänomene, wie die eben aufgezeigten, sozialkonstruktivistisch zu behandeln. Vulnerabilität von sozialen Einheiten und die auf sie einwirkenden Gefahren, werden dann nicht als per se gegeben verstanden, sondern als etwas, was wahrgenommen und gedeutet wird. Übertragen auf den Kontext von Heilsverständnissen im Christentum und einem möglichen resilienten Umgang mit Störungen und Irritationen, wäre zu fragen, was Resilienzstrategien und kommunikative Resilienzressourcen im jeweiligen soziokulturellen Kontext der christlichen Fallbeispiele sind und wie diese gedeutet und codiert werden (Endreß/Rampp 2015: 45).

Davon ausgehend ergeben sich eine Reihe weiterer Fragen: Welche Vorstellungen von Heil haben Christ:innen und wie gehen sie beispielsweise mit konkurrierenden Heilsvorstellungen und Anwendungen moderner Medizin und christlichen Heilsvorstellungen und religiösen Praktiken um? Welche kommunikativen „Strategien" vor dem Hintergrund christlicher Deutungssysteme können als resiliente Kommunikation verstanden werden, um mögliche Irritationen abzuwenden oder aufzulösen? Wie wird in der christlichen Gemeinschaft ein geteilter Sinn darüber hergestellt, was heilsbringend ist, was eine „angemessene" Heilserwartung ist, worin sich die Gemeinschaft vulnerabel zeigt und wie sie sich gegen „Glaubenskrisen" wappnen kann?

Hauptaugenmerk liegt bei einem solchen Resilienz-Konzept somit auf der Konstruktionsleistung der religiösen Gemeinschaft, mit Krisen und Störungen umzugehen, und damit auf den Spezifika religiöser Verarbeitungsstrategien im Unterschied etwa zu säkularer Kommunikation im Medizin-Sektor. Dabei sollten insbesondere die jeweiligen kommunikativen Rahmenbedingungen, die sozialen Interaktionen und die organisationale Einbettung in die Analyse einbezogen werden. Auch im Falle einer enttäuschten Heilserfahrung von religiösen Akteuren, stellt sich nicht nur die Frage, wie die individuellen Akteur:innen mit diesen Erfahrungen umgehen (Coping), sondern wie sie einerseits die erlebte Dissonanz in ihrem sozialen Umfeld kommunizieren und wie andererseits die beteiligten Akteure des Deutungssystems (Gemeinde, Institutionen, Organisationen, charismatische Führer:innen) auf Glaubenszweifel von Anhänger:innen reagieren und ggf. Plausibilisierungen bereithalten.

Auch wenn Religionswissenschaftler:innen und Religionssoziolog:innen immer wieder die Frage nach der Widerstandsfähigkeit (und dem Anpassungsvermögen) von Religion im Kontext sozialen und kulturellen Wandels betrachtet haben, blieb der Begriff der Resilienz und die Möglichkeit einer dezidiert religionswissenschaftlichen Resilienzforschung bisher weitestgehend unberührt. Resilienz wurde in Bezug auf Religion bisher eher unter psychologisch-medizinischen Vorzeichen im Kontext von *spiritual care* thematisiert, wobei allgemein der Rolle von Spiritualität für den Umgang mit Krankheit und Alter nachgegangen wurde (Hauschildt 2016). Indirekt (ohne Resilienzbegriff) wurde die Frage gestellt, ob auf Gebeten basierende Heilungserfahrungen längerfristige Effekte aufweisen (Brown 2012), bzw. wie diese soziologisch zu erklären sind (Stolz 2011).

Einen eher soziologischen Fokus auf religiöse Resilienz weist das Werk „The Resilience of Conservative Religion" von Joseph Tamney (2002) auf, der sich explizit populären, konservativen protestantischen Kirchen in den USA in der zweiten Hälfte des 20. Jahrhunderts zuwandte, um herauszufinden, warum und wie konservative religiöse Gruppen den Modernisierungsprozessen trotzen. Er kam zu dem Schluss, dass insbesondere solche Gruppen wachsen, die zugleich konservativ, aber nicht anti-modern eingestellt sind. Ob sich die Ergebnisse Tamneys und damit die Frage nach dem Umgang mit Modernisierungsprozessen auch auf das Thema des Umgangs mit enttäuschten Heilungserwartungen überführen lassen, ist noch offen. Zudem ist es für die allgemeine Vergleichbarkeit notwendig, dass alle drei Fallbeispiele in soziokulturellen Kontexten angesiedelt sind, in denen Heilungsvorstellungen der „westlichen" Schulmedizin zirkulieren und Organisationen der säkularen Gesundheitsfürsorge aktiv sind, die sich in Konkurrenz oder als komplementär zu anderen (religiösen) Heilungsvorstellungen und -institutionen verstehen.

Von der Problematik des Resilienz-Konzeptes

Obwohl wir noch immer überzeugt sind, dass Resilienz als eine übergeordnete analytische Kategorie zum besseren Verständnis von Problembewältigungsstrategien innerhalb von Religionsgemeinschaften beitragen kann, hat sich das Konzept aus mehreren Gründen als untauglich für die konkrete Forschungsarbeit des Projektes erwiesen. Der Hauptgrund war dabei eine bislang fehlende theoretische Rahmung des Resilienz-Konzeptes aus religionssystematischer Perspektive und die damit einhergehende analytische Unbestimmtheit: Sind die Gläubigen (Mikroebene) oder die Gemeinschaften (Makroebene) oder beide resilient? Bedingt die Resilienz der einen Ebene zwangsläufig die Resilienz der anderen? Bedeutet Resilienz, dass etwaige Krisensituationen wie eine gescheiterte Heilung einfach nicht als krisenhaft empfunden werden (*bouncing back*), dass sich die Gläubigen von der Krise schnell wieder erholen (mittels effektiver Coping-Strategien) oder dass die Gemeinschaft bereits antizipatorisch Kommunikations- und Handlungsmuster bereitstellt, um auf solche Ereignisse zu reagieren (*bouncing forward*)?

Insbesondere fiel es schwer, Resilienz-Verständnisse aus anderen Wissenschaftsdisziplinen wie der Psychologie oder Ökologie für das religiöse Feld zu operationalisieren. Auch die wenigen oben erwähnten soziologischen Auseinandersetzungen mit Resilienz waren nicht ohne weiteres

religionswissenschaftlich applikabel. Die schwierige Transformierbarkeit ergibt sich vor allem aus den Definitionserfordernissen, die ein religionswissenschaftlicher Resilienzbegriff mit sich bringt; denn resilient kann eine Gemeinschaft nur sein, wenn sie sich in einer Krisensituation bewährt hat. Doch was ist eine Krisensituation und wie bestimmt man sie empirisch? Nach welchen Kriterien gilt eine Krise als erfolgreich bewältigt, und was ist Erfolg überhaupt im religiösen Kontext? Heißt ein resilientes Verhalten gegenüber der Krisensituation gescheiterter Heilungen, dass sich die Betroffenen nicht von der Gemeinschaft abwenden, dass sie in ihrem Glauben gestärkt werden – oder gar, dass die zugrundeliegende Theologie der Gruppe erfolgreich um die Plausibilisierung der Geschehnisse erweitert wurde? „Scheitern" und „Erfolg" bleiben letztlich Setzungen, die auf objektsprachlicher Ebene getroffen werden und die von uns aus religionswissenschaftlicher Sicht nur als Kommunikationsakte analysiert werden können.

Hinzu kommt, dass der Resilienzbegriff auf objektsprachlicher Ebene – allgemein aber auch im Feld der Religion – bereits inflationär verwendet wird: in Ratgeberliteratur, Managementseminaren, Populärpsychologie und Achtsamkeitstrainings. Dabei verschwimmen die Grenzen zwischen Objekt- und Metasprache im Diskurs über Resilienz zunehmend und dies erschwerte die definitorische und theoretisch-konzeptionelle Arbeit. Von der neoliberalen Konnotation (Graefe 2019) einmal abgesehen, taucht Resilienz seit den 1940er Jahren auch immer häufiger in theologischen Debatten und christlichen Ratgebern auf, um auf den Glauben als Ressource zur Bewältigung von Krisen und Problemen hinzuweisen (Blanton/Peale 1940). So ist auch Daniel Ellwanger in seiner Feldforschung in Lourdes Resilienz als ein objektsprachlicher Ausdruck begegnet.

Eine dezidierte Analyse des objektsprachlichen Gebrauchs des Resilienzbegriffs in religiösen Gemeinschaften müsste jedoch in einem gesonderten Forschungsprojekt erfolgen. Um die derzeitige Unbestimmtheit und Komplexität dieses Begriffs zu umgehen, haben wir vorübergehend auf eine weitere Arbeit mit ihm verzichtet. Die religionswissenschaftliche Theoretisierung von Resilienz und eine fachspezifische Definition bleiben nichtsdestotrotz ein Desiderat für zukünftige Auseinandersetzungen mit *failed healing*.

Auf analytischer Ebene wurde in den Einzelstudien dennoch der Umgang mit und die Kommunikation über Heilung und mögliche, diesbezügliche Enttäuschungen in den Blick genommen. Da jedoch – wie schon erwähnt – die Deutungen dazu, was als Heilung verstanden werden kann (körperlich, psychisch, emotional, etc.) und was als Hindernis (Nicht-Heilung) gilt, in den einzelnen Fällen sehr unterschiedlich ausfallen und als emische Diskurse rekonstruiert werden müssen, sind wir dazu übergegangen, eher von Erwartungsirritationen und der Wiederherstellung von Konsistenz im Glauben zu sprechen. Der Wunsch nach Heil und Heilung erzeugt in jedem Fall bestimmte Erwartungen gegenüber der Möglichkeit ungeliebte Zustände zu verändern. Diese Erwartungen können irritiert werden und verlangen daher gewisse kollektive Plausibilisierungen bzw. ein Irritationsmanagement, um den Erwartungshorizont stets neu auszuloten und ggf. anzupassen bzw. an dem Glauben festzuhalten. Die Begriffe der Erwartung und Irritation gehen somit über die Enge des Begriffs der Nicht-Heilung hinaus und tragen zudem

nicht die theoretische und vor allem normative Last eines Resilienzbegriffs. Zugleich nähern sich die Begriffe der Theorie kognitiver Dissonanz an, welche (neben dem Resilienzkonzept) einen unserer Ausgangspunkte darstellte.

4. Qualitative Forschung unter pandemischen Bedingungen

Als besonders herausfordernd hat sich der Beginn und die Ausbreitung der COVID-19-Pandemie in mehrerlei Hinsicht herausgestellt. Die anhaltende Ungewissheit, wann und ob Feldforschung außerhalb Deutschlands im Rahmen dieses Projektes möglich sein würde, hat dafür gesorgt, dass die ursprünglichen Zeitpläne kontinuierlich an die neuen Gegebenheiten angepasst werden mussten und eine Neuausrichtung der Fallbeispiele erfolgte. Ausgehend von christlichen Organisationen, die in Deutschland angesiedelt sind und transnationale Verflechtungen aufweisen, war es für alle drei Fallbeispiele möglich, digital Kontakt zum Feld aufzubauen. Die jeweiligen methodischen Zugänge wurden ebenfalls angepasst, was zunächst bedeutete, teilnehmende Beobachtung und qualitative Interviews digital durchzuführen. Wann immer sich die Gelegenheit bot und es die pandemische Lage zuließ, wurde der Feldzugang in Präsenz bevorzugt.

Die Umlagerung des öffentlichen Lebens in den digitalen Raum stellte sich insofern als ein Vorteil heraus, als dass Interviews nun über Zoom durchgeführt und Feldforschung auch auf Online-Kongressen, in Online-Gottesdiensten und Online-Bibelkreisen durchgeführt werden konnte. Für die Untersuchung von Churchome (in Deutschland und Nordamerika) konnte diese Anpassung unmittelbar umgesetzt werden, weil diese Kirche die Nutzung von Social-Media-Kanälen und weiteren digitalen Tools bereits vor der Corona-Pandemie in ihre religiöse Praxis integriert hatte und zudem eine junge Zielgruppe mit ihren Heilsangeboten anspricht, was digitale teilnehmende Beobachtung leichter ermöglichte. Die zwei Studien zu Heilsverständnissen im Kontext von Pilgerreisen nach Lourdes in Frankreich und zur Evangelischen Mission und ihren transnationalen Verflechtungen in verschiedenen Regionen der Welt waren im Gegensatz dazu darauf angewiesen, Forschungsdaten beispielsweise über qualitative Interviews per Video und Telefon zu erheben und kurze Zeitfenster zu nutzen, in denen Reisetätigkeiten möglich waren. Trotz dieser herausfordernden Umstände ist es gelungen, die Feldforschungen durchzuführen, so dass erste Ergebnisse in dieser Ausgabe vorgestellt werden können.

Vor dem Hintergrund einer weltweit grassierenden Pandemie und dem Forschungsgegenstand der (Nicht-)Heilung in Christentümern schließt sich unmittelbar die Frage an, inwiefern sich die pandemische Lage auf die religiöse Praxis der christlichen Gemeinschaften sowie auf die individuellen und kollektiven Vorstellungen von (Nicht-)Heilung ausgewirkt haben. Entgegen unseren anfänglichen Erwartungen zeigte sich, dass die Pandemie für die Gläubigen und ihr Heilungsverständnis keine gravierenden Auswirkungen hatte. Neben den teilweisen organisatorischen Einschränkungen und Änderungen, etwa bei den Pilgerfahrten, waren es eher vereinzelte Stimmen, die Bezug auf solche Umstände genommen haben. Allerdings konnten keine tiefgreifende Verunsicherung oder andere Veränderungen der Heilungsvorstellungen

festgestellt werden, was eventuell auch daran lag, dass Gemeinden entweder schon organisatorisch vorgesorgt hatten (wie im Falle von Churchome) – oder aber, dass sie mit Hilfe der ohnehin vorhandenen komplexen Aushandlungsstrategien von Heilungsvorstellungen und -erwartungen die pandemischen Bedingungen unbeschadet eingehegt haben. Auch wurde die Pandemie nicht unmittelbar zum zentralen Thema in den Religionsgemeinschaften, sondern eher latent in die Kommunikation religiöser Heils- und Heilungsbotschaften eingepflegt (etwa über den Resilienzbegriff).

Stattdessen waren es eher die Forschenden, die sich in ihrer Arbeit den pandemischen Bedingungen anzupassen hatten. Diese Studien werden nun abschließend kurz vorgestellt.

5. Vorstellung der Fallstudien

Die Religionswissenschaftlerin Ariane Kovac beschäftigt sich in ihrem Teilprojekt mit Churchome, einer evangelikalen Megakirche mit Ursprung in Seattle, die zunehmend auch im digitalen Raum expandiert, Mitglieder auf der ganzen Welt miteinander vernetzt und wie kaum eine andere Kirche für hippen und urbanen Protestantismus steht – „jesuszentriert", selbstreflektiert und gewollt unpolitisch. Die These, dass eine zunehmende Therapeutisierung und Psychologisierung der Gesellschaft zu einem Obsoletwerden von religiöser Heilung führe, weist Kovac zurück, indem sie aufzeigt, wie Gott bei Churchome selbst als Therapeut *geframed* wird und die Hauskreistreffen den Charakter von Gruppentherapien annehmen. Es vollzieht sich also vielmehr eine Therapeutisierung auch des religiösen Feldes, und Kovac untersucht mit dem Konzept von Emotionspraktiken ebendiese Verschränkung von religiösen und therapeutischen Inhalten bei Churchome. Insbesondere arbeitet sie den introspektiven Fokus der Theologie, das Bekenntnis zu Authentizität und Verletzlichkeit, einen psychologisierenden Blick auf biblische Geschichten, die Betonung des Christseins für eine therapeutische Selbstverbesserung und einen Seele-Körper-Dualismus als wesentliche Elemente dieser religiös-therapeutischen Emotionspraktiken heraus.

Der Soziologe und Religionswissenschaftler Daniel Ellwanger untersucht in seinem Beitrag den katholischen Marienwallfahrtsort Lourdes, in dem ab 1858 von mehreren Marienerscheinungen berichtet wurde und der seitdem zu einem der größten Pilgerorte und katholischen Touristenziele weltweit geworden ist. Im Mittelpunkt der Auseinandersetzung stehen die Praktiken, durch die Pilger:innen mit den unterschiedlichen religiösen Angeboten, Abläufen, Ritualen und materiellen Arrangements am Wallfahrtsort interagieren und darüber reflektieren. Er hat dabei herausgearbeitet, wie die Pilger:innen bestimmte Blicke auf die religiösen Rituale und Abläufe und die dabei empfundenen Emotionen kultivieren, inwiefern diese im Widerspruch zueinanderstehen und welche Konfliktlinien daran sichtbar werden. Die übergeordneten Ziele waren einerseits, das spezifisch „Katholische" der Art des Denkens, Sprechens und Handels in Lourdes zu hinterfragen, und andererseits zu zeigen, inwiefern Heilungserwartungen und -praktiken in diesen lokalen Kontexten relevant werden, wie sie in andere religiöse und/oder

„profane“ Praktiken und Erwartungen eingeflochten sind und unter welchen Bedingungen das Scheitern, Ausbleiben oder die Verzögerung von Heilung problematisiert werden.

Der Religionswissenschaftler Thomas Heinrich setzt sich in seinem Beitrag mit der Arbeit evangelisch-lutherischer Missionsorganisationen auseinander. Dabei stellt er deren Arbeit als gesellschaftsbildend vor und thematisiert die damit verknüpften Identitätsverhandlungen in ihrer Relevanz für und als Kennzeichen einer ausdifferenzierten und postkolonialen Moderne. Ein Fokus liegt auf dem Wirken der evangelisch-lutherischen Mission im pazifischen Raum. Bei der Vorstellung des Missionswerkes und spezifisch seines Krankenhauses auf der Insel Karkar in Papua-Neuguinea geht es um die Entscheidungen und Deutungen der lokalen Akteure im Hinblick auf schulmedizinische und charismatisch-christliche Heilungsangebote („Exorzismus“) und um die Rollenaushandlungen eines madagassischen Arztes, der zugleich Experte für das Austreiben von „spirits“ ist. Vetreter der Lutherischen Kirche verhandeln an diesem Fall, was richtiges „lutherisches“ Handeln in Bezug auf Diagnostik und Therapie ist. Heilung selbst wird in diesem Kontext als Erwartung gewendet und als (nicht nur) religiöser Aspekt in der globalen Missionsarbeit betrachtet.

Mittels dieses religionswissenschaftlichen Binnenvergleichs verschiedener christlicher Strömungen in drei regionalen Kontexten entwicklen wir einen heuristischen Blick auf den Umgang mit enttäuschten Heilungserwartungen im religiösen Feld. Dabei orientieren wir uns methodisch an einer französischen religionssoziologischen Studie, die Lourdes-Pilger und Mitglieder einer Pfingstkirche im Hinblick auf den privilegierten Heilungstyp, den Modus des Betens, die Deutung individuellen Unwohlseins, die Krankheitskonzepte und die Logik des Umgangs vergleichend untersucht hat (Amiotte-Suchet 2005). Ein weiterer forschungsleitender Ansatz wurde vom US-amerikanischen Theologen Martin E. Marty entwickelt, der eine Typologie objektsprachlicher Erklärungen für Heilungen anführt, die durch eine Interaktion mit dem Göttlichen erfolgten (Marty 2004). Er unterscheidet zwischen a) *autogenesis*, d.h. der Heilung ohne Referenz an übernatürliche Wesen, b) *synergism*, d.h. einer Kooperation von menschlichem und übermenschlichem Handeln, jedoch ohne persönlichen Gott, c) *empathy*, d.h. einem persönlichen Gott, der Heilung nicht gewährleistet, aber mitleidet, und d) *monergism*, d.h. der vollständigen Verlagerung der *agency* auf den göttlichen Akteur, der Wunder bewirkt.

Insbesondere Martys vierter Typus, *monergism*, erschien uns dabei zunächst wegen seiner starken transzendenten Bezugnahmen anschlussfähig für die Untersuchung von Narrativen enttäuschter Heilserwartungen im Christentum und einer möglichen Weiterentwicklung von Martys Modell. Dieser vierte Typus beschreibt den Mechanismus, in dem durch religiöse Anstrengung das Transzendente verfügbar gemacht wird. Welche Mechanismen religiöse Systeme hervorbringen, wenn die Erwartung gerade nicht erfüllt wird, bzw. Haltungen, Anstrengungen und religiöse Praxen nicht zielführend sind, wurden bisher noch nicht typologisiert. Denkbar wären hier unterschiedliche Handlungs- und Kommunikationsweisen wie etwa Schweigen, das Unterlassen von Beurteilungen, die Deutung als rechtschaffenes Leiden, das vorsichtige Hinterfragen der Doktrin oder die Steigerung religiöser Anstrengung (vgl. Bowler

2013). Die Ergebnisse der einzelnen Forschungsprojekte haben jedoch gezeigt, dass die vorgefundenen Heilungsverständnisse eher den Typen *synergism* und *empathy* zuzuordnen sind.

Aus der Zusammenschau der bisherigen Arbeitsergebnisse lassen sich zumindest die folgenden Hypothesen aufstellen, die bei der Lektüre der Einzelbeiträge erkenntnisleitend sein sollen: (i) Enttäuschte Heilungserwartungen können auch kollektive Krisenerfahrungen und damit kognitive Dissonanzen hervorrufen, d.h. bestimmte Deutungs- und Reflexionsprozesse in der Gruppe bedingen und dabei Handlungen, Sprechweisen und Erwartungen beeinflussen. (ii) In der Verarbeitung kognitiver Dissonanzen wird auf ganz bestimmte, aber gruppenspezifische und kontextabhängige Kommunikationsmuster zurückgegriffen, d.h. es werden typische Deutungen immer wieder genutzt bzw. entwickelt und/oder modifiziert. (iii) Religiöse Gemeinden und Gruppen entwickeln als Interaktionssysteme und Diskursräume spezifische kommunikative Eigenschaften (Narrative, Deutungen, Handlungsweisen, etc.), um sich gegenüber kognitiven Dissonanzen zu immunisieren bzw. Enttäuschungen der Mitglieder zu kompensieren. (iv) Eine religionswissenschaftlich informierte Resilienztheorie könnte künftig bei dieser Beobachtung ansetzen und nach der Stärkung der Widerstandskraft von religiösen Gemeinschaften durch ebenjene stabilisierenden kommunikativen Eigenschaften fragen.

Wie der letzte Punkt verdeutlicht, bezieht sich der Aspekt der Resilienz nicht allein auf Individuen, die kognitive Dissonanzen erleben, sondern auch auf das jeweilige Organisations- und Interaktionssystem, das meist selbst bis zu einem gewissen Grad eine interne Störungsverarbeitungskompetenz (z.B. Theodizee-Entwürfe) besitzt. Religiöse Systeme scheinen dabei inkludierend oder abgrenzend auf andere Deutungssysteme und Therapieangebote (Schulmedizin, Wissenschaft, alternative Heilungsangebote) zu reagieren, um kognitive Dissonanzen aufzulösen oder abzuschwächen und somit resilient zu bleiben (Krech 2012: 59). Kognitive Dissonanzen werden kommunikativ verarbeitet und haben handlungsleitende und strukturierende Konsequenzen für die Prozesse religiöser Gruppen, die sich selbst regulieren müssen, um ihr Heilsangebot dauerhaft gewährleisten zu können und sich selbst zu legitimieren (Krech 2011). Die folgenden Aufsätze möchten also trotz ihrer Eigenständigkeit in einer Synopse zur Erforschung religiöser Kommunikation mit Blick auf kognitive Dissonanzen in religiösen Systemen beitragen und somit einen Grundstein für eine religionswissenschaftliche Resilienzforschung legen.

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Über die Autorinnen und Autoren

Prof. Dr. **Bernadett Bigalke** ist Juniorprofessorin für Religionswissenschaft an der Universität Leipzig. Ihre Forschungsthemen setzen sich mit den Beziehungen zwischen den Handlungsfeldern Religion und Medizin auseinander. Ihre materialen Schwerpunkte liegen in der Katholizismus- und Esoterikforschung. Theoretisch arbeitet sie mit Ansätzen der Körper-, Emotions-, und Geschlechtergeschichte sowie dem Konzept der *lived religion.*

E-Mail: bernadett.bigalke@uni-leipzig.de

Jakob Eißner studiert Religionswissenschaft und Israelstudien im Master an der Universität Leipzig und der Hebräischen Universität in Jerusalem. Sein Forschungsinteresse liegt in der christlichen, jüdischen und alternativreligiösen Diskurs- und Kulturgeschichte des 19. und 20. Jahrhunderts, vornehmlich in Westeuropa, Nordamerika und Israel/Palästina. Im DFG-Projekt *When Healing Fails* hat er als Wissenschaftliche Hilfskraft mitgearbeitet.

E-Mail: jakob.eissner@gmail.com

Prof. Dr. **Sebastian Schüler** ist Professor für Religionswissenschaft an der Universität Leipzig. Seine Forschungsinteressen liegen im Bereich des evangelikalen Christentums sowie des New Age in den USA und Europa. Insbesondere hat er Forschungen zur *Emerging Church* und der *Human Potential Movement* durchgeführt. Dabei interessieren ihn vor allem Fragen zur Sozialform und zu Veränderungsprozessen von Religion.

E-Mail: sebastian.schueler@uni-leipzig.de

Dr. **Sabrina Weiß** war von 2016 bis 2022 als wissenschaftliche Mitarbeiterin in der Religionswissenschaft der Universität Leipzig tätig. Ihr Forschungsinteresse richtet sich auf das Themenfeld von Religion, Migration und Jugend. In ihrer Dissertation beschäftigte sie sich mit koreanischen christlichen Gemeinden in Nordrhein-Westfalen und Fragen des Generationenwechsels. Insbesondere Formen religiöser Jugendselbstorganisation jenseits etablierter Religionsgemeinschaften und Anerkennungskonzepte sind Schwerpunkt ihrer Arbeit.

E-Mail: sabrina.weiss@uni-leipzig.de

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Abstract in English

This article summarises the central questions and findings of a collaborative research project entitled *When Healing Fails* and also serves as a framework for the case studies presented in this special issue. The guiding research interest arose from the question of how Christians deal with expectations of healing, what they mean by this and, in particular, how they deal with possible disappointments. Drawing on the theory of cognitive dissonance (Festinger), we was asked whether expectations of healing can cause irritation and how these are communicatively absorbed and processed. The focus was on collective interpretations rather than individual coping strategies. The project studied three different Christian churches on three continents. On the one hand, the results document the empirical breadth of the concept of healing and the possibilities of "failed" healing. On the other hand, we show that the issue of non-healing does not only lead to doubts about faith, but is also creatively integrated into everyday practice and thus becomes an integral part of lived religion.

Perspectives in the Study of Religion
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"This Is Just Water" The Aesthetic Formation of Ritual Participants at the Lourdes Shrine

Daniel Ellwanger

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Abstract

Since its inception in 1858, the Lourdes Marian shrine in France has been distinguished by several defining characteristics, including religious practices, ritual performances, and narratives of healing. The global COVID-19 pandemic has had a significant impact on religious culture at the Catholic Sanctuary of Lourdes in multiple ways. This article presents an ethnographic description of the impact of the pandemic on the shrine, based on fieldwork and the analysis of qualitative interviews conducted during the autumn of 2021 and throughout 2022. The article examines historical continuities and inconsistencies in the evaluations of religious practitioners' ritual practices, with a particular focus on two aspects of Lourdes: first, ritual performances involving the renowned Lourdes water, which are thus framed as healing rituals; secondly, the in-/visibility of sick pilgrims at the sanctuary due to the pandemic. The article demonstrates that although these two aspects transform the sensational form of Lourdes to a considerable extent, as they become partially dysfunctional (at least temporarily), their evaluations by pilgrims and the shrine's lay helpers are conducted within a stable framework.

1. Introduction: miraculous days under pandemic restrictions

The Catholic sanctuary of Lourdes in the south of France has gained a significant degree of its worldwide reputation from reported miracles and its potential to heal the mind and body. A multitude of literary works, biographical pamphlets, theological debates, and pop-cultural references engage with the iridescent narrative of miracles and healing at Lourdes. The sanctuary's public self-presentation draws upon these narratives as a Lourdes brochure illustrates vividly, linking healing and the famous Lourdes water under the headline "Lourdes, place of miracles". The brochure presents the sanctuary as a place of healing. What proliferated soon after the sanctuary's founding events — reported Marian apparitions in the year 1858 — seems no less effective today: Lourdes pilgrims can expect a place of healing and divine intervention.

When I first accompanied a group of German pilgrims to the Marian apparition site in September 2021, approximately one and a half years after the onset of the COVID-19 pandemic began, I learned quickly that the days in Lourdes are replete with masses, shrine tours, group meals, and various forms of processions. A Catholic pilgrimage office organizes this tight schedule with some events organized by officials of the Lourdes shrine. However, from my perspective, one aspect

Corresponding author: Daniel Ellwanger, University of Leipzig.
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was notably absent from the official program: a visit to the baths where pilgrims are immersed in the Lourdes water, which is purported to have a healing effect. Moreover, a clear reference to healing was absent from the program and from various conversations I participated in throughout this initial field trip.

The brochure that drew my attention to Lourdes as a pilgrimage site of healing and miracles explicitly referred to the Lourdes water and its purported healing potential. Upon entering the field, however, my initial impression was not as prominent as I had anticipated. When I asked a pilgrim if she could tell me why the bathing ritual was not integrated into our schedule, her response was merely speculative with the suggestion that the organizers might not advise the pilgrims to visit the baths out of precaution against infection with COVID-19. She went on to tell me that another pilgrim from our group had informed her that the bathing ritual in its "original shape" had been somehow modified due to sanitation measures implemented during the pandemic. This was the first indication that ritual settings in Lourdes differed from those before the global pandemic. Nevertheless, she assured me that a visit to the baths and the performance of the ritual are essential components of her personal pilgrimage experience.

The performance of the bathing ritual had indeed changed, which I eventually learned when a shrine volunteer told me about the modifications during an interview.[1] As a volunteer helper in the *Hospitalité Notre Dame de Lourdes*, an international Catholic lay association recognized by the Catholic Church and led by lay people offering their support to the sanctuary, she elucidated how the ritual setting in the baths had transformed. Whereas pilgrims were previously completely immersed in the water in the spa complex that was designed specifically for this purpose, they may now only wet their faces and hands as well as drink the water while venerating the Virgin Mary.

Conversations I had with pilgrims revealed that the post-pandemic character of the ritual remained ambiguous and was a topic of discussion among the pilgrims of my group. One day during my first field trip, I accompanied a small group of pilgrims to the bathing complex. The waiting crowd, surely more than 100 people, was seated on long benches in front of the austere building. The entrances to the baths were covered with plastic sheets resembling shower curtains, and a large Lourdes Madonna was placed in the middle of the waiting area. While we waited to be admitted into the building in pairs, a brief dispute unfolded between two pilgrims of my group. An older woman vigorously advocated that the Lourdes water used in the baths has a healing effect if only one believes sincerely and is prepared to receive a miracle. Her seat neighbour was unconvinced and appeared somewhat overwhelmed by the woman's vigour. Later that day, she told me with a hint of amusement that some pilgrims appear to be convinced by the fact that physical contact with the Lourdes water will cure their corporeal ailments.

[1] John Eade (2020) has also paid attention to ritual changes at Lourdes. See Ebertz (2023) for another analysis of ritual change within Christianity induced by COVID-19.

Although I expected a transparent and unilateral sentiment toward healing at Lourdes, as reflected in the brochures and other print and online media, this scene indicated that such shared positions were indeed rare among pilgrims. Through participant observation during several field trips to Lourdes, ethnographic interviews, and textual analysis of documents from the site and the Lourdes official websites, I learned that healing occurs in one way or another. For the time being, I will leave the phrase "in one way or another" intentionally vague, as what healing is or how it happens in Lourdes remains somewhat fuzzy, inconsistent, and even contested. The disagreement between the two pilgrims illustrates this ambiguity. Furthermore, in Lourdes, there is a distinction between the various ritual healing media based on both their location (for example water taps, grotto, baths, basilica) and the specific events associated with them (for example processions, mass, rituals).

I introduce these ethnographic observations in order to open a first approach, which is I observe ambiguities, inconsistencies, and divergent evaluations when it comes to healing as part of religious life in Lourdes. Despite these inconsistencies, the sanctuary's ascribed potential to heal is omnipresent in the shrine's religious rituals, practices, and public self-description, as evidenced by the previously described brochure. Healing as omnipresence encompasses shared theological and popular narratives about miracles, as well as the presence and visibility of sick pilgrims at Lourdes. At the same time, healing is distinguished by its fuzziness, in that it can occur through various practices and divergent channels, including the intercession of God or saints, to a prominent extent the Virgin Mary. The range of healing activities is exemplified by the veneration of Catholic mediators such as Mary, different collective practices such as pilgrimage, sacramental practices, prayer, a sense of community, or individual ritual washings in the shrine's baths. Consequently, healing is open to a variety of interpretations and framings.

The present case study focuses initially on ritualized healing practices, with particular attention to the bathing ritual at Lourdes, which uses the apparitional spring and the Lourdes water as a central medium of devotion. This ritual setting is a defining feature of the French sanctuary that sets it apart from other large-scale Catholic shrines. Secondly, I focus on the presence of sick pilgrims at the shrine, i.e. the visibility and perception of sick pilgrims by other pilgrims and lay helpers of Lourdes. Investigating some aspects of this ritual performance and different evaluations of it sheds light on contested views on practices of healing that have a long and well-known history in Lourdes. However, the pandemic has also led to the emergence of new inconsistencies due to the considerable change in the ritual setting. In light of Suzanne Kaufman's comprehensive historical analysis of Lourdes (2005; 2018), I delineate how my ethnographic data are evaluated. This entails identifying the intertwined nature of discontinuities and continuities, as elucidated by Birgit Meyer's concept of a "sensational form" (Meyer 2008; 2013). The objective of this chapter is thus to examine the relationship between modifications of rituals and the publicity of the shrine, as well as the expectations and evaluations of healing in Lourdes. It also investigates whether the healing potential of Lourdes is evaluated differently or even negatively as "failed" when the sanctuary's long-term key features associated with healing in the Catholic

imagination, the bathing ritual and the visibility and care for the sick, are disrupted due to the pandemic and consequently modified due to external conditions.

After briefly unfolding the story of the Marian shrine Lourdes, I reflect on the notion of "failure" concerning my case study, as the shrine is closely tied to the narration of healing. I then present the historical context of the Lourdes shrine and the reconfiguration of the sanctuary's bathing ritual due to the COVID-19 pandemic. Subsequently, I discuss ethnographic accounts with different ritual participants to illustrate the multi-layered framings and engagements in healing at the sanctuary. Even if the ritual setting and its aesthetic and sensorial experience are rearranged, I argue that an unequivocal qualification of healing and failure is misleading. Rather, in exploring how ritual participants and evaluators delineate and contextualize religious expectations towards healing at Lourdes, the result can present possible conflicts and/or congruencies that are typical for the sensational form.

2. Failed Healing, or, in what way can we speak of failure?

The visibility of the sick and the bathing ritual are my two focal points for my analysis as they are closely linked to the shrine's potential to heal, specifically via the shrine's material media and sensorial characteristics. Lourdes pilgrims come in constant contact with the Lourdes water as they pour water into bottles or wash parts of their bodies at taps. The bathing ritual uses the same water as the taps, yet the water's healing powers appear to be different when it is engaged in the specific ritual performance. In contrast to drinking and washing at the taps, different narratives and rules to interact, speech acts, and formalized gestures with the water (Bräunlein 2014) are established through the *hospitalier* staff during the ritual performance in the baths. Consequently, in Lourdes, there is a distinction and hierarchization between the various ritual healing media based on both their location and the specific events associated with them. This internal hierarchization of the water as a medium of healing and the practices it is involved in reveals what Birgit Meyer has coined the "sensational form" of religious experience.

> "Sensational forms […] are relatively fixed, authorized modes of invoking and organizing access to the transcendental, thereby creating and sustaining links between religious practitioners in the context of particular religious organizations. Sensational forms are transmitted and shared; they involve religious practitioners in particular practices of worship and play a central role in forming religious subjects. Collective rituals are prime examples of sensational forms in that they address and involve participants in a specific manner and induce particular feelings. (Meyer 2008: 707–708)

Meyer's definition of sensational forms speaks to the material media and sensorial norms and practices that the sanctuary and its representatives offer to pilgrims. A sensational form informs sensual activity like seeing and touching but also refers to religious narratives and creates appropriate expectations towards material religious media, bodily practices, and aesthetic evaluations. It arranges material media, the performances they are involved in, the potential

agency that is ascribed to these media, and it informs interpretations and evaluations of religious practitioners. Authorized sensational forms of religious practice and feeling neither create religious practitioners automatically nor do they produce religious experience such as healing in a mechanical manner. Sensational forms engage participants in sensorial and embodied ritual performance, thereby generating interpretations and evaluations of practices, rituals, media, and feelings within a framing. For my approach, I combine Meyer's sensational forms with what Ronald Grimes calls "ritual criticism" (Grimes 1990; Grimes/Hüsken 2013). Ritual criticism is the evaluation of a ritual in both a negative and/or a positive sense. In this way, the perspectives of the ritual participants can be related to each other. Respectively, it is a category superordinate to failure (Grimes/Hüsken 2013: 159).

The introduction to this special issue has already highlighted the necessity of an inductive reconstruction of failed healing or practitioners' expressions of irritation, and their potential nexus to expectations implicated in religious performance. Ute Hüsken reminds us that if ethnographers are confronted with negative evaluations in the field, failure can become a legitimate analytical category for them. ''Only if such deviation from explicit or implicit rules, values, expectations, norms or models is judged negatively do we find ourselves in the field of 'distortion', 'mistake', 'flaw', 'error', 'slip', 'failure', etc." (Hüsken 2007: 338). In the rarest of cases, rituals either fail completely or are celebrated as a resounding success. Evaluations of ritual performance may be situated on a spectrum, encompassing both implicit and explicit expectations and values. These values are informed by a sensational form, which will be elaborated in subsequent chapters.

I approach the matter of failed ritual performance and the evaluation of healing as a source of ambiguity for the ethnographer. Failure is not a matter of fact but a "matter of concern" (Latour 2005: 87-120) to be determined through following the practices and voices of actors on site, how they engage within a sensational form, and how they are enabled to distribute agency. Consequently, I posit that a "complex and highly controversial set of mediators" (Latour 2005: 118) gives shape to the sensational form and criticism of the ritual performance of healing.

3. A brief history of Lourdes with a focus on the aftermath of COVID-19

Marian apparitions, Catholic devotion, and the career of healing

Lourdes is the pre-eminent shrine of the so-called "Age of Mary" (Schneider 2013: 88–89), serving as a model for modern Marian healing sanctuaries (Zimdars-Swartz 1991: 20). The proliferation of Marian apparition sites during the 19th century represents a pivotal moment in the history of Catholicism, both in terms of its dogmatic and lived devotional traditions. From its inception, the Lourdes shrine has been a prominent focus of publicity and self-presentation by Catholic authorities. This is due to the shrine's reputation for healing, as well as the rituals and devotional media associated with it.

The establishment of the small town of Lourdes as a global centre of pilgrimage is inextricably linked to the story of the young Bernadette Soubirous, who reported a series of apparitions of the Virgin Mary in the Massabielle grotto of Lourdes in 1858. During these visionary encounters, the apparition issued a series of admonitions, promises, and orders to Bernadette. These included requests for penance and prayer for the conversion of sinners. According to the official narrative, the apparition instructed Bernadette to dig in the grotto, whereupon she discovered a water spring and used that water to wash herself and to drink.[2] The appearance of a spring in the landscape of the Pyrenees was not unusual, as the region was well known for its numerous springs and spas (Eade 2023: 49). However, in the context of the apparitions, Lourdes' spring was perceived as a channel of divine presence and used as a source of healing material, a framing that resonates with established popular Catholic ideas and imaginations. The spring was soon associated with miraculous healing, foremost by local lay people. Although the apparition's authenticity was approved by the Bishop of Tarbes in 1862, the efficacy of the spring's water in performing miraculous healing remained a topic of contention and debate. In response, Catholic authorities have sought to legitimate and subsequently disseminate an official narrative of the apparitions and the Virgin's messages, which has become a collectively shared and disseminated "Ur-story" (Garrigou-Kempton 2018) of the Lourdes events, foregrounding the orthodox dimensions. Among modern Catholic apparition shrines (e.g. Fatima, Guadalupe, Knock and others), only Lourdes is distinguished by the material feature of a spring that is ascribed to have the power to heal.

Torsten Cress (2019: 120) posits that Lourdes and its material features derive a significant part of its attraction from the idea of healing, a notion that persists to this day. A considerable number of Lourdes pilgrims and visitors suffer from various illnesses and disabilities, and they hope for healing or relief from their ailments through divine intervention. The conviction that the miraculous power of the Virgin Mary had been transferred to the place and, in particular, to the water from the spring led pilgrims to Lourdes expecting to be healed of their sufferings and illnesses. This idea was both reinforced and regulated by the recognition of healing miracles in Rome in collaboration with doctors and scientists. From its inception, Catholic authorities have established an extensive infrastructure with a primary focus on the accommodation and care for sick pilgrims. The spectacular devotional practices and the accommodation of the sick have contributed to Lourdes' reputation as a healing shrine. The infrastructure of the shrine, comprising hospitals and a volunteer system, has been designed to meet the needs of sick pilgrims. The Catholic Church actively promoted pilgrimages at the national and international levels. The number of annual visitors during the main pilgrimage season between May and October has reached up from about 2.5 to 9 million in recent years (Eade 2020: 651).

The aesthetical setup and material devotional media of Lourdes are of particular interest when investigating the site, as a multiplicity of sensational forms can be distinguished to render their

[2] Ruth Harris (2000: 23–82) and Suzanne Kaufman (2005: 1–15) offer a detailed reconstruction of these events.

charged balance visible. Two types of processions that are held at Lourdes on a daily basis – one in the afternoon and one in the evening – throughout the main pilgrimage season may be considered as illustrative examples: the torchlight rosary procession and the eucharistic procession. The rosary is typically regarded as an integral component of popular Catholic Marian devotion (see, for example, de la Cruz 2019: 637-638). In contrast, the sacramental character of the eucharistic procession, led by a priest, is closely linked to Catholic theologies and liturgy. Lourdes integrates both expressions of the Catholic tradition and organizes them into a framework of coexistence and mutual reference. Nevertheless, for the public display of the sanctuary's healing potential, Kaufman (2018: 522–523) emphasizes the importance of the Eucharistic processions in Lourdes, a point that has significant implications. The Eucharistic procession's most dramatic moment is the blessing of the sick with the Blessed Sacrament, carried under a canopy, an element that the Marian procession lacks. This is an element to which Edith and Victor Turner also drew attention in their book on Christian pilgrimage (Turner/Turner 1978: 228). Such an orchestrated and staged procession served as a visible means of creating a political Catholic Church in opposition to the secular forces of France around the turn of the 19th to 20th century. The apparitions and healing powers of Lourdes, in conjunction with the Catholic devotional culture, have served as significant identity markers during the so-called *Kulturkampf* in Europe (Borutta 2011). These have either functioned as a negative foil of demarcation against a political Catholicism that has been devalued as anti-modern or as a positive presence of the divine on earth through the intercessory role of the Virgin Mary or other mediating saints.

Kaufman further demonstrates the historical importance of the female *miraculées*, miraculously healed Lourdes pilgrims, and their visibility and presentation to the public for the self-promotion of the shrine:

> "Bringing hundreds of previously cured pilgrims back to Lourdes to march together in an elaborate procession would serve as the ultimate symbol of God's power on earth. For the faithful, this collective body of cured pilgrims was intended to reaffirm faith and provide hope that they, too, might become recipients of divine blessings. (Kaufman 2005: 135)

In contrast to previous eras, contemporary Lourdes does not feature any distinctive rituals or grand processions designed to showcase the healed pilgrims to the public. However, scholar John Eade, who has been involved with the site for many years as a volunteer, suggests that the optical structure of the Lourdes site has undergone a significant transformation: "The esplanade is now treated less like a parade ground to be kept clear of all but a select few." (Eade 1991: 70) Nevertheless, my ethnographic observations and interviews indicate that the visibility of sick pilgrims seeking care and healing is an integral aspect of maintaining the reputation of Lourdes. The visibility of the sick at the sanctuary is highly valued by pilgrims and staff alike. Furthermore, it is a widely held belief among officials at the shrine and among pilgrims alike that sick pilgrims enjoy heightened awareness, receive greater care and support, and can find religious strength,

affirmation of faith, and healing. A pilgrimage pastor I interviewed at Lourdes articulated this sentiment as follows:[3]

> “A sick person, for example, who comes here, not only receives the attention of his fellow human beings, he is the centre of attention. Usually, they are always on the margins, but here we say: Priority for the sick! So, we have internalized this here. That is also the trademark, which is also part of the message of Lourdes: the sick person. (Interview C, p. 5, line 195–199)

The term “trademark” is of particular importance in this passage, as it enables the pastor to emphasize the essence of Lourdes. The generalized phrasing indicates that this is intended to be a normative standard. It is evident that the care and attention to those, who are ill, should be at the heart of the sanctuary’s purpose. Consequently, the pastor’s contemporary perspective expands upon Kaufman’s historical findings. In addition to the miraculously cured women, whom Kaufman (2018) refers to as “sacred celebrities”, the pastor considers all the sick and disabled pilgrims, who gather at Lourdes, to be the flagship of the sanctuary. These pilgrims seek care and healing for their ailments. Miraculous healings constitute a pivotal aspect of the Lourdes narrative. Nevertheless, it is noteworthy that the expectation of miraculous healing is not actively promoted by shrine officials, particularly in the context of face-to-face pastoral care. Rather, healing at Lourdes is connected to traditional Catholic devotional practices such as prayer and contemplation, strengthening and renewal of faith. However, to some degree, it is also connected to local practices that are specific to Lourdes, such as bathing in the Lourdes water. This attitude is not confined to the officials and representatives of the sanctuary. A further discussion will be presented below on how these official semantics and self-descriptions seeped into the pilgrims’ evaluations. To a certain extent, they represent the formal aspect of the sensational form, namely, instructed and directed interactions with materiality and pre-structured patterns of interpretation. It brings together people around an established and shared Catholic sensation and imagination (Greeley 2000), with the Marian apparitions serving as a manifestation of the sacred within the world, thereby creating pilgrimage as a highly mediated practice (Bräunlein 2004: 327). It is important to note that the Lourdes-typical practices, such as the bathing ritual, are often difficult to regulate dogmatically or by the shrine’s efforts to police devotional practices and rituals. Without succumbing to the simplistic dichotomy of orthodoxy and heresy, the performance and the materiality of Marian devotion always possess a compelling appeal for pilgrims and laypeople alike. This appeal is a key aspect of Robert Orsi’s analysis of Catholicism, which he refers to by the image of excess (Orsi 2016). In this way, Orsi illuminates the multifaceted ways in which believers approach a sanctuary and its devotional media (Orsi 2005). Consequently, the authorities of the shrine seek to relativize and balance the practices and desires of pilgrims within the theological framework of doctrine. Accordingly, the Lourdes shrine

[3] All interview passages as well as citations from French are my own translations.

has always been the object of internal tensions and inconsistencies, but this has not prevented it from continuing to attract pilgrims.

Pandemic disruptions and ritual reorganizations

As it is the case with numerous other pilgrimage sites, the imposition of travel restrictions due to the global pandemic in 2020 had a profound impact on group pilgrimages to Lourdes. The global pandemic resulted in the cancellation of organized pilgrimages and mass gatherings, as well as the temporary closure of the shrine. Mróz's article (2021) provides a detailed account of the impact of national restrictions and safety measures on Lourdes. Although shrines and pilgrimage sites worldwide were significantly impacted by assembly bans and hygiene requirements, he states: "It would be hard to find another pilgrimage town in Europe equally affected by the SARS-CoV-2 coronavirus pandemic than Lourdes" (Mróz 2021: 635). In March 2020, the shrine officials were compelled to close the sanctuary for the first time in its history. The shrine remained closed for two months until 16 May 2020. The vast majority of pilgrimages to Lourdes were cancelled throughout the entirety of 2020, as were the accommodations. From late May to late September 2020, the end of the main pilgrimage season, an estimated 700'000 visitors and pilgrims entered the shrine once more (Mróz 2021: 636–637). This represents a stark contrast to the bustling atmosphere that prevailed prior to the pandemic. Furthermore, pilgrims observed a notable decline in the number of sick pilgrims at Lourdes, which they attributed to a change in their experience of the pilgrimage.

Lourdes' closure did not only isolate the sanctuary from expected pilgrimages. National hygienic protocols forced shrine officials to rearrange traditional religious rituals at the apparition site. In this section, I illustrate the changes in the bathing ritual in Lourdes. For the discussion of religious healing, this is of special interest, due to the widely shared conviction that healing in Lourdes can happen by bathing in the Lourdes water while praying to the Holy Virgin Mary. According to John Eade (1991: 56), the baths were expanded to accommodate more pilgrims until eventually, sick pilgrims received privileged access without long waiting times. This reveals the high status of ritualized healing in a specific framing established through the bathing ritual since the water from the spring is accessible in many other places at the shrine.

Since Lourdes has existed as a pilgrimage site, the baths are considered a special feature. Pilgrims performing the bathing ritual have to undress in a small changing room together with other pilgrims, then, wrapped in a sheet they are accompanied by two *hospitaliers* of their gender in small cabins in which a pool of water lies in a low stone basin. After entering the cabin pilgrims address the Virgin Mary who is presented to the pilgrims in the form of a small statue. Covered with just a cloth, their bodies are immersed completely in the cold water of the Lourdes grotto. For several moments, with the support of the *hospitaliers*, they bathe in the water. Once they exit the basin their bodies are not dried with towels so that the water rests on their skin. Above the entrance to the cabin, which is protected from the gaze of others with a kind of curtain, there are prayer aids in different languages, suggesting a script to the participant: Before the bath, it is

suggested to contemplate briefly and to remember one's intentions; during the bath, the sign of the cross should be made ("In the name of the Father, the Son, and of the Holy Spirit"); as a prayer, the Lord's Prayer is suggested; the ritual is concluded with the phrases: "Our Lady of Lourdes, pray for us; Saint Bernadette, pray for us." This framing, visibly placed at the entrance, does not deal with water as a medium of ritual performance, but rather with the practice of prayer and the establishment of an appropriate attitude of ritual participation.

Among the ritual participants, the lay helpers of the confraternity *Hospitalité Notre Dame de Lourdes* referred to as *hospitaliers*, play a significant role in the Lourdes baths. Although *hospitaliers* are no religious professionals according to Catholic orthodoxy, nor are they the authors of the ritual script to follow, they nevertheless embody the role of ritual experts as they undergo training and religious instruction before offering their service to the sanctuary and henceforth perform the ritual in direct interaction with pilgrims. This gradual professionalization indicates a complex imagination of laity, as from the Church's perspective, *hospitaliers* are merely trained laypeople or second-class ritual experts, inferior to priests. Nevertheless, it is precisely in these interactions between lay people that miracles and divine interventions can occur in connection with the religious medium from the Lourdes spring. In the Lourdes baths *hospitaliers* instruct pilgrims and provide information about the order and meaning of the ritual procedures. During the ritual performance, *hospitaliers* are in close proximity to the ailing bodies, offering assistance to pilgrims through a series of ritualized gestures and immersing them in the water.

As a reaction to the global pandemic, the performance needed to be rearranged to match hygienic protocols. A Lourdes press-kit from 2021 advertises the "water gesture" as a required adjustment of the ritual performance, which additionally results in a purification of the ritual:

> "The water gesture: water is a symbol of purification. Emblematic of the pilgrimage, the baths traditionally welcome pilgrims for an immersion rich in meaning and a spiritual experience. For sanitary reasons and out of respect for the physical and social distance, this immersion in the baths is not possible at the moment; it is replaced by the water gesture: Accompanied by the *hospitaliers* de Notre-Dame de Lourdes, the spiritual process of the gesture of water consists of drinking the water of Lourdes and washing the face in this symbolic place full of stories and prayers. (Office de Tourisme de Lourdes 2021: 11)

Notable here is the narrative of ritual re-arrangement and the new framing that accompanies it. In particular, the kit emphasizes the religious practices associated with the spring water of Lourdes. Due to the pandemic disruption at the shrine and sanitary protocols, pilgrims are not allowed to immersive themselves fully in the water, nor do they undress to perform the ritual. This affects the material organization and forms of ritual performance of the pilgrims in the baths. The "water gesture" replaces the bathing ritual, at least during the pandemic. It uses the same place but requires different performances and gestures from the ritual participants. The Lourdes water remains an integral material part of the new ritual performance, as pilgrims drink it and wash their hands and faces with it. However, immersion into the water is no longer performed

which also means that the pilgrims' bodies remain veiled. Pilgrims step into the cabins to pray and drink the water of Lourdes or wash their hands and face with it. Physical contact with the *hospitaliers*, who formerly assisted the pilgrims in their submersion, is replaced by a contactless interaction. The culture of ritual intimacy has become dysfunctional due to the pandemic and the potential risk of infection.

During my fieldwork, I noticed that pilgrims are not only received individually in the baths but also in groups, which marks another difference in the performance of the ritual compared to its traditional form. The *hospitaliers* now emphasize the social dimension of the collectively performed ritual. In this way, the ritual is narratively reframed. The pre-pandemic ritual performance created an atmosphere of intimacy and vulnerability, as pilgrims were asked to undress in front of the staff, wearing only a thin sheet around their hips. However, conversations with pilgrims suggest that this nakedness and physical closeness between participants' bodies can be valued as an intimate and extraordinary interaction. The "water gesture" is now praised as an opportunity for a collective experience with family members, partners, or fellow pilgrims. The "water gesture" is also linked to a purification of the ritual performance itself since the total immersion of sick and ailing bodies into the water was *de facto* practiced, but also always regarded critically, especially by clergy and shrine officials. They suspected that the immersive, sensational character of the bathing ritual might undermine the orthodox aspects of the ritual, such as prayer and devotion. The ritual re-arrangement is thus encompassed by a narrative shift. This transports a normative framing by suggesting that its performance describes the return to a purer essence or origin, now closely linked to the interaction between the apparition and the visionary Bernadette. This becomes clear as a member of the *Hospitalité* evaluates it as follows:

> "Because Bernadette did not say — and here everyone always has to laugh — do wellness, which is praised so much nowadays, but come, pray for sinners, wash your hands, wash your face, and drink from the spring. And make your requests. (Interview E, p. 5, line 195–198)

The quotation illuminates a pervasive interpretive strategy: the attempt to align religious practice with the origin story of the Marian apparition and the messages disseminated by the visionary Bernadette. Religious practice in Lourdes today is considered legitimate if it adheres to the origin story: the modification of the ritual to what is now called the "water gesture" appears to be more authentic, as the ritual performance is intended to imitate the gestures of the visionary.

4. The sensational formation of ritual participants

The healing practices at Lourdes are accompanied by tensions and inconsistencies in the performance and expression of these practices by different actors at the site. In the following section, I present evaluations that have been prevalent throughout my ethnographic study of the shrine that I have conducted so far. They serve as a more concrete description of the sensational form of the bathing ritual. In the different perspectives of two groups of participants of the ritual

— namely, those of ordinary pilgrims and trained members of the *Lourdes Hospitalité* — distinctive framings and tensions can be identified, which also partially overlap and provide insight into how healing practices, their media, and the re-arrangement of the ritual are interpreted. The first perspective is that of the pilgrims, who discuss matters of faith, ritual, and the media's role in the experience of God. The second perspective is that of a *hospitalier*, who discusses the sensory aspects of the new ritual form and how the framing by an official narrative of the "Ur-story" ties into the previous mediatization. I explore both of these lay perspectives and the ways they may be intertwined or reveal conflicting matters of concern.

A pilgrim's perspective

The following interview provides insight into the concerns and engagements of a female Lourdes pilgrim regarding the healing potential of the bathing ritual. We met on my first pilgrimage to Lourdes in the fall of 2021 and got into conversation on several occasions. She explained that the bathing ritual plays a crucial role in Lourdes, as the care for the sick by the *hospitaliers* becomes particularly evident for her. In our interview, she evaluates various aspects of the ritual, distinguishing its different elements and distributing agency to heal among them. To retrace her point of view and matters of concern, I will quote two passages from the interview:

> [T]he water is basically only a medium, right? The water itself, flowing there, comes from the earth, is not holy […] This obedience, mainly, you know, that God can change that, that is the most important thing. And the water here, um, in principle doesn't have this healing effect, it's not the water, you know, but it's in the end, what Mary said, that the water —, what people should do with it to be healed with it. That, in the end, it is a healing from God, then uh, that's why one person drinks the water, and it doesn't do anything to him, and it triggers something in the other person, right […] The water is not, um, not holy, it's just water as usual, right? It is good water […] but there is nothing in the water that would heal us somehow, you know. The healing comes from Him, and I have to believe in it, you know, and I have to let that happen to me. For this, I must be ready! (Interview A, p. 21, line 823–848)

The pilgrim asserts that healing cannot be brought about by a medium or a ritual. Instead, it is a matter of faith. It is only through faith that one becomes receptive to God's healing. She describes this as an act of receiving ("I have to let this happen to me") and emphasizes "obedience". The pilgrim presents the water as a medium but in a derogatory manner. Nevertheless, the act of receiving healing is not contingent on this medium and it is not a passive process. Her statement implies that one can gradually collaborate in the reception of healing, as one must be contingent on one's readiness. Although healing may only originate in an act of God, the requisite faith is a *conditio sine qua non,* establishing an internal-external relationship. While she acknowledges that healing can only originate from a divine source, the pilgrim simultaneously engages in the process of developing her religious subjectivity. This enables her to become receptive to divine action and the recognized mediations associated with it, both in terms of her subjectivity and her physical body. The references to the internal and external factors that influence the subject's actions,

namely the preparation of the subject and the external influence of "God's grace", serve to organize and distribute agency within this context.

Consequently, the water is unequivocally denied agency. It is rendered invisible as a healing medium because agency can only come from God, as she describes it as an "act of grace." In contrast, participation in the ritual appears to gradually facilitate the opening of oneself to God, thereby enabling the reception of grace and healing. This is consistent with Matthew Engelke's observations in his study of Christian healing practices in Africa. Engelke observes that believers often render religious matters invisible, while simultaneously devaluing the material world in favour of the immaterial. In particular, Engelke identifies instances where materiality becomes immaterial and *vice versa*. He notes that it is relatively simple to transition from the immaterial to the material (Engelke 2005: 121). A comparable tension is observed in the example presented. Nevertheless, I propose a reframing of the issue. I suggest that the transition from the material to the immaterial is accompanied by a distinctive communicative effort. The ritual performance treats water as a material medium of practice, whereas the communicative description in the interview denies the agency of materiality. This tension is not perceived as a contradiction by the pilgrim and a significant number of other participants in the ritual. The Lourdes water is not only omnipresent in the context of the bathing ritual, but also in the cartography of the shrine in general. The medium is present in the shrine's self-staging, the religious imagination, the paraphernalia shops, and the lived religious practices more generally. Nevertheless, throughout the ritual performance in the baths and subsequent evaluations, participants are eager to downplay the significance of the water.

Moreover, the ritual's materiality operates on another level. Following the idea of Jon Mitchell (2017), which posits a specific Catholic porosity of devotional media and the religious body, the pilgrim must, in a sense, make herself the recipient and medium for the experience of God's work by framing the various components of the ritual, particularly devout bodily gestures, ritualized prayers, addressing Mary as divine intercessor, in a meaningful manner. She characterizes her role to open the right channels for a connection to the divine. In this context, obedience to God can be understood as the normative religious label of the proactive receptivity of the body and mind to God. My interlocutor then proceeds as follows:

> "I was in the bath in 2017 and 2018, and um, I found that very, very nice. So, I was just amazed at how lovingly these people deal with the sick, how they accompany people into the bath, you know, how the whole thing runs, so that impressed me tremendously, you know, as I was there for the first time. The second time, it was not quite as intense, but that was also because —, the first time there was a German helper in the bath. When I was there now, the helper was German again and he was also very nice. Of course, it's more useful to be able to talk a bit than if there are two people there who don't understand your language. Yes, that is a bit more difficult. Nevertheless, on the whole, I have to say, well, how lovingly they deal with the people, that's, uh, that's great, I think that's fabulous. (Interview A, p. 20, lines 799–808)

The pilgrim attributes the varying degrees of intensity she experienced during several bathing rituals to the fact that she was unable to communicate adequately with the helpers involved in the language available to her. Thus, it appears essential to facilitate communicative and intersubjective understanding of the ritual among its participants. There is a dimension of bodily-ritual feeling in this arrangement that does not seem to be accessible through pure orthopraxy. Consequently, it should be communicated and discussed among ritual participants. At the very least, a differentiation into varying intensities is contingent upon the communicative comprehension of the bodily and gestural manifestations of the ritual.

The pilgrim's reference to the helpers in the Lourdes baths communicating in different languages indicates that the providers anticipate an international audience. The ritual offering has been subjected to a process of professionalization. One consequence of the pilgrims' practice is that the ritual performance cannot be carried out as expected. For instance, if the anticipated verbal exchange is perceived as a common interpretation of the performance, and the ritual participants do not share a common language, the evaluation will be affected. As the pilgrim asserts, conversation-based practices confer a benefit, thereby integrating the discourse among the assembled into the ritual. Furthermore, the arrangement of media also contributes to this interaction. This includes the Lourdes water, interior design, bodily interaction such as dressing and undressing, emotional state and intimate atmosphere, religious consummations such as communal prayer, and symbols such as the statue of Mary. A lack of coordination between the various elements of the arrangement may result in the desired outcome not being achieved or the experience not materializing as hoped. Certain factors are beyond the control of the pilgrim, such as the difficulty of finding helpers in the baths who speak the same language. This indicates that the bathing ritual is imbued with a high degree of religious and intimate significance, yet, is also subject to professionalization. This can result in disturbances to the practical performance and articulated experiences.

To indicate the idea of a contrary opinion, a very different evaluation is presented by another pilgrim I spoke to. The pilgrim previously cited emphasizes the necessity of individual spiritual effort as a prerequisite for divine intervention. This perspective, however, tends to obscure the potential efficacy of material means of healing. Conversely, the pilgrim cited in the following passage acknowledges the value of love and care for the sick, yet, raises concerns about other matters. Here, the materiality of the ritual and the level of interaction with the involved participants are evaluated in a markedly different manner. She is only vaguely informed about the ritual changes that have been made, which indicates that this information is not provided during the briefing that pilgrims receive from the organization with whom they are traveling to the sanctuary. Furthermore, the conversation indicates that the visit to the Lourdes bath is an optional component of the prearranged schedule. Our discussion revealed that the pilgrim had previously found the bathing ritual disagreeable. The pilgrim now offers her account of the ritual.

> “Umh, there were numerous helpers, then [you are: D.E.] stripped completely naked […] And then I go in there, into the changing room, and in no time at all you are undressed, in no time at all you are immersed. And that’s what I found so awful, this — this plastic sheet that is then thrown on you. That was the first thing that went through my mind: Oh my God, the whole world has been under here, the bacteria, the viruses, disgusting! (Interview D, p. 12, line 557–567)

Two points of criticism are worthy of mention and stand in direct contrast to the evaluation presented above. Firstly, the interaction is not experienced as affection or warmth; rather, the critic addresses social coldness, overexposure, and mechanical interaction. Secondly, the material objects involved induce a dysfunctional sensual experience, which ultimately impedes a positive performance and experience. The pilgrim utters not only irritation but also reluctance and even disgust. This experience suggests an inversion of a potential healing experience into its opposite. Instead of communal security, overexposure is experienced. Instead of healing and purification, contagion is encountered.

The Catholic tradition espouses the notion of “privileging the exterior senses” (de la Cruz 2019: 636). Although the bathing ritual was changed (with the outer sensual dimension becoming less prominent), the interviewed pilgrims did not express any concern. It can be argued that complete submersion into the water provides a stronger sensual experience than a gesture. The narrative includes the pilgrims’ concerns about potential healing locations, the evaluation of divine power, and the role of the Lourdes water. These evaluations are situated within the sensational form of the bathing ritual and engage with the expectations of healing within this form.

Members of the *Hospitalité*: an insider’s perspective

Rituals, speech acts, and formalized gestures are performed by members of the Lourdes *Hospitalité* in interaction with pilgrims at the Lourdes baths. For this reason, I will now present statements and evaluations of a *hospitalier* as a ritual participant, a German woman in her fifties and a longstanding member of the *Hospitalité*.

When asked about the modification of the ritual, one interlocutor, who has been a member of the *hospitalier* staff and volunteers in the Lourdes baths for a few years, offered the following insight:

> “What is perhaps different at the moment, we have almost no sick people here at the moment, you also have to know that and we don’t really notice how sick people are, because if someone doesn’t take off their scarf, which you don’t normally do — we had it yesterday or the day before yesterday a couple of times — and there was a woman there, for example, who had a tracheostomy, you don’t normally see that at all. And um, so we don’t notice that they are so sick and it is already noticeable that — when they do it alone, that the emotions are different again, that is, more people are very affected, who also cry, who also tell what’s going on with them or they ask us to pray for them, that is more when the bath takes place. (Interview B, p. 2, line 92–102)

The interlocutor addresses a visible change at the sanctuary caused by the severity of the pandemic and the associated sanitary measures. According to her description, inviting and caring for sick pilgrims is the shrine's integral purpose. Therefore, the visibility of the sick and their ailments is crucial. The pandemic disrupts this image in a twofold sense. First, going on a pilgrimage means a high risk for sick pilgrims, especially during the pandemic, as a consequence most do not come at all. Second, and this applies particularly to the context of the ritual setting where the interviewed *hospitalier* provides her service, pilgrims do not undress to perform the "water gesture", meaning their bodies are not visible to *hospitaliers* or other pilgrims. This indicates a distinct approach to illness and ailment and, consequently, to healing. As I concluded with reference to Kaufman's historical analysis, the visibility of ailing religious subjects, and the presence of sick bodies have been a key element of Lourdes' sensational form since its inception. With visibly sick bodies being veiled or even not being present at all, particularly during the performance of the "water gesture" in the baths, gestures of acknowledging bodily ailments and sickness now only work to a limited extent for *hospitaliers*. Additionally, she posits that these alterations to the ritual have implications for its emotionality. Emotions play a pivotal role in what to expect from the ritual, a fact that was confirmed to me time and again in conversations on site with other ritual participants. In the form of the new ritual, the element of established emotionality is less intense for my interlocutor. Monique Scheer has drawn our attention to the fact that "[e]motional practices […] are frequently embedded in social settings. Other people's bodies are implicated in practice because viewing them induces feelings" (Scheer 2012: 211). In the context of Lourdes, especially sick and ailing bodies induce empathy and care. Once the sick pilgrim's body is veiled during the ritual, it becomes less recognizable as a sick body to the *hospitalier*. Consequently, not viewing sick bodies and ailing pilgrims appears to disrupt the traditional emotional characteristics of the ritual settings, both within the Lourdes baths and in relation to the sensorial appearance of the entire shrine.

In this interview, the *hospitalier* also addressed the materiality of the Lourdes water. When commenting on the significance of the water in Lourdes, my interview partner draws attention to the link between the Lourdes apparitions and the site's "Ur-story":

> "Yes, because you can derive it, we derive it from — from the message [of Mary: D.E.] and, I mean, that's true and that's right and many people know that. Whoever has dealt a bit with Lourdes, knows that this is so [DE: Mhm]. Of course, some young people go along because they have to, with their parents and so on, they just stand there, but ok. You don't know what you trigger, right? […] Yeah, you answer of course, but actually, there is not much coming up. There is little. So, nobody doubts the water [DE: Mhm], I haven't experienced that yet. Not here in fact […], you know, if I don't believe, then a lot of things seem strange. (Interview B, p. 9, line 424–445)

Her evaluation is noteworthy for its reiteration of a frequent interpretive mechanism at Lourdes. The ritual and its religious media, namely the water, derive their authorized meaning from the series of apparitions. The reported interaction between the Blessed Virgin and the later

canonized visionary Bernadette during the apparitions serves as a model and generator of meaning for many religious rituals and practices at Lourdes. For instance, the invocation of the apparitions also serves to contextualize the introduction of the daily Marian torchlight procession. My ethnographic observation in the Lourdes baths revealed that in the new ritual context, this narrative is explicitly evoked and ritualized gestures are framed with it. The significance of ritual elements such as water is contingent upon their contextualisation within the hegemonic apparition narrative of Lourdes and the proclaimed messages of the Virgin Mary.

The domestic Catholic discourse on Lourdes demonstrates that the new form of the ritual as a "water gesture" is not regarded as a permanent change. "Will it be possible to bathe in Lourdes again?" was the headline in the Catholic magazine *La Croix* (de Lasa 2023). This indicates that the Lourdes authorities must address the question of whether the pandemic will permanently alter the sensational form of the ritual or whether Lourdes will revert to the pre-pandemic ritual. The ritualized bathing in the water has been associated with numerous miraculous healings at Lourdes, which has contributed to the shrine's worldwide reputation and its associated rituals. Nevertheless, according to the sanctuary authorities, the new "water gesture" offers an authentic re-enactment of Mary's messages and, in this respect, a different added value. Nevertheless, it seems unlikely that the ambiguities and contradictions will be resolved soon.

5. Conclusion

Against the backdrop of the ongoing global pandemic, this article sought to examine the impact of the crisis on the spiritual and physical environments of Lourdes, the rituals performed there, and the evaluations of healing by religious actors. The initial question was how the COVID-19 pandemic affected the existing ambiguities, inconsistencies, and sensational forms of Lourdes. Two specific elements of the Lourdes shrine were presented and subjected to scrutiny: the presence and visibility of sick pilgrims' bodies on the site and the bathing ritual, which was transformed into the "water gesture".

The article has exposed elements of the underlying logic of Lourdes and the various inconsistencies that pilgrims and members of the *Lourdes Hospitalité* contend with. This operation is facilitated by broader Catholic narratives and different understandings of what healing entails. The pandemic did not significantly impact the belief in Lourdes' overall healing potential. Nevertheless, my ethnographic encounters and interviews with pilgrims and *hospitaliers* revealed a complex negotiation and a gradient of ritual criticism concerning healing, its material, and sensorial aspects.

Kaufman's historical findings align with my ethnographic findings that Lourdes is a complex phenomenon, encompassing a multitude of healing practices and experiences. Healing becomes experienceable and relatable in ritual settings through sensational forms of religious media, which Meyer et al. (2010: 209) describe as a "shared material event". Lourdes' rituals become materialized practices (Grimes 2011) that include authorized sensational forms of religious experience. The global pandemic in 2020 led to significant alterations in the manner in which

pilgrims could approach the shrine for prayers, devotion, and healing. Nevertheless, an examination of the material evidence suggests that it did not result in a failure of healing. Rather, specific elements of ritual performance are evaluated negatively. However, this must be taken into account for the situation both before and during the pandemic.

The evaluations of the pilgrims demonstrate that not all ritual participants utilize the bathing ritual or the "water gesture" identically. My investigation of the practices and utterances of ritual participants and pilgrims indicates that their ritual experiences vary considerably. In addition to the these variations, ritual critiques occur, which refer to situational performances and individual aesthetic and sensory irritations. The religious power of Lourdes to heal, the potential of its emotional capacity, its sensual effect, and its ability to generate a religious community are not subject to critique or considered to fail. Each contributes to the variability of healing. The power of Lourdes lies in its grand, yet ambiguous promise of healing, as well as its enveloping Marian narrative. Rather than our title "when healing fails", a more appropriate frame for this case study may be "when ritual fails". Lourdes' healing discourse appears robust among Catholic believers, and the margin, within which a ritual change with its function remains intact, is considerable, at least within the ethnographic sample under consideration. Among the groups that I joined on their travel to Lourdes the pandemic was not a dominant factor in their evaluations of ritual healing. Moreover, significant changes to a traditional ritual performance have only a limited impact on the criticism and negotiations concerning Lourdes' potential to heal. These negotiations are evident throughout the shrine's history. Adaptations of institutionalized interpretations are a dominant feature within my sample. Nevertheless, the ritual's material performance continues to hold a certain allure for pilgrims, even in its rearranged form as a "water gesture". It remains to be seen whether the ritual forms will revert to their pre-pandemic state, or whether the crisis interpretation of the ritual adaptation catalysed by the pandemic will be maintained as a "purification"in the future.

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About the author

Daniel Ellwanger, M.A., is a Ph.D. candidate and research assistant at the Department for Cultural Sociology, Leipzig University. His current research is centered on the analysis of the materiality, aesthetics, and media of contemporary Catholic devotional culture and rituals in Europe. His teaching include sociological theory, religious studies, and ethnographic methodology.

Mail: daniel.ellwanger@uni-leipzig.de

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

Thomas Heinrich

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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.

Corresponding author: Thomas Heinrich, University of Leipzig.
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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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About the author

Thomas Heinrich, M.A., is a PhD student at the Institute of Religious Studies at the University of Leipzig. As part of the research project “When Healing Fails”, he is currently working on his dissertation with a focus on global Lutheran Christianity. His work explores the individual and collective handling of (potential) religious disappointments and how boundary work plays out in this context, especially considering consequences that arise from structural constraints.

Previously, he worked for several years in refugee counseling and labor market integration, as well as in adult education and project management. He is also a freelance photographer and filmmaker.

Email: thomas.heinrich@uni-leipzig.de

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"Thank God, He Didn't Answer My Prayer!" (Failed) Healing as Boundary Maintenance

Ariane Kovac

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Abstract

Divine healing is an emotionally and theologically conflictive field where actors communicate positions and draw boundaries by engaging in certain practices and renouncing others. In this article, I analyse how a progressive evangelical megachurch, faced with the dominance of conservative evangelicalism, uses healing and the failure of healing for boundary maintenance and identity construction. Drawing on ethnographic field research, interviews, and the analysis of sermons, I argue that the church develops and communicates its position in the evangelical field by developing and presenting healing practices that directly address the supposed shortcomings of other evangelical churches. To achieve this, the church makes failed healing an integral part of religious practice and encourages its followers to speak openly about this failure while continuously managing their expectations.

1. Introduction: from healer to therapist

According to Judah Smith, head pastor of the Seattle-based megachurch Churchome, when God asks humans a question, He does not need the answer. As God is omniscient, there is only one explanation for why He even asks: He wants you to reflect on the question. Like a therapist, He will see through your "I'm fine," make you think about how you are *really* feeling, and nudge you towards connecting with your emotions. For Churchome and its followers, Jesus is a healer, but He has evolved from *Christus medicus* to one that makes you lie on the couch.

The emphasis that Churchome and other evangelical churches today place on mental, emotional, and relational "health" shows how congregations, churches, or denominations adapt healing, a central part of Christianity since its beginnings, to its needs and aesthetic preferences. The anthropology of Christianity has shed light on the broad diversity of Christianities across the globe and its locally and historically specific expressions. Healing is no exception: There are, for example, very different ideas about what it means to be healthy and what requires healing (Brown 2011; Klassen 2014), healing can be performed in many ways in many different places, such as during services or as a private silent prayer (Brown 2006), and believers connect a range of different expectations to healing practices (Marty 2005). As a result, how a group of Christians thinks about

Corresponding author: Ariane Kovac, University of Leipzig.
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healing, how they practice healing, and how they react when healing rituals do not lead to the desired results serves as a means to explore and articulate group identities and boundaries.

I understand religious healing as a field of conflictive practices and doctrines where groups, by engaging in certain practices and commenting on others, communicate affiliations and distinctions regarding styles, theologies, or other factors. As evangelicalism in the US and elsewhere has become almost synonymous with a political Christian Right, churches that do not understand themselves as politically conservative, such as my case study Churchome, struggle with their public identity. Healing is a particularly conflictive field, as it is not only a deeply emotional issue but also touches on aesthetic and performative preferences and theological questions. Therefore, healing and the ways of dealing with the failure of healing serve as a crucial part of identity construction and boundary maintenance in evangelicalism.

In this article, I argue that Churchome develops and communicates its position in the evangelical field by engaging in healing practices that directly address the hypocrisy and the overwhelming pressure on believers they see at work in other churches. To achieve this, Churchome makes failed healing an integral part of religious practice and encourages its followers to openly speak about failure and to continuously manage their expectations. Churchome's followers reject big promises about healing that leave no room for doubt, less for theological reasons but more because they perceive these as potentially harmful to their own or other believers' faith and mental health. Some of my interviewees labelled such high expectations as "unhealthy." By developing "healthy" healing practices, meaning transparent, pressure-free, individualised, and open to failure, Churchome can stick to evangelical core beliefs while carving out a unique position as a "different" or progressive evangelical church.

Churchome diplomatically distances itself from other churches and often softens this boundary-making through humour and irony. The church does not attack particular churches, pastors, or practices but constructs an unspecified other that believers can fill with their own experiences and cultural background knowledge. In doing so, they often draw on common Protestant critiques, such as the hypocrisy or inauthenticity of other Christians.

In the following, I will first touch upon the recent developments in US evangelicalism that have led to a self-proclaimed "identity crisis" for many evangelicals. After presenting my case study and method, I will analyse how different healing practices at Churchome work as a means to make the church stand apart from other evangelical churches and to develop and shape progressive evangelical identities. I identify four different areas in which healing can take place and analyse these in subchapters: First, church members believe in physical healing but do not expect it to happen. Healing rituals are not publicly performed, which can be traced back to a particular understanding of the authenticity of religious emotions. Second, Churchome emphasises therapeutic healing, which can be found in individual relationship with God. Third, Churchome sets transparency and openness as ideals in one's relationship with God and among other people. Here, failed healings are perceived to open up spaces to improve relationships.

Fourth, Churchome presents the US as politically and socially divided and calls its followers to bring about social healing by countering these polarising processes. I will show that Churchome's followers are required to manage their expectations regarding healing, which in turn influences the church's self-presentation, and develop the concept of expectation work as part of the church's everyday identity management. I conclude with an outlook on how Churchome's healing practices resonate with larger societal developments.

2. Churchome in the context of evangelical boundary maintenance

Along with the growth of the Christian Right in the past two decades, the term "evangelical" has, in public perception, become almost synonymous with "politically conservative."[1] Christians whose beliefs and practices fit within the category of evangelicalism or who see themselves as evangelicals but who do not identify with the Christian Right thus find themselves in a self-proclaimed identity crisis. Conservative evangelicals call these more progressive evangelicals "un-Christian" and claim they lack any competence on Biblical matters, meanwhile, non-evangelical liberals often fail to distinguish them from their conservative counterparts. These believers, whom Schuurman (2019: xiii) calls "reflexive evangelicals," are highly aware of the public image and stereotypes surrounding their faith and both actively and self-reflexively engage in the debate about what evangelicalism should and should not be. In this process, they construct new evangelical identities and lifestyles.

I first understood the consequences of this struggle over identity for progressive or reflexive evangelicals when a pastor mentioned in a conversation that Churchome was the first church where he was not embarrassed to bring his friends to a service. For him, countering negative stereotypes against his faith was not a theological exercise but an everyday issue of protecting and presenting his identity. Also, many followers themselves have negative views of certain evangelical theologies, practices, and aesthetics, some of them due to bad experiences with churches in their upbringing. Therefore, they look for a church that does things differently.

In this quest, Churchome and its members follow in the footsteps of the Emerging Church movement and of socially committed young evangelicals from the beginning of the 21st century. The Emerging Church was a label given to pastors, church officials, and concerned laity who publicly expressed their frustration with contemporary evangelicalism (Bielo 2011: 5–6). Beyond these more intellectual contestations of evangelicalism, young Christians explored new ways of expressing their identity through lifestyle and habitus. In 2010, evangelical author Brett McCracken (2010: 97–98) described the emergence of the "Christian hipster": someone who is critical of church involvement in partisan politics and instead engages in social and environmental

[1] A 2020 poll of the Pew Research Center showed that Muslims, Hindus, or Orthodox Christians who identified with the G.O.P. increasingly self-identified as "evangelical" or "born-again" (Pew Research Center 2021). Political scientist Ryan Burge (2021) concluded that "many Americans are coming to the understanding that to be very religiously engaged and very politically conservative means that they are evangelical, even if they don't believe in the divinity of Jesus Christ".

projects, who is embarrassed by megachurch services, and who loves breaking traditional Christian taboos such as drinking alcohol or getting tattoos. Another more recent string of critiques can be found in the ex-vangelical or faith deconstruction[2] movement, which encourages believers and nonbelievers alike to reflect on their religious upbringing and to re-evaluate their faith, often from a therapeutic viewpoint.

The ideas and criticisms of the Emerging Church movement, the openness towards non-Christian popular culture promoted by Christian "hipsters," and the impulses towards a therapeutic re-evaluation of theologies by the faith deconstruction movement have since then entered more conventional megachurches and changed the evangelical "mainstream." At Churchome, for example, many former evangelical taboos regarding clothes or lifestyle merely serve as targets of ridicule rather than symbols of reform inside evangelical disputes over authenticity. As believers discuss and reflect on new ideas and adapt them to their own religious experience, concepts and terms often lose the original context in which they have first been voiced. Hence, most of Churchome's members might never have heard of the Emerging Church movement but are familiar with its concerns and would probably support at least some of them.

Churchome does not officially identify as evangelical. As a pastor stated in an interview with me, the church could best be described as evangelical from a theological viewpoint but avoids this term due to its association with the Christian Right (interview 3). Instead, Churchome employs terms such as "Jesus follower" or simply "Christian." I argue that the label "evangelical" still serves as a useful identifier for the church in light of my research, as I am interested in the boundary maintenance and identity work that takes place precisely due to Churchome's position in the larger evangelical discourse. I do not understand the term "evangelical" along doctrinal positions, as any theological definition would risk participating in the very struggle over identity I am researching (Brenneman 2014: 158). Evangelicalism is a movement so broad and diverse that it might be more accurate to consider speaking of evangelical*isms* in the plural (Cooper 2022: 10). Both insiders and outsiders often draw the line of who is in and who is out not along doctrine but along political positions, media consumption, or stylistic and habitual preferences (Brenneman 2014: 159–160; Du Mez 2020: 5–6). Following Cooper (2022: 15), I refrain from coining a definition and instead direct my focus on "how the boundaries of evangelicalism are created, maintained, debated, and patrolled." I argue that practices, emotions, and aesthetics are essential aspects of evangelical boundary maintenance, both in the construction of shared identities and in the identification of and distancing from "others," and thus opt for a practice-centred aesthetics of religion approach.

[2] "Faith deconstruction" encompasses a broad range of intentions to rethink Christian beliefs, practices, and theologies, usually in the form of therapeutic self-help. The faith deconstruction movement loosely connects those interested in such rethinking primarily through social media (Fekete/Knippel 2020).

3. Case study and method

The case study for my analysis is the Seattle-based global nondenominational megachurch Churchome. Churchome was founded in 1992 as "City Church" in the Seattle suburb of Kirkland. Since Judah Smith, the founder's son, took over the role of head pastor, the church has undergone profound changes. Together with his wife Chelsea, Smith has adapted the church concept to attract a young, academic, mobile, and middle-class audience, which has not only increased church membership but also brought the church to a global audience, making him, in the process, a celebrity among evangelicals.

In 2019, Churchome's membership had increased expansively, exceeding the infrastructural limits of the Seattle campus. In hindsight, the church's solution for this problem was perfect preparation for the Covid-19 pandemic that began soon after: Churchome decided not to erect another building but instead to digitise aspects of church participation by not only live-streaming services online but also by developing an app and providing digital ways to meet. Together with the name change to "Churchome," a portmanteau of "church" and "home," the church presented the vision of enabling its followers to practise their faith outside of designated buildings and service times.[3] Home groups, friends, or families are encouraged to stream the service together and chat about it afterwards. Home groups exist globally and include many members who have never been to a physical Churchome location. Now, in 2023, the Smiths preach live only once a month in both Seattle and the second church location in Los Angeles. From time to time, they travel to other parts of the US where many followers are located to hold a "Churchome live experience" there.

Membership and attendance at Churchome are even harder to track than at other megachurches, as small groups are fluid and their attendance short-lived. Members' physical locations become increasingly irrelevant, and Smith regularly encourages people to stay home and tune in on Sunday mornings. Nevertheless, statistics taken from digital platforms can give some insights: As of January 2023, Judah Smith has more than 700,000 Instagram followers. Churchome has some 130,000 Instagram followers and 248,000 YouTube subscribers. Sermons usually reach several thousand views on YouTube, with some of them reaching tens of thousands of views. For my research, however, Churchome's overall size is perhaps less important than its

[3] Evangelicals have long struggled to reconcile a need for institutionalisation and a desire to grow their church with a personal, relationship-centered approach to religious practice. Home groups are used as a means to strengthen relationships among members of a congregation and can be traced back at least to 17th century Pietism. As the "church growth movement" led to the implementation of megachurches all over the US (Maddox 2012), these churches used small groups to counter the anonymous atmosphere of the services held in large auditoriums or stadiums. More recently, criticism against institutionalized churches was voiced by the Emerging Church movement, whose representatives traded large services for "house churches" (Bielo 2011: 13). Therefore, Churchome's approach of emphasising small groups is not a new idea. However, Churchome goes one step further than other megachurches by increasingly reducing the number of live services and providing several online features beyond a one-way livestreaming of services, such as a "pastor chat".

extensive influence on progressive evangelical discourse.

My research draws on several forms of data. Interviews with church members and participant observation in home groups give me an understanding of believers' positions and practices. Participant observation in church services as well as in other activities, interviews with pastors, sermon analysis, and church self-help literature help me trace the church's theology and self-presentation. I work with a Grounded Theory methodology and have thus engaged in several feedback loops that led to an iterative re-evaluation of my research design. First, I was a participant observer in a digital Churchome home group based in Germany and conducted interviews with several of the members. Then, I conducted digital interviews with home group leaders worldwide. As a third step, I travelled to Seattle and Los Angeles in April and May 2022 to take part in in-person services and church events and to conduct further interviews. In total, I conducted and analysed 19 interviews with Churchome members and pastors and one interview with a former Churchome pastor between December 2020 and December 2022. Additionally, I analysed 97 sermons from February 2021 until November 2022 and three self-help books by pastor Judah Smith.

4. Healing practice as boundary maintenance at Churchome

In the following, I will analyse how healing is being practised at Churchome and how these practices form part of Churchome's boundary maintenance as a progressive evangelical church. While other churches explicitly make healing their core identity, the word "healing" does not feature prominently in sermons at Churchome. Similarly, church members did not frequently use the phrase, neither during the activities I observed nor during the interviews I conducted. Daniel Ellwanger (2024), also in this special issue, similarly noted a related discrepancy: Although the French Marian apparition site Lourdes, where he conducted fieldwork, is famous for many supposed healing miracles, neither the site nor the pilgrimage organisations advertise this fact.

Nevertheless, healing practices are omnipresent at Churchome and the reluctance to label them as such is precisely part of Churchome's continuous struggle with evangelical identity. This tendency to avoid the term "healing" might be understood in the context of megachurches' efforts to renounce any elements that could scare off those unaccustomed to evangelical Christianity (Thumma/Travis 2007: 17; Sødal 2010: 39). At the same time, Christian understandings and expectations of healing are diverse. Thus, using the term "healing" might open up associations with large healing events that the believers perceive as unauthentic and awkward or with a "health and wealth" gospel the church intends to distance itself from, while "praying for someone" and "being well" might sound more neutral inside Christian vernacular.

For my analysis, I have split up healing practices and discourses according to what is supposedly being healed. In this, I am following my interviewees, who usually understand healing as holistic but identify different areas in need of healing: First, *physical healing* is not publicly practised at Churchome. This decision is not only a matter of personal preference but is grounded in moral understandings about the authenticity of emotions and religious experience. Second, Churchome

emphasizes psychological or *therapeutic healing* but intentionally steps away from detailed life advice that other churches give to emphasize spontaneity and individuality. Third, Churchome presents failure and negative experiences as opportunities for the *healing of relationships*. This includes not only relationships with other people but also the believers' relationship with God. Fourth, Churchome takes on the growing political polarisation in the US and employs strategies to present itself as "a-political" and a reconciler through a rhetoric of *healing the nation*.

Physical healing: healing illness as reflexive Christians

Compared with other megachurches, the healing of physical illness takes up little public space at Churchome. Instead, those who search for healing can privately pray with a pastor in person or via the digital service "pastor chat," file a prayer request in the Churchome app so that others can pray for them or pray with their home group. The idea of head pastor Judah Smith publicly laying hands on someone seems so out of place that when reading a Bible passage about miracle healings, Smith joked about the improbability of such spontaneous healing happening at Churchome rather than utilizing the passage to speak about God's healing power (When the Boat Breaks, 15:20–15:39).

From the way Churchome presents itself, one could gain the impression that the absence of physical healing practices at Churchome can easily be traced back to the socio-demographic aspects of the church's audience. The majority of the followers seem to be well-off, well-qualified, and therefore well-insured twenty- and thirty-somethings that would not have to depend on a church service for physical healing (or even the hope to get physically healed). However, when I visited in-person services at both Churchome locations over a period of two months, I was surprised to find many elderly people and people with disabilities, an audience more diverse than I had anticipated. This suggests that healing practices at Churchome are not shaped by an actual lack of illness but rather, as I will show, by a shared understanding that public healing rituals might be inauthentic or even harmful to the participants.

As a global megachurch, Churchome includes members with different theological and cultural background knowledge and leaves room for a broad range of faith expression. While all of my interviewees expressed strong belief in God's power to heal physical illnesses, even spontaneously, they had different experiences and opinions on the practice of healing. Some, especially Churchome members from the US who had grown up in evangelical churches, recounted many instances from their own or family members' lives where God had healed spontaneously. They further claimed that such a healing was possible for everyone. Others, especially Churchome members from Europe, had heard stories but had never witnessed miracle healings. They also explained that healing could be spontaneous or a long process but that they had only experienced the latter.

All of my interviewees at some point placed an explicit or implicit disclaimer: setting high expectations for healing and prayer could be harmful. Prayer always helped, but doctors, therapists, and medication helped as well, and it was dangerous to insist in every case on prayer

as the sole method for healing. Even one interviewee who told me about numerous miracle healings she experienced or brought about herself, including the resuscitation of a dead family member through prayer, expressed concerns about people trusting only God with their mental health and refusing to see therapists (interview 4). Most importantly, for my interviewees, healing happened in God's "timing," which is not always congruent with what people desire and pray for, or to put it differently, you cannot force healing, not even through prayer. One of my interviewees contrasted believers' reliance on God's "timing" with miracle healings happening on stage at other evangelical churches and events that he visited:

> "Well, I strongly believe that God heals and that He can heal very quickly, too, but at these large events, I sometimes feel like that's kind of being forced, like, that it just has to happen now. And […] to be honest, I have a problem with that. When healing happens, […] it will happen in His timing and in the timeframe that He sets and not because a pastor jumps around on stage and says, okay, now, yeah, everyone [who had problems] with their right knees has been healed and done. [laughs] Yeah, well, no. Could be, yes, but I'm not convinced by that. (Interview 1, translated from German)

This position, which would probably resonate with many of Churchome's members, shows why the decision to not publicly practice healing at Churchome is not a matter of personal preference or practicability but the result of a specific understanding of authentic religious practice. When a pastor publicly prays for instantaneous healing, he does not leave the healing and the timeframe in which it happens to God's will and therefore, if healing happens, its authenticity is dubious at least. This reflects a particularly Protestant distrust of any kind of mediator between human beings and God (Scheer 2014, 2020; Cooper 2022). Protestants critically screen religious emotions and experiences to evaluate whether these stem from actual religious experience or the material and atmospheric circumstances of their practices.

At the same time, the mention of a pastor who "jumps around" on stage is an aesthetic judgment which relates to the collective knowledge of "suspicious" miracle healers shared by many evangelicals. Prosperity gospel teachings around healing have influenced the evangelical mainstream and continue to shape a "popular religious imagination" today that is focused on God's "blessings" for his followers (Bowler 2013: 7). Since scandals shook several famous televangelists in the 1980s, prosperity gospel has earned a reputation as greedy, infantile, and corrupt, or short, "bad religion." For many evangelicals today, a preacher proclaiming healing on stage embodies exactly the misuse of the gospel they try to distance themselves from.

When Churchome avoids public displays of physical healing and Judah Smith jokes about the improbability of miracles, the church leaders thus draw on the varied yet connected background knowledge shared by their followers. Like this, the church can present itself as a place for the authentic expression of faith and distance itself from an unspecified other to whom believers can contrast their own experiences, such as an "unconvincing" healing event. The relevance of shared background knowledge or "popular religious imaginations" in healing practices can also be noted in Ellwanger's text in this special issue: Lourdes, as he shows, has become famous in part through

its representation in mass media, which forms pilgrims' expectations and ideas regarding both healing and authentic faith expression. Although healing is not part of the shrine's official self-presentation, it draws visitors because of a shared Catholic background knowledge of healing practices and miracle expectations.

Therapeutic healing: when God becomes your therapist

Over the course of the 20th century, evangelicalism has integrated therapeutic and self-help or self-improvement ideas and developed a "therapeutic style" (Rakow 2015: 50; Illouz 2018: 33). This "therapeutic evangelicalism" is shaped by a focus on the practicality of the Christian message and a conceptualisation of religion as an individual and interior experience (Brenneman 2014: 23–25). Scholars have explored this therapeutisation of evangelicalism both historically (e.g., Rakow 2013) and through contemporary case studies (e.g., Luhrmann 2012). At Churchome, implicit therapeutic elements become explicit. Pastor Judah Smith, as shown in the introduction, presents God as a therapist who will never tire of hearing about your problems and worries but who will also challenge you to become your best self. Believers have therapy sessions with Jesus, which sometimes even replaces the act of going to a human therapist.

The healing of mental health issues features prominently in sermons. Usually, sermons centre around psychological everyday experiences (such as "feeling overwhelmed" or "being sad"), which are sometimes explicitly framed in therapeutic language (e.g. "trauma" or "anxiety") and presented as something "we all" experience from time to time. By emphasizing the "everydayness" of these problems, pastor Smith presents himself as a vulnerable role model and underlines that his sermons "work" for everyone.

The sermons then use narratives from the Bible to explore solutions. In re-telling them, the pastor identifies or constructs parallels between the biblical stories and the believers' potential distress and then uses the reactions of biblical characters as a guideline for psychological healing, or as he explains:

> "[…] I want us to go to the Scripture and say, okay, Lord, show me another Christian in the Bible who's gone through unpredictable catastrophe and trauma and show me how they respond to show me how you want me to respond. (When the Boat Breaks, 9:31–9:53)

To find these parallels, the pastors freely attribute emotions and thoughts to biblical characters. In a sermon on "trauma," Judah Smith's wife Chelsea Smith, who co-pastors Churchome with her husband and preaches occasionally, uses a story about Paul in the book of Acts as an example of a traumatic experience that can be overcome with God's help. After Paul had been thrown into prison during his travels, he was extremely cautious in later situations, because, according to Chelsea Smith, he had been "traumatized." She directly draws parallels to possible traumatic experiences and listeners' avoidance behaviours:

> “He went through a traumatic event, a traumatic experience, and something changed on the inside of him. […] He’s just like, I don’t wanna go through that again. […] Have you found yourself in that place, feeling, I don’t want to go through that again? Maybe you’ve gone through breakup after breakup after breakup and you’ve just decided, I’m not gonna go through that again. Maybe you took a risk in business and not only once but you did it twice and your business let you down and you feel like, I don't want it to let me down again, so I’m just going to stop, I don’t wanna go through that again. […] That is a normal human reaction and response that even the incredible apostle Paul felt when he went through trauma. (Unburned by Fire, 9:03–10:40)

At the end of the story, God tells Paul to go on and not to be afraid. According to Smith, God told Paul exactly what he needed to hear, which leads her to ask the audience, “what do you need to hear from Jesus today?” (17:37). Thus, Smith does not only include the listeners by framing a biblical story in present-day, relatable terms but also by posing a question that encourages believers to relate the story to their own lives and to think about their religious practice.

The Smiths strengthen the adaptability of the solutions they offer by presenting not only themselves but also the biblical characters as average people. According to the pastors, they overcame difficulties and showed super-human strength not because they had it in them but because God provided them with it. Thus, if they can do it, you can, too — with God’s help.

Sometimes biblical insights speak for themselves, sometimes the pastors build of them to develop tools to achieve a certain goal. In a sermon titled “Loving Yourself,” Smith presents three steps to learn and practice self-love: being honest with yourself, being “here” with God, and “heaping” negative emotions onto Him. Smith then shortens his toolbox to the alliteration “honest, here, and heap” (21:25). In other sermons, he suggests saying “Jesus” out loud. However, Smith usually keeps these tips and tricks relatively vague. His advice consists of a combination of introspective questions and incentives for prayer. Whereas other pastors publish workbooks for their followers to fill out, give detailed instructions on how to start a devotional journal or present ready-made prayers or affirmations for the followers to repeat, the Smiths leave the exact methods for healing to their audience. The followers I interviewed notice this and prefer it to structured, or, as one interviewee put it, “pre-chewed,” detailed instructions.

To the Churchomians I spoke with, one-size-fits-all methods were not only uninteresting but potentially inauthentic. Judah Smith often cautions that if someone follows a method, they risk relying too much on themselves or other people and too little on God. When Smith teaches therapeutic healing, he therefore walks on a thin line: His listeners want a self-help takeaway from a sermon, but if his advice is too detailed and structured, he might risk losing his authenticity. An important reason why believers perceive Smith’s advice to be authentic is his on-stage persona. Smith presents himself not only as imperfect and vulnerable but also as chaotic. His sermons are usually longer than those at similar churches and often lack a clear structure. Even though he is the pastor of a megachurch that he grew into a global organization, in his sermons, Smith often claims to be neither strategic nor particularly knowledgeable or business-savvy. In

the home group I participated in, members often made endearing jokes about Smith's chaotic and spontaneous character.

Just as believers suspect large healing events to not express true, "authentic" faith, they perceive "pre-chewed" five-step instructions, at least potentially, as an illicit addition to an individualised faith that is supposed to be grounded in complete trust in and surrender to God. Here, Churchome's pastors' ideas and criticisms and Churchome's members' opinions are mutually influential. In the end, the therapeutic healing work needs to be done by the believers in their relationship with God, making the congregants responsible for some of the usual pastoral functions of spiritual care. This resonates both with the evangelical individualistic nature of faith and its general rejection of rituals.

Healing relationships: failure as a chance of growing together

At Churchome, failed healing is an integral and decisive part of religious practice. Believers do not agree on the question of whether healing can truly fail, as healing might just arrive to you in a different way or much later than expected. However, all of my interviewees had experienced praying for something that just had not seemed to happen and believers openly spoke about their experiences in the home group in which I participated.

Churchome does not offer a theological explanation as to why some prayers get answered and others do not or to why bad things happen to good people beyond the idea that God might have some greater and better plan and that humans cannot understand his mysterious ways. Pastor Judah Smith suggests that believers should learn instead to deal with what happened rather than endlessly dwell on the question of why it happened. To believe that anything negative is a spiritual attack from Satan or that bad things happen because one has done something bad is, to him, "bad theology" (When the Boat Breaks, 22:32; Shake it Off, 16:20–16:41). Interviewees mentioned that they struggled with this question but ultimately either found a solution for themselves or decided that "those are questions that I'll just ask God one day in heaven" (interview 3).

When negative things happen, they are, according to pastor Judah Smith, a unique and even necessary opportunity to grow in one's faith. When everything goes to plan, people trust so much in themselves and their abilities that they cannot see how much they depend on God. God's power is "perfect" when humans are "weak," as this allows them to open themselves up towards God and let Him take control over their lives (Heard and Happening, 45:10–45:27). The emotional work demanded from Churchome's followers aims at complete surrender: By giving up control over everything in one's life and letting God take over, one can achieve a feeling of "peace" independent from any worldly circumstances.

These ideas suggest that a deep relationship with God can only be reached through crisis and failure, or to put it differently, that negative experiences offer chances for growth and are a necessary part of religious practice. In this regard, the language in Smith's sermons and books

resembles discourses of resilience found in self-help literature that speak of crises as opportunities for "growth" (Graefe 2019). Accordingly, both resilience self-help books and Judah Smith suggest focusing one's energy not on avoiding negative situations but on dealing with them or, even better, making the most out of them. This way, believers can find meaning in individual experiences, or as a pastor I interviewed expressed it, "not to focus on why am I not being healed, in a bad way, [but on] why am I not being healed, in a good way" (interview 2). These meanings are usually tied to a strengthening of relationships, either with God or with one another.

Regarding the relationship between believers and God, Judah Smith describes God as a superhuman father and believers as small children, similar to what Brenneman (2014: 28–35) identifies as a common trope of contemporary evangelicalism. In this perspective, God's children depend on God and need to learn patience and tranquillity from Him. Prayer naturally fails sometimes, as the believers do not know what is good for them. God as a benevolent father can distinguish stupid, selfish, or even harmful requests from reasonable ones. Hence, unanswered prayers become a reason to celebrate, or as Judah Smith exclaimed on stage: "Woo, thank God, He doesn't answer all the prayers!" (Heard and Happening, 27:06).

Given the appreciation of failure, it is not surprising that believers spoke openly about feelings of failure and not being good enough in home groups. Thereby, they follow the pastors' examples, who publicly share their struggles in life. Like this, unanswered prayers sustain and produce an "emotional style" (Scheer 2020: 24) at Churchome that rewards vulnerability and transparency and in which believers actively work towards being open about their failures and shortcomings.

Home groups provide a space for individuals to share and evaluate the introspective work they do on themselves and to practice vulnerability in their relationships with each other. Believers are encouraged to "bring all of them," meaning to share even the things they are most ashamed about. The home group I participated in developed various intentional and unintentional strategies to put this into practice, or to "keep it real," as they would say: They reacted more and more positively to stories of failure than to stories of success, they added humble caveats (such as, for example, "but I am sure I could do even better") to every statement that portrayed them and their religious practice in a positive light, and the group leader even intervened in one case when he felt that one group member showed too little vulnerability.

In an interview, a Churchome member described this intimacy created in the home group as an act of "healing" in itself (interview 1). Judah Smith also refers to the "healing power" of confession, which does not serve one's relationship with God, as He has already forgiven human sins, but human relationships and communities (Feeling Incomplete, 22:04). Another member explained that in her view the "transparency" the pastors stand for departs from a century-long tradition of hypocrisy in Christianity (interview 4). In the home group, believers regularly shared experiences from other churches and home groups where they noticed that people were not honest with each other or where they felt forced to only share success stories. Thus, believers and pastors alike construct a negative other that can be filled with personal experiences and

culture-specific background knowledge. Interviewees contrasted their experiences at Churchome, for example, with their own upbringing at evangelical churches or with Catholic or Jewish orthodox practice.

By shaping religious practice around experiences of "failure" and "not being good enough," Churchome can present itself as conscious and sensitive about mental health, which also resonates with the Christian virtue of humility. The believers, many of whom have switched to Churchome from more conservative evangelical churches, learn to adapt their religious emotions and practice to Churchome's emotional style which in turn feeds back to the church's public image.

Healing the nation: listen to your neighbour

Just as interpersonal relationships require healing, on a larger scale, the whole nation does. The Bible calls believers to put their faith into action. The specifics of how to act in the world, however, have long been a topic of debate and conflict for Protestants, with some arguing that the world can only be helped through personal salvation and others supporting social commitment and striving for structural change. The notion of healing on a national or even global scale has been employed by both positions. At Churchome, a rhetoric of healing on the national scale can be noted in two areas: social justice and polarisation.

Smith connects social justice issues to the "healing power" of confession, calling his audience to not only confess "your racism" to God but to "tell one of your brothers and sisters in community so you can pray for each other and start getting healed," as "healing comes by 'I want you to see me for who I am, here's what I'm really going through'" (Feeling Incomplete, 22:20–22:46). Thus, healing on a larger scale can happen when individuals are transparent and honest with each other and when they listen to each other's positions.

Smith's antidote to societal polarisation works similarly. He regularly portrays the US as divided and constructs the social figure of an ardent supporter of any party, which he sometimes satirically imitates. According to him, people have made everything about politics, even their relationships with others, as they stop talking to their neighbours only because they vote for the "wrong" party. The divisions in the country can be healed by countering these processes, which means listening to people who might have a different opinion than one's own without judging them. Also, believers should realize the limited impact and minute importance of politics and nations in light of the power of Jesus. The church presents these mechanisms to counter polarisation as a difficult task that believers are called to engage in. Members of the home group I participated in regularly emphasized that they wanted the group to be a place where difficult and uncomfortable conversations could take place.

The image of a country pointlessly divided by partisan choices helps Smith as an evangelical pastor and Churchome as an evangelical church to create a viable position in the minefield of intersections between religion and politics in the US. Smith presents himself as someone who can

see through the meaninglessness of "playing politics" of worldly actors but also as someone who is overwhelmed by current events and insecure about his position. The following quote from a 2021 sermon, in which Smith explains his reasons for getting the Covid-19 vaccine, is a good example:

> "I am a community leader and I felt like I was to do that, I didn't know it would offend some of you, I really am sorry about that, […] it wasn't a political statement, it was like, I have to travel and I fly a lot and I thought it would be like maybe the best option. […] And I'm like, I didn't know when I [got the vaccine,] I was making a declaration about my view of God. [Audience laughs.] I didn't know. I really, honestly, I'm being so serious, guys, like, I'm trying to raise teenagers right now, I don't have time to get into the theological nuances of vaccines, it's just not where I'm at. (When the Boat Breaks, 3:52–4:48)

Smith not only apologizes, expresses his insecurity, and explicitly states that his getting the vaccine was not a "political statement," but also uses his apology to joke about people who perceived it as such. His comment on the vaccine as "a declaration about my view of God" can be understood as a humorous comment on evangelicals using religious arguments in their protest against Covid-19 measures. The irony and humour often present in Smith's sermons serve as a means to diplomatically soften the boundaries he maintains towards other churches and theologies. Smith also uses humour by intentionally playing with the expectations church-experienced visitors might bring to a service: "I'm sorry, I'm not here tonight to tell you that America is a Christian nation" (Lacking Nothing, 41:59–42:13).

Religious studies scholar Leslie Dorrough Smith (2020: 452) describes "politics" and "religion" as flexible emic categories that actors can adapt to fit their interests. After a conservative backlash resulting from Judah Smith's endorsement of the Black Lives Matter movement in 2020, he responded with an Instagram post in which he explained that his position was not "political" but "gospel" in the sense of helping the weak and marginalized (Instagram @judahsmith, 08/12/2020). Conversely, in 2016, Smith used similar rhetoric to avoid taking a position. In an interview, he stated that he was unwilling to comment on the topic of LGBTQ rights, as this was a "divisive" topic, whereas he wanted to focus on "love" (Handler 2016). Thus, Smith uses the language of "love" or "gospel" to include issues and terms such as "divisive" or "political" to exclude issues from the church.

By self-reflexively and sometimes ironically addressing the political involvement of evangelical churches, Churchome can take the "political" out of its position and criticise other churches for engaging in partisan politics. By engaging healing in ways that might surprise visitors familiar with the rhetoric at other evangelical churches, Churchome can carve out a viable position for itself and explore ways to engage in highly charged and sensitive issues without offending a portion of its followers. This is particularly relevant as Churchome, as a global megachurch, reconciles or at least tolerates diverse political positions to keep high membership.

5. "Expectation work" and boundary maintenance

By emphasizing relational and emotional over physical healing, distancing itself from "political" churches, and paying special attention to failed healings or unanswered prayers, Churchome intentionally and unintentionally creates, maintains, and protects boundaries against other evangelical churches, theologies, and practices. At the same time, it sticks to evangelical core beliefs, represented for example by the steadfast belief in God's ability to heal every illness spontaneously that my interviewees voiced.

Churchome sticks to the belief that miracles did happen in biblical times and that the biblical God is the same today. Ergo, they believe that miraculous healings can potentially occur today. In most cases, however, miracle healings simply do not happen, as the pastor, although jokingly, reminds believers during his sermons. Churchome thus requires its followers to open themselves up to the possibility of miracle healing but to not expect it to happen. Marty's (2005) typology of healing expectations differentiates clearly between Christians who believe in prosperity gospel-style "divine laws" and Christians who do not believe in miracles but expect God to be there with them in times of illness. My interviewees, however, fit into both categories. They express steadfast belief in God's power to heal and recount stories of miracle healings of themselves or others. At the same time, my interviewees often experience healing as a gradual, long, and sometimes difficult process that does not only involve faith and prayer but also other aspects such as medicine and psychotherapy. During this process, they experience God as an emphatic, personal actor, similar to what Marty describes for Christians of his non-miracle-believing type.

Healing is not the only aspect of life where believers should not set their expectations too high. When Judah Smith says that being with God, whether you're happy or sad, is more important than working on changing the circumstances that are making you sad, he reminds his followers to lower their expectations about life in general. Picking up Hochschild's (2003) concept of "emotion work," this could be described as "expectation work." Following Scheer's (2012) approach to emotions as practices in a Bourdieusian sense, emotions are always "learned" and "performed" and learning and pretending are intertwined. When adding a humble "but I'm still not where I want to be" to a story of progress in mental health during a home group session or when trying not to be too enthusiastic about the possibility of a miracle, the believers are not only working on convincing others but also working on changing their own emotions and thoughts in accordance with the church's emotional style and the "expectation work" it entails.

This expectation work performed by individual members shapes Churchome's identity. On a larger scale, Churchome has found a viable and unique position in the evangelical field and strategically works on protecting its own identity. As divine healing is, at least in evangelicalism, not only a sensitive topic charged with an ambivalent history but also a field where theologies, aesthetics, and institutional entanglements intersect, when they practice or speak about healing, evangelical churches will always also communicate positions or affiliations. Churchome uses this to maintain boundaries with other evangelicals and carefully curates the church's practices,

theologies, and aesthetics in order to cope with the identity crisis it finds itself in as a progressive evangelical church.

6. Conclusion

Understanding healing as a conflictive field opens up perspectives on how progressive or reflexive evangelical churches deal with their self-proclaimed "identity crisis." To "un-spoil" its evangelical identity, Churchome does not only critically and sometimes self-reflexively engage in criticism regarding how Christianity has "gotten it wrong" but also makes two aspects of continuous accusations against evangelical churches their core identity, both of which are connected to practices or rhetoric of healing: mental health and political (non-)commitment. As the church and its followers avoid public displays of healing and instead shape their religious practice around experiences of failure and not being good enough, they engage in expectation management. Through this process, they expose "unhealthy" healing practices of other evangelicals and distance themselves from them without giving up evangelical core beliefs, such as the truthfulness of the Bible.

Speaking about strategic positioning and the management of emotions might evoke an image of a church only focused on its public image, subordinating its beliefs to whatever "sells." The strategic making of a public image, however, cannot be separated from unintentional preferences, aversions, and habits. Carving out a position for oneself is often rather an intuitive "survival strategy" than a consciously chosen path to success (Goffman 1956: 132–135; Scheer 2012: 203). This is true for the church as an institution as well as for individual believers who are not only confronted with undesirable stereotypes regarding their faith but also themselves aware of evangelicalism's flaws, exemplified by the pastor who mentioned that Churchome was the first church where he was not embarrassed to invite friends to a service.

Reflecting on the introduction of this special issue (Bigalke et al. 2024) and the questions raised by the corresponding research project, failed healing and unanswered prayers more generally do present irritations or dissonances for many believers at Churchome. However, as the believers work on their expectations, these irritations become an integral and productive part of Churchome's belief system and proof of "good religion." The expectation work, as part of Churchome's self-presentation, is a resource both for the individual believers who see their faith under attack and for the church as an institution that struggles to find a viable position in the evangelical field. In this regard, Churchome might thus also be described as resilient to the identity crisis experienced by progressive evangelicals.

The particular ways in which Churchome practices healing not only reflect and define the church's position in the evangelical field but also match larger societal developments. Churchome's intention to openly speak about failure and difficulties reflect a specific therapeutic style or culture that has become prominent in recent years and that encourages people to welcome and feel all emotions, even the bad ones. With the United States Capitol attack in 2021, the Covid-19 pandemic, and the Russian invasion of Ukraine, the past years have been perceived by many,

including pastor Judah Smith as he frequently states in his sermons, as particularly crisis-laden and exhausting. Here, a church that invites negative emotions, addresses mental health as an everyday and every-person issue, and encourages people to speak up about their feelings of not being good enough seems particularly timely. Churchome's healing practices offer both something to do for individuals in the face of overwhelming problems such as climate crisis or war and the relief that one can give up control to God.

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About the author

Ariane Kovac, M.A., is currently working on her dissertation on evangelical emotions and boundary maintenance at Leipzig University, which forms part of the DFG-funded research project "When Healing Fails." As a research associate at the Center for Religious Studies (CERES) at Ruhr University Bochum, she also studies intersections of Christian social media influencing and religious identity.

Mail: ariane.kovac@ruhr-uni-bochum.de