“It’s two things mixed together!”
A Baptist missionary nurse and her symbiotic relationship with Ndyuka medicine

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“It’s two things mixed together!”
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Abstract

This thesis analyses the interaction between missionary medicine and Ndyuka medicine from the perspective of a Baptist missionary nurse operating a clinic in the village of Lantiwei in Suriname. Based on two months of anthropological fieldwork conducted in the summer of 2014, this thesis argues that in her everyday practice of medicine, the Baptist nurse is dependent on the cooperation of a local Ndyuka healer and his family to such an extent that their working together can be regarded as a social form of *symbiosis*. This thesis furthermore demonstrates that the Baptist nurse has incorporated Ndyuka ideas to her understanding of illness and death, and that even though she continues to abhor and reject the practice of Ndyuka medicine as a form of devil worship, she recognizes its spiritual powers. Taken together, these findings show that an opposition between missionary medicine as a—perhaps unwitting—agent of modernity and local Ndyuka medicine as a ‘traditional’ form of medicine increasingly superseded by ‘modern’ medicine, is fictitious, and that the lack of scholarly attention to the interaction of missionary medicine with local practices of medicine demonstrates anthropology’s obsession with the ‘traditional’ ‘Other’.

*Keywords*: missionary medicine, Ndyuka medicine, interaction, symbiosis, ‘othering’
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I hope this thesis does justice to the devotion of the people named.

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Maarten van der Bent
1. Introduction

Two healthcare practices dominate the village of Lantiwei on the Cottica river in Suriname. The visitor who arrives by boat can, upon landing at the jetty, choose to take a bush path to the left, which leads to the clinic of Baptist nurse Anne Dreisbach, or walk to the right in the direction of the practice of the Ndyuka healer Ba Adam. Both the nurse and the Ndyuka healer have quite a reputation in the region, with the former even having been named the “Mother Teresa of the Cottica river” in a recent newspaper article (Mulder 2013), making Lantiwei a prominent regional destination for people in need of medical attention.

Research objective

This thesis analyses the interaction between both practices of medicine from the perspective of Baptist nurse Anne Dreisbach, who is better known locally by the affectionate moniker ‘Sister Anne.’ With this thesis, I hope to contribute to a better understanding of the interaction between two different forms of medicine, a subject that is, as we will see below, ill-understood and barely scrutinized by anthropologists and other social scientists. In order to study interaction, both sides of the ‘action’ need to be understood, even if the eventual focus is going to be on one of the parties. In this thesis, I will therefore examine the epistemologies of both Ndyuka medicine and missionary medicine, and discuss healthcare consumption of the people in the vicinity of Lantiwei, but all with the goal in mind to eventually say something significant about the interaction with Ndyuka medicine of a Baptist missionary nurse.

Originally, my research objective was wider: I planned to study the interaction of both forms of medicine from all sides, i.e. from the perspective of the Ndyuka healer, from the perspective of the Baptist missionary, and from the perspective of the Ndyuka patients in the area. The reasons for this shift of focus are manifold. While the theoretical and methodological
arguments for this change will be discussed in chapter 2, the issue of relevance will be discussed here in the introduction.

**Relevance**

In contrast to Maroon systems of medicine, which in the case of the Ndyuka have been thoroughly analysed by Diane Vernon (1989; 1992), missionary medicine has been a neglected topic in every academic discipline, including missiology, until very recently. Apart from some earlier publications that dealt with missionary medicine as a side issue, such as Megan Vaughan’s (1991) book on Western biomedical discourse about illness in Africa, Hardiman’s (2006a) edited volume seems to be the first publication truly dedicated to the topic of missionary medicine. Only a year earlier, Norman Etherington was unable to recruit anyone to write a chapter on either missionary medicine or missionary education, another neglected field in missiology, for his book *Missions and Empire* (2005), forcing him to write the chapter himself.\(^1\)

Especially neglected seems the interaction between missionary and other forms of medicine, with Etherington (2005: 280) observing that “the encounter between missionary healing and practices embedded in local cultures deserves more scholarly attention than it has thus far received.”

This neglect is by itself enough reason to devote a thesis on missionary medicine. A reason to focus on the Baptist mission to the Ndyuka in particular, however, lies in the fact that—to my knowledge—this mission has not received scholarly attention yet, in contrast to the Moravian mission to the Saramaka, which was discussed by Price (1990), and the Catholic mission to the Ndyuka, which had been discussed by Vernooij (1976; 1994).

**Outline of the thesis**

I have structured this thesis into ten chapters, of which this introduction is one. In the next chapter I will discuss the anthropological theory and methods that lie at the basis of my

\(^1\) In a reflection written six years later, Etherington (2011: 176) writes: “My greatest disappointment was failing to recruit anyone to write on either education or medicine. Consequently I boned up on those subjects and attempted to cover both in a single chapter.”
research. I will provide a brief overview of my reading of two theoretical angles that I deem important for my argument, before summarizing the methods I have used during my fieldwork and discussing the limitations of my research project.

In Chapter 3, I will introduce the country of Suriname from its founding as a plantation colony to the marooning of the Ndyuka that brought into being the society in which the topic of this thesis is situated. This chapter will also introduce the social organization of Ndyuka society and Ndyuka religious practice. Chapter 4 will then give an overview of both Ndyuka medicine and missionary medicine, discussing of both their underlying principles and presumptions. Chapter 5 and 6 will introduce the Catholic and Baptist missions to the Ndyuka, respectively, discussing of each their history and their missiology.

Chapter 7 bridges the mainly theoretical part of this thesis with its ethnographic counterpart, as it starts with a biography of Anne’s and ends with a description of her practice. Chapter 8 then discusses the consumption of healthcare by the Ndyuka in the vicinity of Lantiwei and Pinatyaimi. Chapter 9 is the main ethnographic chapter in which Sister Anne’s perspective on the interaction between missionary and Ndyuka medicine is given. In the conclusion, the findings pertaining the interaction of Sister Anne with Ndyuka medicine are related to the theories discussed in Chapter 2.
2. Theory and method

Theory

Structure and agency

One of the oldest problems in anthropology is the seeming incompatibility of the existence of such supra-individual structures as religion, culture and society, and the capacity of individual human actors to act on their environment—something which social scientists like to refer to as ‘agency.’ In post-war anthropology, structuralist approaches initially dominated the discipline. Especially influential were Radcliffe-Brown’s structural-functionalism, which in a Durkheimian fashion compared human society to a self-renewing living organism, Lévi-Strauss’s structuralism, which—inspired by the structural linguistics of De Saussure—sought to reveal the underlying universal structure of society, and structural Marxism, which blended Lévi-Strauss’s structuralism with Marxist materialism and idealism (Ortner 1984). Agency-centred approaches were in the minority, the main exceptions being Fredrik Barth’s transactionalism, which approached society by seeing it as the result of strategic choices of individuals deployed against a context of social constraints, and the interpretative anthropology of Clifford Geertz, which in a Weberian fashion argued that culture can be studied by interpreting the construction of public symbols by means of ‘thick description’.

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2 I am being deliberately succinct here, as my aim is not to describe these schools of research, but rather to contrast the structuralist assumptions behind these schools with the agency-centred assumptions of others.

3 It must be noted here that while Geertz placed the individual at the centre of his analysis, he did not put an end to the idea of culture forming a coherent whole. Compare Ortner’s (1984: 130) observation that “while the actor-centered perspective is fundamental to Geertz’s framework, it is not systematically
perspectives had their problems: with their emphasis on society forming a coherent and structured whole, structuralist approaches had difficulty accounting for social change, while agency-centred approaches had difficulty explaining the persistence and power of social structures.

Practice theory arose in the 1970s and early 1980s as an attempt to bridge this divide. Theorists of this school used the word ‘practice’—or *praxis* in case of Marxist oriented anthropologists and sociologists—to signal that individuals do not respond strategically or rationally to stimuli, as critics say transactionalists would have it, but rather according to durable and patterned ways of acting which allow them to successfully navigate a world structured by social constraints. In turn, it is these patterned actions—embodied within institutional, symbolic and material forms—that constitute society (Ortner 1984: 148; cf. Giddens 1984). Pierre Bourdieu introduced the notion of *habitus* to refer to the way the social order is permanently internalized in a human body: not as a rulebook, but as a durable dispositions that both guide the way the embodied individual perceives the social world and the way it reacts to it (Bourdieu 1977: 72).

This thesis is inspired by practice theory without making a fetish of it. On the proper advice of Bourdieu’s protégé Loïc Wacquant, whose workshop I was privileged to attend in Uppsala in the summer of 2015, I will not try to speak ‘Bourdieuese’ in this thesis, and as such this thesis will not be scattered with references to such theoretical concepts as *habitus*, *doxa* and *field*. What I do take from practice theory, however, is the general notion that society is not an objective reality divorced from human agency, and that human agency does not exist independent of a social structure, but instead actively produces, reproduces and challenges that structure. One of the consequences of that notion is that the social world, and the internalized *habitus* that results from it, have a genesis, and that this genesis must be understood to properly understand the social world and the *habitus* of individuals. Five chapters in this thesis will therefore be dedicated primarily to historicizing the agents—first and foremost Sister Anne, but also the other missionaries and some of my Ndyuka informants—the social world—i.e. Ndyuka
society and Christian missions from both a Catholic and Baptist perspective—and the categories—i.e. Ndyuka and missionary medicine. Only after doing this first will I be able to make a ‘thick construction,’ to use Wacquant’s pun on Geertz’s adage, of the interaction between Ndyuka and missionary medicine in the Cottica river area of Suriname.

Another consequence is that a person’s *habitus* allows for a degree of improvisation, as long as it does not go against with the social world’s *doxa*, which are those deeply internalised presuppositions that “go without saying” and are not up for negotiation (Bourdieu 1977: 164; cf. Wacquant 1989: 45). This is especially relevant in a context of interaction, as people can to a certain degree take over concepts and ideas of another structure and appropriate them to their own *habitus*.

**The ‘othering’ trap**

In an earlier draft of this thesis, I referred to Ndyuka medicine as ‘traditional (Ndyuka) medicine’ and to missionary medicine as ‘Western medicine.’ While I always found these terms uncomfortable and problematic, and quickly found an alternative to the second term by adopting the notion of ‘missionary medicine,’ this thesis was full of references to ‘traditional (Ndyuka) medicine’ until one day I realized that in most of the text, the qualification ‘traditional’ was completely redundant: in most cases I could simply write ‘Ndyuka medicine’ as a more apt and less problematic alternative. I was struck by how much the text improved after removing this qualification: it enhanced its flow and it made the points I wanted to carry across much clearer. It left me wondering why it came so natural to me to write ‘traditional’ when there was no need for it.

To answer my own question, I turned to Jemima Pierre’s critique on anthropology’s obsession with the ‘Other,’ which I encountered when I took part in the course *Current debates in anthropology* in Uppsala in the summer of 2015. In a chapter on a publication on the study of Africa, Pierre argues that in current anthropological research practice, Africa is still constructed as a fundamentally different and racialized ‘Other,’ and that this is achieved by the continued application of an “ambiguous notion of ‘culture’ that continues to have racial underpinnings,” and by “the often unsuspecting role of Africanist anthropology in naturalising African cultural
difference” (Pierre 2006: 41). According to Pierre, even though Boasian anthropology was successful in replacing the notion of ‘race’ with its antithesis ‘culture’—as not given, not unchangeable and not biological—it used the notion of culture to explain the inherent ‘otherness’ of the non-Western people under study. Cultural relativism, while laudable for demonstrating that different ‘cultures’ have their own internal dynamics, ossified differences and perpetuated a cultural determinism that is barely different in its consequences from the biological determinism of the concept of ‘race’ (ibid.: 44–46).

At the same time, Pierre argues that ethnographies of African communities have constructed and perpetuated an image of African peoples as racialized ‘Others’ “by locating the community under study within ‘nature’ and, often, in symbiotic relationship to animals and inanimate objects,” by what Pierre refers to as “moments of ‘differentiating distancing,’ where, at a specific point in the text, the author specifically distinguishes her/himself as the extreme cultural (racial?) opposite of those under study,” and “by both generalised and explicit racial distinctions of the ethnographer and subjects” (Pierre 2006: 49). According to Pierre, this is not only true of such anthropological classics as Evans-Pritchard’s The Nuer, Colin Turnbull’s The Forest People and Marjorie Shostak’s Nisa—whose many critics have rarely addressed the racialized way in which Africans are portrayed in these works—but also of many recent publications. In a seminar organized in Uppsala, Pierre carried this point home by showing a slide featuring titles of ethnographies published in recent years about African peoples, which displayed a high degree of ‘othering’ terms such as ‘tradition’ and ‘witchcraft.’ Pierre ended the seminar with a plea for a geographic reversal of the anthropological objects of inquiry: anthropologists should study markers of ‘otherness’—such as witchcraft—in the West, and investigate the construction of global discourses—such as that of race—in Africa.

Pierre’s critique is relevant to the study of Maroon communities in the Caribbean, not the least because they have often been portrayed as the primary examples of retention of African beliefs and practices (cf. Herskovits 1966).¹ The issues dealt with in anthropological

¹ Most scholars today would argue that this portrayal is misguided and that many aspects of Maroon society took shape in the New World (Van der Pijl 2007: 91).
studies of these communities indeed often concern such markers of ‘otherness’ as witchcraft, and surely help perpetuate the idea of Maroon societies constituting a radically different society to Western society, even if not intended to be read in such a way by the authors. By focussing on the interaction of missionary medicine and Ndyuka medicine from the perspective of a Baptist nurse, I hope to at least partially counter this ‘othering’ of the Ndyuka.

**Method**

**Entering the field**

This thesis is based on a good two months of fieldwork, carried out between 23 June and 1 September 2014 in the village of Pinatyaimi on the Cottica river in Suriname. I found my fieldwork site by a stroke of luck: after I sent an e-mail around to Dutch anthropologists explaining my research project while asking for tips to find a fieldwork site, Thomas Polimé—a Ndyuka anthropologist nowadays living in the Netherlands—replied, suggesting I could conduct research in the village of his brother Herman, who would be happy to receive me and be my host for the entire research period.

Just over two months after I first had contact with Thomas, I boarded a flight to Paramaribo from Amsterdam’s Schiphol airport. I had decided to stay in the capital city for the first two weeks in order to properly prepare for my journey into the interior. I used this period to arrange the practicalities of moving to my fieldwork site—such as informing Herman that I would be arriving soon, which proved difficult to do from the Netherlands—and to meet up with people that could help me with my preparations. I first set up a meeting with anthropologist Marieke Heemskerk, who has done research among the Ndyuka before, and who introduced me to Melvin Uiterloo from Medische Zending, a charity providing healthcare to the peoples of the Surinamese interior. Both meetings gave valuable insights into everyday life in Ndyuka villages, Ndyuka etiquette—I was instructed to bring a bottle of rum for the

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5 As we will see in chapter 3, the Ndyuka concept of a brother is different to that of a brother in the Western world. Referring to someone as a brother means this person belongs to the same matrisegment and is of the same generation.
As a sign of good faith—and Ndyuka medicine. Melvin was the first person to tell me that Ndyuka and other Maroon groups prefer to see a local healer in case of a bone fracture, a fact that would come to play a prominent role in this thesis. Marieke reflected on how she was hospitably received by the Ndyuka on all her visits, and gave me the tip to buy a headlight, which indeed was of great use as Pinatayaimi and the other Ndyuka villages are only provided with electricity for six hours per day by means of a diesel generator.

By coincidence, Marieke was planning to go on a field trip to Langatabiki, the capital of the Paramaka Maroons, just a week after our meeting. Since she would pass through the village of Moengo, from where the boat taxi to my final destination of Pinatayaimi would depart, she invited me to come along with her on the first part of her trip. I gladly accepted this offer, and after having been dropped off in Moengo in front of the house of Herman’s daughter Lolita, I took the boat taxi to Pinatayaimi, where Herman and his son Gio welcomed my arrival.

The Cottica river villages are remote by their inaccessibility. As the crow flies, Pinatayaimi lies only 20 kilometres north of Moengo and 80 kilometres east of Paramaribo, but since the only way to get there is by taking a boat taxi along the meandering Cottica river, travelling from Pinatayaimi to Moengo takes more than two hours. Transport would remain a problem during my entire fieldwork period: since there was no road connecting Pinatayaimi to anything, I always had to ask others to give me a lift, even if I just wanted to go to the village of Lantiwei on the other side of the river. If I wanted to go to Moengo, I had to wait for the next boat taxi, which only sailed a few days in the week.

**Participant observation**

Participant observation is usually considered the defining feature of anthropological research—to such an extent that some have claimed it is the only common ground that holds the discipline together (Sluka & Robben 2007: 2). Probably as a result of its importance, few anthropologists initially dared to critically engage with the concept, making participant observation an elusive notion for a long period of time. Anthropologist John Whiting remembered that when he and his fellow students asked their professor Leslie Spier to organize a seminar on research methods

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6 The Ndyuka term for the leader or “captain” of the village. See also chapter 3.
somewhere in the 1930s, their request was flat-out rejected on the grounds that such a subject was to be casually discussed at a breakfast table, and not at a seminar (Bernard 2006: 343). Luckily much has changed since. Anthropologists of today are expected to discuss and reflect on their methods when they write a research paper. Still, participant observation remains a difficult concept, primarily because of its inherent contradiction. Anthropologists conducting a participant observation are expected to reflect on their object of study both as subjective insiders—i.e. the participant side of the method—and as objective outsiders—i.e. the observation side of the method (Sluka & Robben 2007: 2).

My approach to the participant side of the method was to say “yes” to all invitations. Thus, in the morning I usually helped collecting fish from the net Herman and his son Gio had set out the night before, I worked on the family farm—I had never seen, let alone eaten, so many watermelons in my life before—went to the biweekly wakakerki church service held by Sister Anne and Ndyuka pastor Koempie in Pinatyaimi,7 witnessed the eighth-day and sixth-week mourning ceremonies for two Amerindian boys that had drowned just before my arrival, was present during ceremonies and rituals in the village, and hung out with fellow villagers whenever it was time to relax. I also became good friends with Herman’s son Gio, with whom I often went out for a game and a beer.

Still, although I tried my best, it was outright impossible for me to be an ordinary participant in everyday activities. My being in Pinatyaimi was the best example of a mismatch between habitus and field one could imagine—I had no understanding of the proper way of doing things. Thus, where for every Ndyuka it was common sense to take off one’s boots when on a boat, as the boots can pull you under in case you fall in the water, I constantly had to be reminded of this fact. I had no idea how to properly greet people in the village or passing by on a boat, and I often forgot to take my headlight with me when I had to relieve myself at night. When I whistled once, I was immediately warned that I was attracting snakes.

As for the observation side of the method, I found it very helpful to write a field diary, in which I recorded even the most trivial things I noticed or that happened to me. Within days

7 I will elaborate on the concept of wakakerki in chapter 5.
after arriving in the village, I set up—with permission of the village elders—my “research base” in the abandoned school building of Pinatyaimi, which was coincidentally also one of the few places in the village with cell phone coverage. Writing the diary was almost therapeutic, as it gave structure to my day and relieved me from boredom. But when I was home in Europe again, the diary proved its real value: just by reading a few lines of the diary, the full day recorded would come to mind again, which was very helpful with structuring my data.

**Interviews**

During my fieldwork, I interviewed 12 different people—this may not seem a lot, but that sample comprised virtually everyone conversant in Dutch or English in the villages of Pinatyaimi and Lantiwei, which have an average combined population of about fifty people. I interviewed both Sister Anne and my host Herman multiple times. Apart from the follow-up interviews with Sister Anne and Herman, all interviews were semi-structured interviews. Furthermore, all interviews were recorded and transcribed by myself.

Interviewing my informants was not always an easy task, which was mainly due to their limited command of Dutch and my limited command of the Ndyuka language. Although I only rarely had trouble getting across what I wanted to know, and seldom had trouble understanding what my informants were saying, the language barrier made the answers of my Ndyuka informants sometimes rather terse. But as challenging as interviewing my Ndyuka informants was at times, my interviews with Sister Anne went without a hitch. She seemed happy to chat away with stories about spirit possession and witchcraft, perhaps because it had been long since she could share such stories with a ‘neutral’ person. The decision to shift my focus to Sister Anne and her interaction with Ndyuka medicine was thus guided by more than only theory. I will delve into this deeper in the next section.

**Limitations**

My time in the field was short. Bernard (2006: 351–352) argues that “if you’re starting out fresh, and not as a member of the culture you’re studying, count on taking 3 months or more, under the best conditions, to be accepted as a participant observer—that is, as someone who has learned enough to learn.” As I indeed started out ‘fresh,’ much of my time in the field was spent
on gaining rapport and getting a sense of my social environment. I felt that under these circumstances, I was barely qualified to write anything about the interaction between Ndyuka medicine and missionary medicine from the perspective of Ndyuka patients, as was one of my original research objectives. To complicate matters further, much of what I could say about Ndyuka medicine had already been put on paper by Vernon (1989, 1992) in much better words. This was yet another reason to focus my research on Sister Anne. While not a Baptist myself, I could relate to many of Anne’s Baptist views through my Dutch Reformed upbringing, and even though Anne’s view on the spiritual power of the obiyaman took me by surprise initially,\(^8\) I could understand her diabology and her cessationism. Ulf Hannerz (2006: 36) makes a case for more “chance, serendipity and improvisation” in anthropological research, instead of relying on old scholarly ideals and methodological dogmas. I took his advice to heart with my shift of focus.

My main other limitation was indeed my lack of knowledge of the Ndyuka language. According to Robbins Burling, “the best kept secret of anthropology is the linguistic incompetence of ethnological fieldworkers,” and this certainly goes for me (Robbins Burling quoted in Bernard 2006: 360). Some command of the Ndyuka language proved crucial for gaining rapport with the community and for getting a full picture of what is going on in the village. With the help of Gio and an online dictionary Dutch-Ndyuka provided by the Summer Institute of Linguistics (SIL), I tried to find my way around the language, but even by the end of my fieldwork period, my command of the language was still very basic. On the other hand, my Dutch nationality proved mainly an asset. It allowed me to converse in my mother tongue with all but one of my informants, while at the same time it made me less of a ‘stranger.’ Virtually all Surinamese have relatives in the Netherlands, and some have even visited the country. Although Suriname is a former Dutch colony, I have not encountered much post-colonial resentment, which was present in the capital city of Paramaribo.

**Other sources**

As the focus of my thesis was shifting towards Sister Anne, I started looking around for other

\(^8\) See chapter 9.
sources to complement my own interviews and field diary notes about her. This proved very worthwhile: Baptists turned out keen on recording and publishing on the internet sermons, interviews and speeches. The sermon ‘Love with Shoes on’ by Darrell Champlin, founder of the Baptist mission station in Rikanau Mofu,\(^9\) proved key to constructing the establishment of the mission station, while an address of Anne’s to the Trinity Bible Church in Greer, South Carolina on 1 September 2002 shed an interesting light on Anne’s ideas and motivations behind being a missionary. I also found a book on ‘spiritual warfare’ written by the retired Baptist missionary Robert Patton (2012), who used to lead a Baptist congregation in Sunny Point, Paramaribo. His book helped me pin down the Baptist missionary reaction to demonism and spirit possession much more precisely. Lastly, an interview of Sister Anne with Baptist minister Greg Huffman gave insight in the motivations of the young Anne to become a missionary.

As these other sources all had fellow Baptists as their intended audience, they shed a light on the mission that I was not able to get as an anthropologist. They thus contribute to a triangulation of my data, making them more valid.

\(^9\) See chapter 6.
3. Setting the scene: Suriname, slavery and the Ndyuka Maroons

The Guianas, which likely translates from an Amerindian word meaning ‘land of many rivers,’ were inhabited by rivalling peoples of Arawaks and Caribs when the Spanish fleet of Alonso de Ojeda explored the area in 1499. As De Ojeda and his crew deemed there was nothing of value to be found on this ‘Wild Coast,’ European colonization did not take shape until the last decade of the 16th century, when the English explorer sir Walter Raleigh suggested in The Discovery of Guiana that the fabled gold-rich civilization of El Dorado was located somewhere in the Guianas. Intrigued by Raleigh’s account, French, English and Dutch colonists set up trading posts in the late 16th and early 17th centuries on Guianese rivers, including the Suriname river. These early colonization attempts were marked by disease, Amerindian attacks and other misfortunes, and the colonization of Suriname only began in earnest in 1651, when the English governor of Barbados sir Francis Willoughby sent out a party of about a hundred sugarcane planters and a few slaves to Suriname to alleviate the shortage of farmland on his island. This colony, with its capital at Thorarica and a defensive Fort Willoughby further downstream, was conquered by Abraham Crijnssen in 1667 on behalf of the States of Zealand, a province of the Dutch Republic, during the Second Anglo-Dutch War. The Treaty of Breda, which ended the war, stipulated that the colony was to remain in Dutch hands, and after a few tumultuous years under Zealand administration, the colony was sold to the Dutch West India Company in 1683 and given a new charter. A Society of Suriname was subsequently founded to govern the colony, in which the Dutch West India Company, the city of Amsterdam and the Van Aerssen van Sommelsdijck family participated on an equal basis (Buddingh’ 1999: 9–25).

The plantations were cultivated by African slaves working under harsh and brutal
conditions (Köbben 1967: 11; Thoden van Velzen & Hoogbergen 2011: 1). As in other Caribbean plantation colonies, some slaves tried to flee the Surinamese plantations from the first days they were settled in a practice called marooning. Marooning was not difficult in Suriname, as the slaves worked small food gardens at the edges of the plantations and had small boats at their disposal for the purpose of fishing. Initially the small groups of runaway slaves remained close to the plantations they fled from since they depended on them for food, but as the groups of runaways grew larger, some Maroons fled further into the interior where they relatively quickly became self-sustaining by adopting the shifting cultivation of the Amerindians (Buddingh’ 1999: 116–120; Thoden van Velzen & Hoogbergen 2011: 1–3).

Although the Maroons could now mostly live off the rice and cassava they grew, they continued to raid the plantations in search of tools and clothes and often abducted female slaves from the plantations to marry as their wives (Buddingh’ 1999: 120). After military campaigns against the Maroons ended in failure, Governor Mauricius decided in 1749 to make peace with the Maroons (ibid.: 126). The Maroons now referred to as Ndyuka were the first to sign a peace treaty with the Dutch on 10 October 1760 (ibid.: 129).10 The Saramaka followed suit in 1762 and the Matawai in 1767. These three Maroon groups continue to exist up until this day, together with three groups of Maroons that did not seek peace: the Boni or Aluku, with whom the colonial government fought a fierce war in the late 18th century, the Kwinti and the Paramaka.

The traditional homeland of the Ndyuka is the Tapanahony river and its immediate surroundings in the deep interior of Suriname, and the Ndyuka chief or gaanman still resides in the village of Diita biki on the Tapanahony river. In the 19th century, many Ndyuka migrated to the coastal Cottica river area in the east of Suriname to work in the logging industry. The

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10 The government named the Ndyuka “free negroes from behind Auka” after the plantation from which the peace negotiations expedition had departed. This name was later shortened to Aukans and adopted by the Ndyuka themselves as Okanisi (Thoden van Velzen & Hoogbergen 2011: 4). As the term Ndyuka is often used pejoratively today, and also because Ndyuka originally only referred to one particular federation of Aukans, some authors have chosen to start using the term Okanisi instead of Ndyuka (cf. Van Wetering & Thoden van Velzen 2013: 18–19). As Ndyuka is still the term used in the vast majority of literature, I have chosen to continue using the term Ndyuka.
second half of the 20th century saw a rise of migration to the capital city of Paramaribo and to French Guiana, which after the Interior War of 1986–1992 reached such proportions that by now the majority of Ndyuka do not live in the interior anymore (Van Wetering & Thoden van Velzen 2013: 3).

**Ndyuka social organisation**

Like all Maroon groups in Suriname, the Ndyuka form a matrilineal society. There are fourteen11 matrilineal clans or *lo*, which usually assert a common origin in the form of a particular ancestral mother or a particular plantation. These *lo* are grouped together into three different divisions or federations: the Ndyuka federation, whose name was later used as a *pars pro toto* for the entire nation, comprises the Dikan, Pedi, Nyanfai and Beei *lo*; the Lukubun federation the Otoo, Misidyan and Ansu *lo*; and the Miáfiyabakaa federation the Dyu, Piika, Pinasi, Pataa, Kumpai and Lape *lo*. The Lebimusu *lo* consists of descendants of defectors from the colonial army who joined the Ndyuka in 1805 and as such do not have a particular allegiance to a federation (Thoden van Velzen & Hoogbergen 2011: 17–19; Van Wetering & Thoden van Velzen 2013: 70).

The *lo* are subdivided into matrilineages called *bee*, which is the Ndyuka word for belly. Members of the *bee*, whose elders can usually identify a particular female as the ancestor of the group, share land rights, a lineage deity, and an ancestral shrine called a *faakatiki*. In most villages several *bee* live together, sharing with each other a mortuary or *kee osu*, which together with a *faakatiki* is the necessary requirement for a settlement to be called a village or *konde*. The *bee*, which in theory is a strictly exogamous unit,12 is further subdivided into matrisegments

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11 Even though the Ndyuka distinguish between fourteen *lo*, the standard answer to the question how many *lo* there are is “twelve, and the *gaanman* makes the thirteenth.” This could be due to the small size of the Lape *lo* and the fact that the Lebimusu only joined the Ndyuka in 1805, but the Ndyuka author André Pakosie notes that the Saramaka and Paramaka Maroons also insist on consisting of twelve clans, which also does not correspond to the actual number of clans distinguished in these nations (Thoden van Velzen & Hoogbergen 2011: 5; Van Wetering & Thoden van Velzen 2013: 70).

12 Köbben (1967: 20) noted in the 1960s already that among the Cottica Ndyuka exogamy was not as
sometimes called *wan gaanmama pikin*, which consists of all the descendants of one (great) grandmother (Van Wetering & Thoden van Velzen 2013: 22). In all Ndyuka villages there are also people who do not belong to the *bee*. The first group consists of the spouses—mostly husbands—of villagers, who are allowed to live in the village as *konlibi*, which literally means “those that came to live here.” *Konlibi* have few rights in the village, but some make use of their outsider status to become respected mediators in family quarrels (cf. Köbben 1967: 21, 44–47). Children of male lineage members also do not belong to the *bee*, but many continue to live in the village of their father as *dada meke pikin*, and are part of a wider bilateral social unit called *famii*. Members of the *famii*, which consists of both paternal and maternal relatives, are expected to contribute the lion’s share to mortuary feasts held in remembrance of deceased relatives (Van Wetering & Thoden van Velzen 2013: 33–36).

As said, the Ndyuka nation is headed by a *gaanman* who resides in the village of Diitabiki on the Tapanahony river. The office of *gaanman*, for which a male member of the Otoo *lo* is elected for life, has high prestige, but offers only limited political power: the Ndyuka do not allow their *gaanman* to row or do physical labour, as that would entail a loss of decorum, but in political matters his voice is barely more important than that of any other adult Ndyuka. To a lesser degree, the same goes for the *kabiten*, who is the head of a village. The office of village crier or *basiya*, whose most important task is to assist the *kabiten*, is far less prestigious (Thoden van Velzen & Hoogbergen 2011: 15; Van Wetering & Thoden van Velzen 2013: 29–31). Very characteristic of Ndyuka society are the protracted village palavers known as *kuutu*, which are held about all matters that are considered important. When two parties confront each other in a *kuutu*, the dignitaries of the village, which usually comprises the *kabiten* and *basiya*, form a neutral third party called *lanti* (Van Wetering & Thoden van Velzen 2013: 35).

strictly observed as before. Although exogamy persisted longer in the Tapanahony area, Thoden van Velzen & Hoogbergen (2011: 9) notice that recently the number of intra-lineage marriages are also there on the increase. The matrisegment (*wan gaanmama pikin*) remains exogamous though (Van Wetering & Thoden van Velzen 2013: 31).
Ndyuka religion

According to Van Wetering and Thoden van Velzen (2013: 7), it is difficult to gain a good understanding of Ndyuka society without having a basic knowledge of their religious institutions and beliefs. In support of this claim, they cite Willem Frederik van Lier, who served as an envoy of the Dutch colonial government to the Ndyuka between 1919 and 1926, and who argued that “their religion is very complex and dominates their existence, [and] almost all their time is devoted to this.” While this is certainly true, it should be held in mind that the idea of religion as a separate and distinguishable domain from science, politics and medicine is as alien to the Ndyuka as it was to Europeans before the Enlightenment: when an obiyaman heals a patient or when the spirits of ancestors are summoned to advise on the election of a new kabiten, these are medical and political acts, respectively, as much as they are religious acts (cf. Van der Pijl 2007: 109–110).

An elaborate array of spirits and deities is known to the Ndyuka. This system is a synthesis of religious beliefs from the Western and Central African regions the slaves came from, and has incorporated some Amerindian beliefs as well. Among the Creoles the term winti is used to refer to the entire spiritual-religious complex, but although this use of term is not unknown to the Maroons—the Ndyuka would say wenti—they regard this use of terms as non-native. The Ndyuka prefer to simply speak of gadu (“gods” or “spirits”) when talking about their religious beliefs. It should be emphasized that Ndyuka religious beliefs and cosmology are an oral and non-canonized tradition without a rigid central authority. As such, practices and emphases vary, not only between different groups or between the interior and the capital city, but even between villages and between individuals (Van der Pijl 2007: 108). Despite efforts to canonize the beliefs, which were perhaps most prominent with regard to the related winti cosmology of the city Creoles (e.g. Wooding 1972), no account of Ndyuka beliefs can be considered definitive. My account should thus be read as one particular perspective on it, a perspective that, as I see it, best reflects the beliefs of Ndyuka on the Cottica river, and one that has most relevance to the practice of medicine.

Spirits are usually organized in four to five different pantheons. The most important pantheon is that of the yooka, which consists of the deceased ancestors of the Maroons and
which has more or less governed the spiritual world ever since the creator-god sometimes known as *Nana* or *Masaa Gadu na Tapu* retirees from the earth after creating it (Van Wetering & Thoden van Velzen 2013: 8; Vernon 1980: 13). The *yooka* continue to take an interest in the lives of their descendants by both protecting them from harm and punishing them when they go astray. The other pantheons are defined geographically: the *goon gadu* consists of the spirits of the earth and finds one of its most important expressions in the boa constrictor, the much-feared snake that is said to be the vehicle of a spirit named *Papágádu* or *Vodú* (Price 1973: 88; Van der Pijl 2007: 111); the *wataa gadu* comprises the spirits of the water and include the *Bunsunki* that reside in the boulders of rivers, the river goddess known as *Wataa Mama* and the so-called *wataawenu*, which most often house in anaconda snakes or *mboma*; the *tapu gadu* are the spirits of the sky and reside in birds of prey such as the vulture known as *Bantifo Openti* or *Opete*, but also land predators such as the jaguar and the puma since these animals are perceived to never really touch the ground; and finally, the looser defined *busi gadu* are the spirits of the forest.

Another classification of spirits cuts across these pantheons and rearranges spirits in what can be considered an ethnic ordering, with names that refer to African regions: *Kumanti*, *Ampúku*, and *Papágádu* spirits come with ritual languages, dances, dresses and foods that reflect their respective African places of origin. This classification is especially relevant when an individual is possessed by a spirit in trance, as this person will then speak the ritual language associated with his spirit. Lastly, there are spirits that only relatively recently found their way

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13 In the sacred *Kumanti* language this god is referred to as *Keeydi Amua Keeydi Anpon*, also often spelt *Keduaman Kedua(m)po(n)*. The name *Masaa Gadu na Tapu* means “master God above” and is also used in a Maroon-Christian syncretic context (ibid.).

14 *Kumanti* derives from Kormantine, a region on the Gold Coast—contemporary Ghana—which was home to an English and later Dutch fort that was the origin of many of the first slaves in Suriname. Eventually, Kormantine became synonymous with slaves that originated from the Gold Coast, not only in Suriname, but also in Jamaica where they were referred to as Coromantees. *Papa* derives from Grand and Little Popo, in contemporary Togo and Benin (Price 2008: 51–53, 292, 341, 367–368).

15 These languages have their origins in African languages. According to linguist Jan van Donselaar, a Ghanaian man could understand a Ndyuka who switched to the ritual *Kumanti* language after he had
into Maroon society and have not yet found a definitive place in the various pantheons. These spirits are sometimes called *foto sani*—“city things”—and include the tormenting spirits known as *Bakuu* (Vernon 1980: 13).

What sets Ndyuka religion apart from the religion of Creoles is the worship of three distinct deities that stand in power between the omnipotent but distant *Nana* and the lesser gods that are able to possess people. Each of the three federations in Ndyuka society finds itself responsible for the worship of one particular ‘in-between-god,’ who is consulted by means of a carry oracle: the Ndyuka federation worships *Agedeonsu*, the Lukubun federation *Swe li Gadu* or *Ga an Gadu* and the Miáfiyabakaa federation *Tata Ogii* (Thoden van Velzen & Hoogbergen 2011: 133–162).

**Lantiwei, Pinatyaimi and the Cottica river villages**

After having made peace with the colonial authorities in 1760, the Ndyuka started trading with and migrating to the plantation colony in the coastal area. Although the government at first tried to regulate the migration by setting up a permit system, economic forces soon undermined these efforts: traders, owners of sawmills and even some government officials circumvented the rules and hired Maroons to work in the logging industry. By the late 18th century, some Ndyuka had already migrated to the plantation area around the Sara creek, and in the first half of the 19th century, the Ndyuka migrated *en masse* to logging camps on the Cottica, Coermitobo and Lower Saramaka rivers, so that by the second half of 19th century, the majority of the Ndyuka trouble understanding the Ghanaian man’s English (Jan van Donselaar cited in Thoden van Velzen & Hoogbergen 2011: 27). Anthropologist Richard Price dedicated a chapter to the ritual languages of the Saramaka Maroons, which are similar to those of the Ndyuka, in a recent publication, tracing among other things their African etymology (Price 2008: 309–389).

16 While virtually all Ndyuka acknowledge the powers of these three ‘in-between-gods,’ their oracles and priests play a less important role among the Cottica Ndyuka, who live far away from the sites of worship of these gods—although the Cottica river village Agiti Ondoo once housed a dependency of the *Swe li Gadu* oracle (cf. Van Wetering & Thoden van Velzen 2013: 14, 177). For a thorough analysis of the worship of these gods, see Thoden van Velzen & Hoogbergen 2011 and Van Wetering & Thoden van Velzen 2013.
population lived in the former plantation colony (Van Wetering & Thoden van Velzen 2013: 70–72).

Lantiwei and Pinatyaimi are among the Ndyuka villages founded on the Cottica river. Since a bauxite mine was erected in the Cottica river town of Moengo in 1920, and in particular since that town was connected by road to the capital city of Paramaribo in 1964, the Ndyuka villages downstream the river from Moengo are often grouped together. Taking the boat taxi provided by either the Nationaal Vervoerbedrijf (NVB) or Scheepvaartmaatschappij Suriname (SMS) from Moengo downstream the Cottica river, a passenger travelling to the terminus will pass Rikanau Mofu, Manya Bon, Maloko Konde, Langa Uku, Tamarin, Pikin Santi, Pinatyaimi, Lantiwei and finally arrive at Wanhatti, which was previously known as Agiti Ondoo.

Lantiwei and Pinatyaimi lie close to each other, on opposite sides of the Cottica river. It is said that Pinatyaimi was settled from Lantiwei by Da Djemesi and his wife Ma Kookoi, who were ostracized in the latter village—this helps explain the name of the village, which literally means “poverty brought me here.” The descendants of the three daughters of Da Djemesi and Ma Kookoi—Ma Aluwa, Ma Neni, and Ma Kookoni—correspond to the three matrisesegments or wan gaanmama pikin that live in different sections of the village (MacKay 2006: 84–85). Although the village is thus in theory only inhabited by one bee of one lo—in this case the Pinasi lo—there is also a section of the village that is inhabited by people of the Misidyan lo, who are descendants of the children that a man from Pinatyaimi had with a Misidyan wife from the village of Tukopi (ibid.: 61). As explained above, these dada meke pikin are only temporarily allowed to live in the village by its Pinasi lo owners, and do not take part in decision making in the village.

Before the mid-1980s, Pinatyaimi and Lantiwei had about 250 and 200 residents, respectively. Pinatyaimi even housed a kindergarten where the children of both villages up to six years of age were schooled before they enrolled in Tamarin’s Saint Angeline School (cf. De Vries 2005: 100; see also chapter 5 of this thesis). In 1986, however, a war broke out between the Surinamese National Army, that since the 1980 coup d’état controlled newly independent Suriname, and the Jungle Commando under the leadership of Ndyuka Maroon Ronnie
Brunswijk. In the beginning of 1987, the National Army pillaged and burned the Ndyuka villages on the Cottica river and all but a few of the inhabitants fled to Paramaribo and French Guiana (Polimé & Thoden van Velzen 1988). Although peace was signed in 1992, many Ndyuka continue to live in Paramaribo or in the former refugee camps in French Guiana. During my fieldwork period, the average number of residents in Lantiwei and Pinatyaimi taken together rarely exceeded 50 people.

For a detailed description and analysis of this war, which goes beyond the aims of this thesis, see Hoogbergen & Kuijt 2005, Polimé & Thoden van Velzen 1988 and Van Wetering & Thoden van Velzen 2013: 271–310.
4. Ndyuka and missionary medicine—an epistemology

**Ndyuka medicine: two modes of interpretation**

The healthcare system of the Ndyuka shares many similarities with other Afro-Caribbean healthcare systems, and seems especially close to Haitian medicine, which like Ndyuka medicine also stopped receiving influence from Western medicine in the late 18th century (Vernon 1989: 209). Perhaps most striking to outsiders is the emphasis put on illness as a sign of troubled relations, either with one’s next-of-kin or with the world of spirits and deities. However, not all afflictions are the result of such troubled socio-cosmic relations: there exists a wide range of rather benign illnesses, sometimes called *gadu siki* (“illnesses of God”) that are merely the result of bodily exchanges with the milieu (ibid.: 209–210; Köbben 1968: 76).

Troubled socio-cosmic relations do not only affect an individual patient but threaten the entire *bee*. As such, the diagnosis of illness is a social affair, with relatives from all sides involved in speculating on the origins of an affliction and proposing a cure (Vernon 1989: 210, 214). If the cause is deemed purely physiological, a patient can proceed to either self-remedy his ailment by employing plant medicine, go to a clinic to consult a doctor or a nurse, or be treated at one of the healers or specialists who often go by the name *deesiman* (“drug man”). If the cause is deemed socio-cosmic, only a specific kind of a healer, namely an *obiyaman*, can mend the disturbed relationship and heal the patient.18

18 Van der Pijl (2007: 23–24) also notices a distinction between “doctor’s diseases” and “magical diseases” in her research on African-Surinamese perspectives, practices and rituals surrounding death and mourning. When she asked her informants about the cause of death of their relatives and friends, they
Troubled socio-cosmic relations can take many forms. Illness can be the result of the accidental destruction of the residence or vehicle of a spirit, the result of punishment by *yooka*—deceased ancestors—for misbehaviour, the result of bewitchment, or the result of mismanagement of one’s *obiya* (cf. Van Wetering & Thoden van Velzen 2013: 42; see also the discussion of *obiya* below). Social issues can exacerbate problems: jealousy, rancour and other familial rifts are considered dangerous as they weaken the social body and can lead to a state of severe disharmony known as *buuya* in which evil spirits are given free rein (Köbben 1967: 18; Thoden van Velzen & Hoogbergen 2011: 321–322). As the most vulnerable members of the *bee*, pregnant young women and children tend to be most susceptible to attacks of angered spirits (Vernon 1989: 214).

Once a spirit has attacked someone, the attacked individual will often become possessed by this spirit and speak out the spirit’s grievances in a state of trance. Since boa constrictors are often accidentally killed in the annual burning of new garden sites, possession by a *Papágádu* spirit—which is thought to ‘ride’ a boa constrictor—is one of the most common occurrences of possession, but in principle all spirits can possess a human (Price 1973: 88). An especially hazardous spirit is the avenging spirit known as *kunu*, which will haunt a *bee* with illness and death after one of its members has unjustly killed another human or a spirit. Virtually all *bee* have one or more *kunu*, which manifest themselves through a medium in either the matrilineage of the victim or of the perpetrator. Through the medium, whose mediumship is usually inherited by another member of the *bee* upon his or her death, the *kunu* acts as a strict

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19 The failure of spouses to follow mourning rules, specifically the prohibition of sleeping with another person before the official end of the mourning period (*puubaka*), is thought to invite the wrath of the deceased spouse and often considered the cause of an HIV/AIDS infection (Van der Pijl 2007: 517–518).

20 These unresolved or unspoken conflicts are referred to as *fiyofiyo* (Köbben 1967: 18; Thoden van Velzen & Hoogbergen 2011: 322).

**Obiya**

The Ndyuka believe that an uncontained spirit attack can ultimately be fatal. Spirits can, however, be tamed through ritual ceremonies and offerings and even made positive use of (Vernon 1989: 213; Köbben 1967: 19; Van der Pijl 2007: 114).22 Although many choose to cast them out completely, healers can domesticate spirits by prescribing purification baths and by ritually separating the spirits’ beneficial qualities from the harmful ones, thereby driving the latter away out into the woods. This exorcism is usually done near a silk-cotton tree—kankantii in Ndyuka—which is thought to devour evil spirits, and which is known for this purpose as Magwenu (Thoden van Velzen & Van Wetering 1988: 258–259).

The domesticated spirit will give its medium access to a resource called obiya, a term sometimes translated as “white magic,” that is perhaps best defined as all the forces available in the universe that can be used to the benefit of life (Van Wetering & Thoden van Velzen 2013: 11–12).23 Through divination the domesticated spirit will inform its medium, now referred to as

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21 A lot has been written about the social function of kunu in Maroon society. Jean Hurault (1961) maintains that the belief in a shared family curse and the appeasement rituals associated with this belief help integrate the matrilineage as a single unit. Thoden van Velzen (1966) only partly agrees, arguing that the belief in kunu is equally often the cause of friction: the legitimacy of a medium and the exact jurisdiction of the kunu is often disputed and minor family arguments between a few individuals can, when interpreted as inviting the torment of the kunu, turn into major family feuds involving the entire bee.

22 Beneficial spiritual powers thus often have their roots in sinful behaviour. An offender of a spirit will be punished, but can also count on the spirit’s supervision and care. The Ndyuka sometimes compare this idea with the modern penitentiary system: if you act against the law you will be sent to prison, but in prison the guards have the obligation to feed and look after you (Thoden van Velzen & Hoogbergen 2011: 134).

23 Obiya, sometimes spelt as obeah, is known throughout the Caribbean and is thought to derive from the ọ́bị̀à traditions of the Igbo people in contemporary Nigeria, among whom it refers to knowledge and
obiyanman, about the cause of an illness and advise the proper treatment. The treatment itself, usually a herbal concoction that is often administered in a bath, is also referred to as obiya, making obiya a heterogeneous category of therapeutic knowledge also available to non-mediums—only therapy based on a single plant is not referred to as obiya (Vernon 1989: 216–217).24 The distinction between the supernatural causes of an affliction and its physical manifestations disappears when it comes to treatment: obiya will treat both (ibid.: 217–218). Obiya treatment requires payment—paiman in Ndyuka—which used to be awarded by offerings of cloth and rum, but nowadays more often is presented in the form of money. Although of substantial economic value, paiman should not be mistaken for mere restitution for the services of the obiyaman, as it is equally meant to restore the supernatural balance disturbed by the invocation of the assistance of spirits (Vernon 1989: 219–221).

Anatomy of body and soul

According to the Ndyuka, the soul or aaka of a child is formed by the returning aaka of an ancestor. This soul of the returning ancestor is referred to as nenseki—“namesake”—and is often identified when a child has its first illness. The nenseki, who is usually a recently deceased relative, is thought to have left a mark on the child’s body reflecting a certain characteristic or the disease from which the ancestor died (Vernon 1989: 211).25 From his or her nenseki, a child inherits certain taboos or kina—often food taboos—which the child should uphold to prevent sickness. Many Ndyuka have a close bond with their nenseki, which provides them, among

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24 Some people will also refer to the tablets they are prescribed by a doctor as obiya (cf. Thoden van Velzen 1978: 93), but in general the term is used for all ‘sacred’ medicine. The term obiyaman is strictly reserved for a spirit medium, however. Specialists in herbal treatment are usually referred to as deesiman, even if their therapy could be described as obiya.

25 Richard Price (2008: 112) mentions a girl with a red birthmark ringing her neck, whose nenseki was identified as a battlefield commander her father had fought with during the Second World War and whose throat had been slit by a German bayonet. Most nenseki identifications are not as extraordinary as this one, however.
other things, with useful clues about their health (Price 2008: 112).

When it comes to illness, the body is usually divided into three segments: the head or *ede*, the “heart’s breath” or *boh f’ati*, which includes the heart, lungs and liver and sometimes the stomach, and the belly or *bee*, which includes all the other internal organs in the pelvic region (Vernon 1989: 212). The *ede* is where spiritual entities are thought to reside and as a consequence its afflictions are almost never deemed physiological. The *boh f’ati* is where the emotional life of a person takes place, which can cause health problems both in oneself and in others. The *bee* is where both life and death take root, and of all segments is most susceptible to invasion and penetration by spirits. A spiritually implanted illness can, however, only cause death if the infection reaches the *boh f’ati*. An *obiyaman* can contain such an illness before it causes death, allowing the spirit to rise to the *ede*, from where it can express itself by putting the victim in state of trance, after which it can be domesticated or exorcised (ibid.: 212–213).

**Missionary medicine**

The arrival of missionaries in the late 19th and early 20th century changed Ndyuka consumption of healthcare considerably. Especially the Ndyuka of the Cottica area, which was the focus area of the Catholic mission among the Maroons, were gradually integrated into the various Catholic institutions offered at the mission, and over time most Cottica Ndyuka around the mission station of Tamarin were baptised and confirmed as Catholics.26

Medicine, together with education, forms a remarkable subsidiary branch of mission work. In a time in which education and healthcare was neither free nor universal in the mother country, missions provided free basic medical care and encouraged parents with various incentives to let their children be taught in schools. Nevertheless, as Norman Etherington (2005: 261) notes, missionary education and especially missionary medicine remain one of the more neglected aspects of missiology, the scholarly study of missions.27

26 I will write more about the specific history of the Catholic mission in Tamarin in chapter 5.

27 According to Megan Vaughan (1991: 55), missionary medicine is also strangely absent in recent studies about the history of medicine in European colonial territories during the nineteenth and twentieth centuries.
Education was provided at missions with a faith-driven goal in mind: especially Protestant missions, with their emphasis on the doctrine of sola scriptura, regarded the ability to read the Bible as an essential precondition to becoming a Christian (ibid.: 261–262). Medicine was equally provided on evangelical grounds, as the Church regarded it an imitation of Christ’s ability to heal the lepers, paralytics and the blind during his ministry on earth, and as Jesus specifically commanded his followers to tend the sick: in the Gospel of Matthew, Jesus is said to have sent out his Twelve Apostles with the instruction to “heal the sick, raise the dead, cleanse those who have leprosy, [and] drive out demons,” and in the interpretation of most Christians of the Judgment of the Nations mentioned in the same gospel, Jesus equates serving the sick and afflicted with serving him. Hence, the provision of medical care has a long history in the Church, as is often illustrated by the 4th century example of Saint Fabiola, who after conversion gave up her position as a wealthy noble citizen of Rome to dedicate her life to the needs of the poor and the sick (Porter 1997: 87–88). However, despite the fact that in Europe Catholic orders for women were strongly involved in healthcare, this work was not extended in a significant way to the European colonies in Africa and Asia until the early twentieth century (Hardiman 2006b: 24).

Modern missionary medicine traces its roots to the Protestant evangelical movement of

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29 The complete passage reads as follows: “Then the King will say to those on his right, ‘Come, you who are blessed by my Father; take your inheritance, the kingdom prepared for you since the creation of the world. For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.’ Then the righteous will answer him, ‘Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you a stranger and invite you in, or needing clothes and clothe you? When did we see you sick or in prison and go to visit you?’ The King will reply, ‘Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.”’ Matthew 25: 34–40, New International Version (NIV).
the eighteenth and nineteenth centuries, which led to a great increase in missionary activity among Protestants, and which shaped the Christian mission as we know it today (Hardiman 2006b: 9; Jennings 2008: 29). Still, even among evangelical Protestants, little emphasis was put initially on the medical side of missionary work, owing in part to their disdain for physicians whom they considered to be elitist, and in part to their emphasis on piety and ‘plain living’ as the best source for health (Hardiman 2006b: 10–11). Until the 1870s, missionary medicine was predominantly provided by missionaries who were not medically trained and who regarded the provision of medical care as an ancillary activity, but from that decade onwards, missionary medicine became an increasingly professionalized enterprise, primarily among British and American Protestants (ibid.: 9, 15–16). The Catholic Church took longer to become involved, and its commitment to missionary medicine is usually associated with the accession to the papacy of Pius XII in 1922, who placed great emphasis on missionary evangelism in general (ibid.: 24; Etherington 2005: 279).

**Medicine and morality**

It is interesting to note that in an era in which in Europe medicine and religion was, as a consequence of the Enlightenment, increasingly separated into two distinct domains, missionary doctors refused to give in to this trend, even though most of them had had their training in European medical schools. Thus, missionary doctors continued to emphasize the disastrous consequences of sin and the healing effects of repentance and prayer, and in the eyes of many Christian believers, medical missionaries bridged the “ever-growing chasm between religious belief and secular science” (Hardiman 2006b: 5; Etherington 2005: 275–276). As such, missionary medicine remained closer to indigenous medical practices, to which a distinction

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30 The reason for the preponderance of British and American medical missionary activity is not fully understood, but it is an impressive statistic: of the 680 medically qualified Protestant missionaries working worldwide in 1890, 338 were American and 288 were British, compared to only 20 qualified medical missionaries from continental Europe (Hardiman 2006b: 16). One of the reasons seems to be the enthusiasm of Scottish Presbyterians for medical missionary work, another the greater role awarded to missionaries in the provision of healthcare in British colonies (ibid.: 22–23; Jennings 2008: 31).
between religion and morality on the one side and medicine on the other was equally alien.

It would thus be naïve to view missionary medicine solely as an expression of Christian charity mandated by the Bible. Above all, every sick person tended to was a potential convert, whose problems were considered to be both spiritual and physiological in origin (Hardiman 2006b: 6–7). Missionary healthcare facilities were primarily located in areas with strong prospects of conversion and medical care was not necessarily provided where need was the greatest (ibid.: 25). The mission hospitals that were constructed in the early 20th century were met with great praise by missionary doctors and nurses, not only because they allowed better care to be given to the patients, but also because the confined nature of a hospital meant that more time could be spent preaching the Gospel to the sick (ibid.: 17–18).\footnote{Hardiman (2006: 17–18) notes that in China many were reluctant to undergo surgery in mission hospitals because a prolonged stay was associated with conversion.} The provision of medicine also gave the mission a very explicit example of the merits of the Christian faith, and demonstrated to the missionized people that the Church practised what it preached.\footnote{Of course the success of missionary medicine drew in large part on the huge advances made in Western medicine in the 19th and 20th century, a fact that was however rarely mentioned by the missionaries.}

The dual intentions of the missionary doctors and nurses did not mean they were to compete with the shamans in exorcism and supernatural healing. Virtually all Protestant denominations involved in missions heeded the concept of cessationism, according to which spiritual gifts of healing served just to authenticate the message of the Twelve Apostles as divine in origin and hence ceased to operate once the Church was established, the Biblical canon was completed and the Apostles had passed away (ibid.: 26–27). The Catholic Church had historically allowed for more supernatural intervention into everyday life, but in the face of the dominance of Enlightenment discourse in Europe, its educated clergy also began to view such beliefs as popular superstitions (ibid.: 27–28). Only Pentecostal and other charismatic churches allowed for widespread practice of Christian spiritual healing (ibid.: 28).

The medical offering of missionaries

It is perhaps illustrating that when David Livingstone served as a medical missionary in Africa
halfway through the nineteenth century, humourism—the theory stipulating that health and well-being of an individual hinges on the balance of four distinct bodily fluids—was still the dominant system of medicine in Europe, and that the only modern medical instrument at the disposal of missionary doctors was the stethoscope that had been invented in 1816 (Etherington 2005: 278; Hardiman 2006b: 12). The arrival of missionaries often exacerbated or even created medical problems, as they bore with them European diseases to which the missionized people were especially vulnerable, and as they introduced these people to the modernity of the colonial state, which through the destruction of ecosystems, increased stratification of society and overpopulation in new urban centres contributed to the rise of such ‘modern’ afflictions as tuberculosis and venereal disease (Etherington 2005: 275–276; Hardiman 2006b: 13).

Missionaries themselves were until the last decades of the 19th century sceptical about the merits of European medicine in a tropical context—a fact which helps to explain the low priority given to the provision of medical care by early missionaries (Hardiman 2006b: 11). David Livingstone considered the pharmacology of African doctors superior to the European one he was taught and believed the people he encountered in Central Africa to be of better health than the urban masses in Britain (Etherington 2005: 278). The indiscriminate application to almost any fever of quinine, which had been isolated in 1820 from the bark of the Cinchona tree native to the Western Andes, was perhaps the only pharmacotherapy offered by missionaries with real therapeutic effect (Popp 1985: 150; Porter 1997: 230, 233, 334). Quinine is of course only effective against the symptoms of malaria. The Quechua people of contemporary Bolivia and Peru were the first to discover the therapeutic effects of Cinchona bark, which led Jesuit missionaries to introduce the bark to Europe in the early 17th century. For this reason, Cinchona bark was also known as Peruvian bark or Jesuits’ bark (Porter 1997: 230, 233).
theoretical knowledge about the functioning of the human body—and rather few curative applications—the ascent of anatomy greatly contributed to the rise in status of surgery, which before had been judged a manual skill with low prestige (ibid.: 180). The early missionaries therefore impressed many by their skills in basic dentistry and surgery, which they professed by removing benign tumors, pulling teeth, suturing lacerations and occasionally by amputating limbs (Etherington 2005: 280; Popp 1985: 150). Especially successful was the treatment of cataracts by a technique called ‘couching,’ which involved inserting a small needle into a defective eye lens in an attempt to dislodge and remove it from the visual axis. Although this technique was described in the ancient Sushruta Samhita text of Ayurvedic medicine and was later borrowed by Chinese medicine, its practice did not persist in these areas, in the latter case perhaps because invasive surgery is at odds with the holistic concept of healing embodied in Daoist and Confucian medicine (Lazich 2006: 62–63; Porter 1997: 140–141, 147).

Another advantage of European medicine was the availability of a smallpox vaccine. Artificial inoculation with smallpox was first introduced to Europe in the early 18th century by Lady Mary Wortley Montagu, who had observed the practice in Constantinople during her husband’s tenure as British ambassador to the Ottoman Empire (Porter 1997: 39–40). In 1796, the English country doctor Edward Jenner greatly improved upon this concept by inoculating his patients with the cowpox virus instead, which provided immunity to the smallpox virus without running the risk of accidentally causing a life-threatening smallpox infection in the patient (ibid.: 274–277). As smallpox epidemics were a major public health concern around the globe, Jenner’s ‘vaccination’—a term derived from the Latin name of the cowpox virus—was

34 It should be noted that sheer luck also contributed to surgery’s rise: when Louis XIV of France developed an anal fistula, surgeon C.F. Félix provided relief by successfully operating on the king. This not only earned Félix an estate and a considerable sum of money, but also raised surgery’s standing in France (Porter 1997: 279).

35 The ‘couching’ technique had been greatly improved upon by the French surgeon Jacques Daviel, who in 1752 devised a method to fully extract the lens from the eye (Porter 1997: 278–279). The early missionaries continued using the more simple traditional ‘couching’ technique, however (Lazich 2006: 62–63).
rapidly adopted throughout Europe and the Americas after the publication of the method in 1798, and was warmly welcomed by most missionized people (Lazich 2006: 62; Etherington 2005: 280–281; Popp 1985: 150).36

The final medical practice associated with missionary medicine deserves a special mention, as its initial popularization was not the due to superior Western knowledge, but rather the result of relentless promotion by missionary doctors: midwifery—and maternal and child care in general—was considered a key area of missionary medicine, as women and children were considered most receptive to the Christian message of the mission (cf. Popp 1985: 150–151; Jennings 2006). Megan Vaughan (1991: 23) contends that in the eyes of the missionaries, African women represented “all that was held to be dark and evil in African culture and social practices,” and as a consequence their collective liberation was considered key to the success of the mission. Babies born in missionary wards were expected to attend child welfare clinics, where they would be reared as contented and disciplined Christians (Hardiman 2006b: 31–32).

36 Only in areas where inoculation with smallpox was practiced before the introduction of the cowpox vaccine did people object to the new method. Hardiman (2006c: 141) mentions opposition to vaccination among the Bhil in India, who preferred their own inoculation procedure.
Of all the Ndyuka villages on the Cottica river, Tamarin is perhaps the most peculiar. Whereas the other villages look identical to the oblivious visitor arriving by boat, Tamarin’s former Saint Angeline Convent of the Franciscan Sisters of Roosendaal towers out above the surrounding area. Tamarin is also a place of stark contrasts. On weekdays, the village is bustling with the sound of schoolchildren who attend the Saint Angeline School, but when the schoolchildren are gone, the place is eerily quiet, and only a few people remain in what was once thriving mission station.

Tamarin was the centre of the Catholic mission among the Maroons of Suriname. During its heyday, it comprised a convent, a church, two boarding schools, a sawmill and an infirmary. Missionary activity came to a sudden end in 1986 after the Cottica river area had become the central stage for clashes between the Surinamese National Army and the Jungle Commando in the Surinamese Interior War. After the war ended, the priest and nuns did not come back. Only a catechist, a local Maroon by the name of Sake, returned. He was awarded the former headmaster’s house by the Church.

The Catholic Church, only tolerated in the Calvinist Dutch Republic, was first allowed to preach to free men in the parish of Paramaribo in 1785, before the 1815 constitution of the newly formed Kingdom of the Netherlands guaranteed freedom of religion to all faiths (Abbenhuis 1956: 119–122). Freedom of religion only applied to the free population of Suriname, however. Slaves, who were defined in law as property rather than persons, were generally not allowed to be baptised by either a Protestant or a Catholic priest, as their status as a member of the church would conflict with their legal status as property. This began to change in the late 1820s, after the newly appointed Governor General Van den Bosch was instructed to make
recommendations about restructuring the colony in the face of the abolition of slave trade in 1814 and the impending abolition of slavery itself (Van Stipriaan 2004: 270–271). Van den Bosch recommended to Christianize the slaves to properly prepare them for their emancipation, and even endorsed a specific missionary society, namely the Moravian Brethren, as particularly suited for this purpose, “because they predispose the mind to patient resignation and contentment with the present destiny, and inspire aversion to changing this by force” (Van den Bosch cited in Van Stipriaan 2004: 271). Even though the Moravian Brethren were favoured by the authorities, the Catholic Church also grew exponentially in the face of the vast new mission field. The fast growth of the Catholic Church in Suriname posed administrative problems for the church: the apostolic prefecture of Suriname, which had been separated from the Dutch mission in 1825, was elevated to an independent apostolic vicariate in 1852 and taken over by Redemptorists from secular priests in 1866, as the latter could no longer cope with the church’s expansion.

After slavery was abolished in 1863 and slaves were allowed to leave the plantations in 1873, the focus of Catholic missionary activity began to shift towards other groups in Suriname. The Maroon mission traces its origins to a station founded in 1895 in Albina, in the very east of Suriname, but the mission only started in earnest when the mission station in Tamarin, which was more centrally located among the Cottica Ndyuka settlements, was set up (Abbenhuis 1956: 131, 134).

**The mission station in Tamarin**

The founding of the mission station in Tamarin was an experiment that arose out of frustration with the practice called *wakakerki*—literally ‘wandering church’—that the Church had used before in the interior. The problem with *wakakerki*, which entailed having roaming priests briefly visit the many remote villages in the interior, was that the converts were left to fend for themselves after the priests had gone to the next village. Gerardus Wortelboer, a missionary priest who had arrived in Suriname in 1909, proposed to establish a permanent Catholic village instead, in which only Christians would live and from which the surrounding area could be converted. Wortelboer, after having been given permission by his superiors, selected the
abandoned Ndyuka village of Tamarin on the Cottica river to begin his experiment (Vernooij 1996: 47–51).

A catechist by the name of L. Tilborg arrived in Tamarin in July 1915 to start up a boarding school for boys, which was consecrated on 30 November 1915. In 1917, two churches and a headmaster’s house were transported from former plantations to Tamarin. The mission station was officially consecrated on 17 August 1918, and Wortelboer himself started living in Tamarin permanently from 1923. Wortelboer tried to make the mission station an attractive place for local Ndyuka by assisting them in their economic development. He helped the Ndyuka to clear farmland and secure logging concessions, and for the latter purpose built a sawmill in 1925. In the same year the Sisters of Roosendaal joined his mission to start an infirmary and a boarding school for girls (Vernooij 1974: 57).

In the 1930s, the activities of the Ndyuka obiyaman Wensi, who was medium to an Amanfu spirit, attracted the attention of the Catholic missionaries. At the turn of the decade, Wensi had gained notoriety in the Cottica river area for desecrating and destroying the Ampúku shrines associated with the late Atyaimikule, a Saramaka Maroon who had claimed to be a medium to the spirit of Dikii, an important 19th century obiyaman and prophet of Tata Ogii. In May 1932, Wensi travelled to the village of Akeekuna in the Tapanahony river area to confront his uncle Dominiki, the most powerful Ndyuka obiyaman at the time, who also claimed to be a medium to the spirit of Dikii, and who considered himself to be the successor of Atyaimikule. Despite the fact that Dominiki had tried to defend his village by setting up powerful Ampúku obiya on the riverside, Wensi straightforwardly destroyed all of Dominiki’s shrines while denouncing Dominiki as a fraud and admonishing him for being married to five women (Thoden van Velzen & Van Wetering 1988: 253–254; Vernooij 1996: 59–60). Wensi, now a powerful man, openly flirted with the Catholic Church by preaching monogamy—even though he himself was married to three women—and by urging Ndyuka mothers to send their children

37 As explained in the introduction, Tata Ogii is the in-between-god associated with the Miáfiyabakaa federation. Tata Ogii is conceived of as a god of the forest and is considered native to Suriname, in contrast to Sweli Gadu, which was brought with the slaves from Africa. Ampúku spirits are closely associated with Tata Ogii (Van Wetering & Thoden van Velzen 2013: 9).

The Catholic missionaries, while having their reservations, were generally receptive to Wensi’s coquetry, with missionary Morssink speculating that “perhaps Our Lord wants to convert the Ndyuka in Ndyuka manner” and with missionary Mols suggesting that the mission should “make use of Wensi as much as is possible, while reforming Wensi’s spirit Amanfu in a Christian sense” (Vernooij 1996: 61, 63). When Wensi returned to the Cottica river area in 1935, he recruited forty children for the boarding school in Tamarin and pled with the clergy for the establishment of another school in his village of Langa Uku. At the same time however, Wensi continued his practice as an obiyaman and persisted in organizing fire dances dedicated to Amanfu and its closely associated Kumánti spirits. Only after he retired from his religious leadership did Wensi request to be baptised, which was not long before his death on 24 May 1947 (Vernooij 1974: 109). Wensi’s flirtation with the Catholic mission thus seems half-hearted—he is probably best seen as a revolutionary and iconoclast who wanted to liberate the Ndyuka from the Ampúku mediums that he saw as corrupt, and emancipate the Ndyuka by introducing them to missionary education. In Wensi’s narrative, the Catholic Church appears more like an ally in his vision of progress rather than as an institution with an appealing religious message.

After Wensi’s death, Tamarin continued to grow as a Catholic centre in the interior of Suriname, but it also remained the only one. When bauxite exploration started in earnest in the village of Moengo, many Ndyuka migrated there to seek employment. Furthermore, the ideal to found a permanent settlement for Catholics was never fully realized, as most converts remained living in their original villages. Hence the wakakerki services on Sunday continued, which ran contrary to Wortelboer’s original aims (Vernooij 1974: 75). The mission still operated its two boarding schools and its infirmary when it was evacuated in 1986 at the start of the Surinamese Interior War (Van der Veen & Verhoeven 2005: 210). In the following year, the abandoned mission station was pillaged and burned by the Surinamese National Army, and in the rest of the war years the surviving buildings were looted by the few remaining Ndyuka families that hid in the forest. Only in 2002 was the Saint Angeline primary school provisionally re-established in the former nun’s residence, which was followed in 2004 by the opening of a new
school building and eight housing units for teachers (De Vries 2005: 99–100).

The Catholicism of the Cottica Ndyuka from an emic and an etic perspective

Despite the many challenges the Catholic mission had to face, the eventual result was that the vast majority of the Ndyuka in the vicinity of Tamarin identify as Catholics today. Only in the village of Wanhatti, which lies furthest downstream, does the majority of the population belong to the Moravian Church, due to the presence of a small Moravian mission station there (cf. Köbben 1968: 70).

The growth of the Catholic Church in Suriname is often portrayed as remarkable, given the fact that until the early twentieth century it only enjoyed a second-rate position in Suriname—compared to the Moravian mission, the Catholic mission was underfunded, understaffed and often suffered from an uncooperative attitude from the authorities. Some have tried to explain the success of the Catholic mission through the dedicated work of individual missionaries such as Peerke Donders—who was eventually beatified by pope John Paul II in 1982—but others point to the rather laissez-faire approach of Catholic missionaries towards converts (Abbenhuis 1956: 126–127; Vernooij 1996: 125–126). Being more oriented towards conferring the seven sacraments and, when compared with the Moravian mission, less towards bringing about spiritual change, the Catholic priests acquired a reputation for being very generous with baptising the young, sick and dying, and for turning a blind eye on continuing practice of polygamy. Especially in the interior, where most villages only received brief wakakerki visits, priests never gained a firm grip on the beliefs and practices of its Maroon inhabitants. Joop Vernooij, who until 2001 worked as a priest in Suriname, questions the extent to which the church has been able to change the religious convictions of the Maroons, and assigns much of the success of the church among the Maroons to its provision of education, medicine, and social activities (Vernooij 1996: 131).

This is, however, only the perspective of the dignitaries of the Catholic Church, and does not necessarily correspond with the viewpoint of the Maroons themselves. During my stay in Pinatyaimi, I have actually experienced that their identification as Catholics is not as formalistic as portrayed, and that many Maroons do match this identification with practice. Although a
Sunday mass has not been organized on a regular basis since the mission was abandoned in 1986, many Maroons attend the *wakakerki* service organized by the Baptist missionary Koempie, who visits the villages together with Sister Anne every two weeks. But also on other occasions, Maroons do take their Catholic identity seriously. Perhaps most illustrative of this was the mourning ceremony organized at the eighth day following the death of two Amerindian boys from the village of Caibo, which I attended with villagers from Pinatyaimi and Lantiwei only days after I had first arrived. As has been tradition for decades, a church service is held before the traditional mourning ceremony, in this case an Amerindian ceremony, would commence. These days either Sister Anne or Koempie leads the service, but on this very occasion Sister Anne did not come, presumably because her boatman had had too much to drink. But there was no way the mourning ceremony would take place without there having been a church service, and thus a Maroon started an *ad hoc* service, asking everyone present to help remember and sing the hymns they would sing in church on Sunday. In particular the man who was half-jokingly introduced by the *ad hoc* leader as “the biggest sinner in our midst” came up with a great many hymns, and virtually all people present sang the hymns with great devotion. Certainly the beliefs and practices of most of the Nyuka are not considered proper Catholic from the etic perspective of the Church, but from the emic perspective of the Cottica Ndyuka, they are Catholic people.  

Köbben (1968: 72) also noted the sincerity and earnestness with which many Cottica Ndyuka claim to be Catholics, even though most at the same time continue to worship their own gods. He points to the nature of Ndyuka religion as an explanation: as a polytheistic religion with many rivalling pantheons, Christianity is rather easily accepted as an additional

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38 Jan-Åke Alvarsson (2003: 230–234) introduced the notion of parallelism to refer to a religious type of code-switching that is similar in its consequences to linguistic *diglossia*: among the ’Weenhayek Indians of southern Bolivia that are the focus of his research, switching between ’Weenhayek religion and the Pentecostalism of the missionaries is as natural as any type of code-switching. While at first sight this situation may seem similar to the one encountered among the Ndyuka, I encountered little separation of both religious domains: when I talked with my informants about Catholicism, the conversation could at some point seamlessly and without code-switching change into a discussion of Ndyuka religion.
pantheon in which the supreme being—known to the Ndyuka as Nana or Masaa Gadu—can be worshipped. In fact, since Masaa Gadu has traditionally been conceived of as distant and inaccessible to ordinary human beings, the Ndyuka find it interesting that Christianity apparently has found a way to have a meaningful relationship with the supreme being.

**Syncretism and dualism**

Combining and blending different religious beliefs and practices has, since Melville Herskovits (1938) introduced the concept to anthropology, been known as syncretism. As Herskovits defined syncretism within a Boasian paradigm, arguing that the ‘own’ and the ‘other’ tradition would merge into a new system, the concept became a contentious notion in anthropology, with anthropologists such as Mintz and Price (1992) criticizing Herkovits’ rather teleological account of culture contact. In the late 1980s, syncretism was revisited as a concept in anthropology, this time viewed as a process and a form of discourse (Van der Pijl 2007: 102–103). Syncretism was defined “the politics of religious synthesis” and anti-syncretism as “the antagonism to religious synthesis shown by agents concerned with the defence of religious boundaries” (Stewart & Shaw 1994: 7).

In the case of the Cottica Ndyuka, their identification as Catholics while they continue to adhere to their own beliefs and practices could be seen as syncretic discourse, while the churches’ resistance towards the incorporation of those beliefs could be seen as an anti-syncretic discourse. Most scholars, however, including Herskovits (1966: 57–58) himself who saw the winti of the Surinamese Creoles as a primary example of a retention of African beliefs, argue that in the case of the interaction between Christianity and the beliefs of Maroons, barely any syncretism can be discerned (Van der Pijl 2007: 160). Rather than as an example of a merging or integration of beliefs, the situation is most often described, as Green (1978: 251) does while writing about the Matawai Maroons of western Suriname, as “a dual system of religious beliefs, a situation where Christian and [own] beliefs co-exist uneasily and are kept distinct for the most part.” De Beet and Sterman (1981: 324–345) further elaborate on Green’s argument by reworking it from a practice-theoretical perspective, i.e. from the viewpoint of the individual who has to continuously make a choice between two competing religious system in everyday
situations. This agency-centred approach nuances to some degree the perhaps overly structuralist account of a dualistic relationship between Christianity and Maroon beliefs. Schoonheym (1988: 52–72) argues that while Christianity and Maroon beliefs function as separate and distinct systems of belief, the Maroon believers themselves are internalizing a synthesis in which Christian and their own beliefs are complementary rather than competitive: for many, Maroon beliefs are still the preferred frame of reference in which to interpret fortune and misfortune, while Christianity offers a way to have a relationship with the supreme being.

The identification and fusion of the Christian god with the Ndyuka creator-god Masaa Gadu is indeed a syncretic feature that is recognized by virtually all scholars, including those who propose a competitive relationship between both beliefs. Other syncretic features include the identification of gadu with fallen angels or demons, the portrayal of the crucifixion of Jesus as the kunu of white men, and the identification of the Papagâdu snake with the serpent that tempted Eve into eating the fruit from the forbidden tree (Van der Pijl 2007: 159, see also Vernon 1989: 211). When it comes to Catholicism specifically, more syncretic features are apparent. Herskovits mentions the equation of ancestor worship with the worship of saints as an explanation of the higher incidence of syncretic cults in Catholic parishes (Green 1978: 272). The veneration of saints, and more generally the richer ritual expression compared to most Protestant churches, make Catholicism relatively compatible with Ndyuka beliefs (ibid.: 273). Köbben (1968: 72) adds to this an interesting observation: the Latin rite used by the Catholic Church fits remarkably well into the Ndyuka association of religious pantheons with sacred languages—just as Ampûku mediums speak Ampûkutongo when possessed, Catholic priests speak in Latin in church.

**Catholic missiology and original monotheism**

So far, this chapter has discussed the history of the Catholic mission in Tamarin, its success from an etic and emic perspective, and the syncretic or dualistic nature of the relationship between Catholicism and Ndyuka beliefs. What remains unclear is how, from a theological perspective, the Catholic missionaries approached the religious beliefs of their missionized people, and how these beliefs fit in the Christian cosmology of the missionaries.
For this we need to go back to the origin of modern Catholic missionary activity, which lies in the Age of Discovery. In *A New Science: The Discovery of Religion in the Age of Reason*, Guy Stroumsa argues that several developments in the seventeenth and eighteenth centuries deeply changed the way Europeans interpreted the concept of religion. Before the Reformation, religion represented a proper way to behave oneself, with corresponding rituals and actions that were deemed correct, but after the Church had split in the sixteenth century, there were conflicting opinions within Western Christianity about what was proper and correct. Combined with the European discovery of the peoples and religions of the Americas and South East Asia and the interest in the religions of antiquity brought forward by the Renaissance, religion was transformed from a binary concept, i.e. as an opposition between *vera* and *falsa religio*, into a pluriform universal human trait that finds expression in all human societies. Christianity was devalued from being the true religion to just one of many religions (Stroumsa 2010: 5–8).

Out of the newly found need of Christianity to relate itself to the polytheistic religions of Antiquity and of the New World, two theories were born in the 17th century to explain the origin of these religions. The first theory, which was most famously propagated by the English clergyman John Spencer, proposed that the original religion of people was monotheism, which only later degenerated through the perversion of idolatry into polytheism (Stroumsa 2010: 51). The second theory, which found its most vocal proponent in the English orientalist Thomas Hyde, proposed that people were originally polytheists, and that Israelite monotheism was borne out of a reaction to that (Stroumsa 2010: 104). With different emphases, these two categories of theories would later reappear in the comparative study of religion, which arose as an academic study in middle of the 19th century. Hyde’s original polytheism developed into evolutionary accounts of religion, which were first put forward by E.B. Tylor in his work *Primitive Culture*. These evolutionary account propose stages in the evolution of human religion, from animism through polytheism to eventual monotheism (Tylor 1871). The evolutionary account was challenged by the German ethnologist Wilhelm Schmidt, who resurrected Spencer’s original monotheism in his 12 volume work *Der Ursprung der Gottesidee*. According to Schmidt (1912–1955), all religions derived from an original religion or *Urrreligion*.

As Schmidt was ordained a Roman Catholic priest in 1892, his ideas on original
monotheism have had a lasting impact on Roman Catholic theology and were reflected in the Second Vatican Council’s decree on the missionary activity of the Church, which is commonly known by the name *Ad Gentes* and was promulgated by pope Paul VI on December 7, 1965. Building on Saint Justin Martyr’s proposition that the “seeds of Christianity” predate Christ’s incarnation, *Ad Gentes* summons missionaries to “be familiar with [the] national and religious traditions” of the people among whom they preach and to “gladly and reverently lay bare the seeds of the Word which lie hidden among [them]”.39 Similarly, the Declaration on the Relation of the Church with Non-Christian Religions adopted by the same Second Vatican Council argues that non-Christian religions “often reflect a ray of that Truth which enlightens all men”.40

Obviously, the respect for other religions that is reflected in the decrees and declarations of Second Vatican Council were not always matched by the actual behaviour of Catholic missionaries. The Second Vatican Council was the result of a compromise between conservative and modernist factions in the Catholic Church, and the anonymous Christianity taught by Jesuit theologian Karl Rahner, which held that people who have never heard the Christian gospel may be saved through Christ because they accepted God’s grace “in [their] basic orientation and fundamental decision,” was but one end of a wide spectrum of views (D’Costa 1985: 132). Especially in the early days of the mission, priests did little to hide their contempt of Maroon beliefs, as is exemplified by the felling of a sacred *kankantii* tree on the *La Ressource* plantation by


40 This declaration is usually known by its Latin title *Nostra Ætate*, and is available on the website of the Vatican: [http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_decl_19651028_nostra-aetate_en.html](http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_decl_19651028_nostra-aetate_en.html) (Accessed 3 September 2016). The full citation reads as follows: “the Catholic Church rejects nothing that is true and holy in these [non-Christian] religions. She regards with sincere reverence those ways of conduct and of life, those precepts and teachings which, though differing in many aspects from the ones she holds and sets forth, nonetheless often reflect a ray of that Truth which enlightens all men.”
missionary Wennekers in 1821 (Van der Pijl 2007: 127). Still, the attitude of the Catholic missionaries towards the indigenous beliefs of the Ndyuka was not necessarily an antagonistic one. This puts the Catholic mission into a stark contrast to the Baptist mission, which will be the subject of the next chapter.
6. The Baptist mission in Rikanau Mofu

[The LORD] opened the field of Surinam, South America to us. It had been abandoned as a waste of time, men, and money. We found out why when we arrived there in May of 1965. They had been under the absolute control of demon-empowered witch doctors. I am talking about real power. I am talking about a witch doctor that could go out here on this street and call lightning and thunder down out of a clear blue sky that would shake this building to the very rafters, and the sulphur smell would singe your nostrils. I am talking about witch doctors who will send little boys up thorn trees with thousands of steel-strong, needle-sharp thorns in rings, just about four inches apart, sticking straight up. They would send the boy up over those and down through those picking fruit. Not a single wound. Not a drop of blood. Under that power this people had lived for two hundred years without a soul being saved.

— Darrell Champlin, 1989

With these words Baptist missionary Darrell Champlin introduced his station in Rikanau Mofu to the audience at the Charity Christian Fellowship on 19 October 1989. Champlin’s sermon, which was recorded and later published under the title ‘Love with Shoes on,’ continues to be an influential and often-cited sermon on missiology among Independent Fundamental Baptists.41

41 In this sermon, Champlin translates the Greek word agápē, an unconditional form of love associated with Christ, as “love with shoes on,” to signal it is a sacrificial, “boots on the ground” kind of love. Champlin portrays his missionary work in Suriname as a form of “love with shoes on.” The sermon is widely disseminated in Baptist circles on the internet, in both spoken and written form. The transcript I use in this thesis was found on the website of missionaries Taylor and Annelize Ridgard:
The attitude towards Maroon beliefs is strikingly different from the perspective of the Catholic church. In the eyes of the Baptist missionaries, Maroon beliefs are not a degeneration of original monotheism that may still reflect a “ray of Truth that enlightens all men,” but rather pure manifestations demonism. Shamans do not simply sin against the first commandment when they offer a libation at the faakatiki, but first and foremost practice devil-worship. Maroons are not mistaken in their beliefs, but instead are unwitting followers of Satan, whose powers are real.

The founding of the mission

Baptist missionaries Darrell and Louise Champlin met each other at a Bible College in Los Angeles in the early 1950s, married, and sailed in 1954 with their year-and-a-half old son David to what was then still the Belgian colony of Congo to found a mission station. For ten years they led a mission in the interior, but during the Simba Rebellion of 1964 they had to be evacuated to the United States. When it became apparent that missionaries would not be allowed back into the Congolese interior, the Champlins started looking for another mission field. After an Evangelical Methodist pastor recommended the Cottica river area in Suriname, Darrell Champlin went on an evaluation trip and was given permission by the kabiten and basiya of Rikanau Mofu to start a mission station there. In May 1965, Champlin moved his family over to the village.

Over the years, the Independent Baptist mission greatly expanded from its original mission station in Rikanau Mofu. Sister Anne, whose arrival to Suriname will be explained in the next chapter, joined the mission in 1980, and in 1987 the Independent Baptist couple Robert and Elizabeth Patton founded a church in the Paramaribo neighbourhood of Sunny Point, which is home to many Ndyuka. Over time, the sons of Darrell and Louise took over many of


42 In this context it is interesting to note that the Dutch word for idolatry — afgoderij — has been borrowed into the Ndyuka language as afokodei, which has come to mean the whole array of traditional beliefs without necessarily bringing the negative connotation that idolatry usually brings (See also the note on page 109 in Van der Pijl 2007).
the responsibilities of the mission, while simultaneously Ndyuka converts took up leading roles in the mission as well. Today, the earlier mentioned son David and his wife Lynne run a ministry in Moengo, son Jonathan and his wife Sherrie support and council the original Rikanau Mofu mission station, and son Ethan and his wife Kim, who is the daughter of Robert and Elizabeth Patton, supervise the ministries on the Tapanahony river in the deep interior of Suriname. Meanwhile, the first generation has mostly left the scene. Robert and Elizabeth Patton moved back to the United States in July 2012 and Darrell Champlin died on 26 August 2015 and was buried in Moengo. Only Louise Champlin still lives in Suriname.

**Baptist theology and missiology**

The historical origins of the Baptist movement are subject to scholarly dispute. Some scholars claim that Baptists descended from the English Dissenters who separated in the 17th century from the Church of England, while others point to the Anabaptists, who in turn trace their roots to the Radical Reformation of the 16th century, as the source of the Baptist movement (Kidd & Hankins 2015: 4–7). The separatism of the English Dissenters is often put forward as an explanation for Baptist aversion to a central church authority; Baptists emphasize the autonomy of the local church, which they regard as ecclesiastically sovereign—a tenet Baptists usually refer to as congregationalism. Another important Baptist teaching, which gave rise to the name of the movement, is the baptism by full immersion of professing believers, as opposed to the baptism by affusion of infants as it is carried out in most other churches. Owing to the sovereignty of the individual church, beliefs and practices greatly vary between the many Baptist congregations, and Baptist denominations—among which the Southern Baptist

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43 The rejection of central church authority is also characteristic of other Protestant denominations such as Reformed and Anabaptist churches. Baptists carry their congregationalism further than most other Protestant denominations, however, leading some Baptists to not consider themselves Protestants, as in their view they never protested or attempted to reform the Catholic Church. Instead, they consider themselves the true heirs of the early Christian churches of the Apostolic Age (Kidd & Hankins 2015: 203).

44 Baptists share this practice with Anabaptists.
Convention is the largest—out of principle do not have a creed. Autonomy is reflected on the individual level in a concept called individual soul liberty, by which Baptists mean that in matters of religion, each person is accountable to God only by himself, and can choose to do whatever his conscience deems right.

Independent Fundamental Baptists, often known in short as Independent Baptists, separated from the larger Baptist denominations in the late 19th and early 20th century in reaction to what they perceived as creeping liberalism and modernism in those denominations. Like most Baptists, Independent Baptists uphold the Bible as the sole authority for religious belief and practice—an especially strong version of the Protestant doctrine of sola scriptura in which religious matters not explicitly ordained in Scripture are considered invalid—but Independent Baptists in particular emphasize Biblical inerrancy and sufficiency and favour an as literal as possible reading of the Bible, for which translation most Independent Baptists prefer the King James Authorized Version of 1611 (cf. Crapanzano 2000). The morality and practices of Independent Baptists are viewed by most other Christians as conservative. Only men are considered suitable to be head of a household or a church, and women are not allowed to preach. Both sexes dress traditionally—men are expected to wear plain shirts and women only wear skirts that end below the knee. Independent Baptists abhor worldly practices such as dancing and going to the cinema, and reject contemporary Christian music as a derivative of wicked rock-n-roll music, but in contrast to Primitive Baptists, Independent Baptists do allow traditional instruments such as the organ and piano to be played in church.

Baptists have drawn from both Calvinist soteriology—which teaches that God has chosen to save some people from eternal damnation irrespective of these peoples’ virtues, merits or faith—and Arminian soteriology—which teaches that God saves those with foreseen faith in Christ—and as such Independent Baptists do not have a clear stance on the issue of free will with regard to salvation (Kidd & Hankins 2015: 82). On the one hand, Independent Baptists typically give elaborate testimonies of their salvation in which it is stressed that it was God who

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45 Baptists would say that the Bible is their only creed. Most Baptist denominations do publish statements of faith, such as the Baptist Faith & Message of the Southern Baptist Convention. These statements of faith are not considered creeds because member churches are not required to adhere to it.
took the initiative to save them instead of themselves, but in contrast to Primitive Baptists, most Independent Baptists do think that in principle all people can be saved. For this reason, Independent Baptists generally accept the legitimacy of missions, again in contrast to Primitive Baptists who, due to their Calvinistic interpretation of total depravity and unconditional election, argue that preaching of the Gospel cannot bring about the salvation of the missionized people.46

Like most Protestants, Baptists have maintained the dualistic conception of God and the Devil that was characteristic of Medieval Christianity, even though much of that diabolology is not strictly scriptural (cf. Meyer 1999: 42).47 Owing to the inconsistencies of the scattered fragments in the Bible pertaining to the Devil, and the uneasy coexistence of the Devil with an omnibenevolent, omniscient and omnipotent God, a creative tension was brought about that resulted in an elaborate discourse about the Devil, his servants, and their place in Biblical cosmology. Independent Baptists generally believe that the Devil was originally an angel that rebelled against its creator together with other fallen angels, who eventually became demons in service of the Devil (cf. Patton 2012: 14). They believe that the Devil disguised himself as the serpent that tempted Eve to eat the fruit from the Tree of Knowledge of Good and Evil, causing humanity to be expelled from the Garden of Eden and indirectly causing sin to enter the world. They believe that Hell was originally prepared for the Devil and his demons and often conceive of pagan gods and spirits as demons in disguise. Witchcraft is strongly associated with Satanic or demonic activity and on the whole, Independent Baptist attempt to maintain a degree of separation between their holy Christian lives and the worldly lives of others, in which the Devil

46 Primitive Baptists also reject missions because, according to them, the Bible does not ordain them. The antimission controversy was the main reason for Primitive Baptists to separate themselves from the general Baptist movement (Mathis 2004).

47 Biblical scholars argue that a dualistic tension between God and the Devil is alien to the Pentateuch and only entered Judaism in the Second Temple Period, probably under the influence of Zoroastrianism (Russell 1972: 55–121). This dualism is an uneasy fit for the monotheism of the Old Testament and exacerbated the “problem of evil,” i.e. the challenge to reconcile the belief in an omnibenevolent, omniscient and omnipotent God with the existence of evil (bid.: 101).
Independent Baptists heed the concept of cessationism, according to which spiritual gifts such as faith healing and speaking in tongues served to authenticate the message of the Twelve Apostles as divine in origin and hence ceased to operate once the Church was established, the Biblical canon was completed and the Apostles had passed away. As a consequence, Independent Baptists are sceptical of Pentecostal and other charismatic churches, with many Independent Baptists asserting that the charismatic movement is a ploy of Satan to lure people away from the real Church (cf. Kidd & Hankins 2015: 89–90). Independent Baptists are generally equally suspicious of the Catholic Church, which they often identify as the Whore of Babylon described in the Book of Revelation.

Most Independent Baptist congregations originate from Southern Baptist congregations, which in turn split from Northern Baptists over the issue of slavery. Whereas the Southern Baptist Convention voted in 1995 to adopt a resolution denouncing its racist roots and apologizing for its past defence of slavery, segregation and white supremacy, the individual Independent Baptist congregations have mostly not followed suit. Some Independent Baptist churches continue to adhere to the idea that Africans have a black skin colour because they bear the “mark of Cain”—a belief once widespread among Southern Baptists—and many Independent Baptists still oppose interracial dating and marriage. Bob Jones University, which is closely associated with the Independent Baptist movement, did not allow black students to enrol until 1971 and lifted its interracial dating ban only in 2000, when after a visit from George W. Bush during his presidential election campaign the policies of the private university had become subject to a media uproar (Greenawalt 2001: 402).

Preaching Baptism among the Cottica Ndyuka

Darrell Champlin himself has a rather mythical story about the reason for the success of their mission, which he reveals in great detail in the ‘Love with Shoes on’ sermon. I will cite the story

in full because it elegantly illustrates the theology and missiology of Independent Baptists. According to Darrell, just after the mission had been established and the first people were saved, he was invited by the villagers to come and watch an obiyaman by the name of Apotu do a fire dance:

Louise stayed home to pray. I walked over the jungle trail to the village. There a great crowd of people, 400 or more up in the trees or on the ground crowded around a blazing fire over here and a heap of broken beer bottle glass there. I looked around. There behind them I could see the witch doctor clad only in a loin cloth, bare headed and footed, communing with his demon spirits and washing with his herb water. Then he came out to the beat of drums modeled after those brought from Africa many years ago. He began to dance around and around that broken beer bottle glass. He leaped on it, danced on it, rolled in it, and he wasn’t cut. The people began to shout “The demon is on him! The demon is on him!” They knew the source of the power. He left that heap of glass and went into the fire. There he stood in it, playing in it, picking up the blazing brands—in a knee high fire—running them over his face and through his hair. Back into the glass, back into the fire. Now he has the people in the palm of his hand, and he said, “Now if you will follow me. I’ll give you this power.”

It dawned on me why he’d come. He’d come to break the power of the gospel by demonstrating the power of Satan. My heart broke. “Oh God! Here are babes in Christ. Here are those who are counting the cost of losing their families if they trust Jesus as their Savior, of being ostracized from their nation if they follow the Lord Jesus. They’re being tempted to follow the devil again. Oh God, what can I do to stop them?”

According to Darrell, God then asked him to do the same dance to show the audience His power:

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They got a couple of candidates and took them off to the side. They heaped the glass again, built the fire blazing again. They didn’t notice that I was able to slip through the crowd. Before they knew what I was about to do I pulled off my shoes and socks and jumped on that glass. I have to admit, beloved, that I jumped rather gingerly, but I found God was protecting me. I stomped in it, it could not cut me. You don’t have to be charismatic to believe that. You just have to know that you serve Jehovah Sabaoth, General of the hosts of the universe.

People began to shout “The demon is on the missionary!” They didn’t understand yet. I tell you I didn’t feel the glass, but beloved, when I went into that fire, it was hot! I was a good Baptist boy, and I never learned to dance, but I did some kind of dance on that fire. Stomped in it, jumped up and down in it, and by God’s grace a few minutes later it was out. I looked down and could see those red hot coals glowing there like little Christmas tree lights between my toes. You can imagine the effect on the people. I turned to them and said, “Now listen. God’s not in the business of fire dances. You have the Bible, His Word. You have His messenger. You have the gospel. If you did not believe and receive the Lord Jesus He could have sent you to hell, and it would have been just. But God had mercy on you tonight to show you His power. Now you can follow this man Apotu, and he’ll give you this demonic power, but it will carry you to hell. If you follow my Lord Jesus He’ll forgive your sins, and he’ll take you to heaven. Make your choice.”

They made it just like that. The drummers got up and left their drums. “Fire dance is over,” they said. The crowd began to break up and go back into the village. The witch doctor and leadership of the village were furious! I’ve been stoned a couple times, but I thought that night, “They are going kill me!” Swarming around, clenching their fists, gnashing their teeth. A couple of our young Christians, just saved, came to help protect me and we had a hot time for about 30 minutes. Finally they let me go. I went over that little trail that they’d just allowed us to cut through the jungle. Back over that swampy place to our house. My feet were hot. I got down and looked at them, but couldn’t see anything wrong. I prayed, “Oh God, if I wake in the morning burned and blistered You have suffered an awful defeat. Lord, you must help me. Your people, Lord. Your glory, Lord. Your mission, Lord.” I went to bed. About six-o-clock in the morning I woke up and looked at my feet. They were perfect. Praise
Soon after, the villagers came to Darrell’s house to find out how he was doing:

“Missionary, how are your feet?”

“Well, you just take a look.” I said. “They’re just fine.”

A couple of our young men, just starting in training to serve, came to me and said, “Missionary, if that’s the kind of God we serve you show us the way and we’ll walk in it.”

Today, beloved, they preach in 40 towns and villages across an area half the size of the state of Michigan. They’re walking.

Perhaps most striking is the reality with which demons and demonism are portrayed: demons exist and have real power. To the audience unfamiliar with Suriname, Champlin carries this point home by making the Ndyuka spectators react to Apotu by saying “the demon is on him!”—which is probably at least a very liberal interpretation of what the audience was saying in reality—and by making the point that the demon had come to “break the power of the Gospel by demonstrating the power of Satan.” The Catholic idea that an influential obiyaman could be made positive use of by associating him with the Church is blasphemous in the eyes of this Baptist missionary. Yet what is also fascinating is that Champlin accepts the challenge of Apotu to follow him in the fire dance, a telling example of individual soul liberty that goes against the usual cessationist doctrine of Independent Baptists. Champlin excuses himself by arguing that “you don’t have to be charismatic” to believe that God will protect you in a fire dance, and returns to cessationism in the speech to the Ndyuka audience after he completed the fire dance: God is not in the business of fire dance and only reveals himself through His Word, the Bible.

At first sight, this Independent Baptist version of Christianity seems less compatible with Ndyuka beliefs than the Catholic version of it. Not only is their perspective on Ndyuka beliefs far more antagonistic, the religious rituals of the Baptists also come across as impoverished when compared to those of the Catholic Church (cf. Meyer 1999: 38). Baptist
worship is limited to prayer, the singing of hymns, and the study of the Word of God, which in the case of Baptists is not written in the mysterious and sacred language of Latin, but rather in the familiar Sranantongo of the city Creoles. Yet in their antagonistic rejection of Ndyuka beliefs as demonism, the Baptists acknowledge the existence and the power of the Ndyuka gods. Furthermore, as Ndyuka religious history is characterized by frequent revolts of powerful iconoclasts rejecting and destroying virtually all pantheons except their own, the Baptists' bellicose stance towards Ndyuka beliefs is less out of place than might be suspected at first, and may even have lent credibility to the mission.

Independent Baptists generally do not go further than merely acknowledging the reality and power of what they assume to be manifestations of demonic and evil spirits. Their inclination is to stay as far away as possible from such manifestations, and as such do not offer a proper way to deal with the demonic in church. This problem, which is essentially the same problem Birgit Meyer (1999) suggests the German Pietist missionaries encountered in their mission to the Ewe in Ghana, is acknowledged by Independent Baptist missionaries themselves. The earlier mentioned Independent Baptist missionary Robert Patton, who had worked as a missionary among the Ndyuka in Paramaribo for 26 years, wrote the following in a missiology volume on “Spiritual Warfare” that he published after returning to the United States (emphasis mine):

I have never sought out persons with demonic problems among the unsaved to make them free. Our churches do not hold healing campaigns to free people from demonic as well as physical illnesses. However, we were having problems coming to us in the church itself. We have had, from time to time, demonic attacks in church services, prayer meetings, and youth meetings. Should we simply ignore them? Should we say that we are not able to help our people in these situations?

What are the alternatives? Although I do not agree with all points of the theology of some other authors, I have benefitted from their experience in successfully battling the forces of evil. Some of their practical approaches have proven very helpful. Should I simply duck the issue because it is controversial, and avoid writing about it? I was warned to be careful about reporting some confrontations we had experienced on the field because of the reaction of
supporting pastors and churches. Should I simply let other Fundamental Independent missionaries learn the hard way the same things that I had to learn because I had received no instruction or insight? Should I completely abandon the topic as some missionaries have done, and leave the new believers defenseless, or more likely, to run back to their witch doctors or to the Pentecostal churches, who will deal with the demonic?—Patton 2012: 7.

Although Patton, like Champlin in his sermon, goes to great lengths to reject charismatic practices such as faith healing, he makes a case for dealing with demonism in church in order to discourage new converts to either attend a Pentecostal church, in which they can openly deal with their spirit possessions, or revert to their indigenous religious practices. However, in spite of his aim to offer believers a way to deal with demonic oppression in an Independent Baptist way, he spends most of the book merely citing—in good Baptist fashion—Bible verses involving demonism while occasionally denouncing charismatic practices as unscriptural and potentially Satanic, without offering much of an alternative. The closest he comes to this is when he seconds James O. Fraser’s adage that God’s way for success is “a trinity of prayer, faith and patience,” or as he later rephrases it in a more practical fashion as “daily prayer and Bible reading, spiritual discipline, and active membership in a solid biblical church” (Patton 2012: 74–75). Such advice, which can hardly be seen as innovative, illustrates the continuing unease of Baptists with allowing its Ndyuka converts to deal with their religious heritage in church.
7. The arrival of Sister Anne and her practice to Lantiwei

Anne Slessor\(^{50}\) Dreisbach was born on 18 March 1948 in Charleston, West Virginia to missionaries John and Bettie Dreisbach, but moved with her parents to Northern Nigeria when she was only a few months old. Her father was an innovative leprologist originally from northwest Ohio, who published articles and a book chapter in an edited volume about leprosy during his career (Dreisbach 1952, 1959; Dreisbach & Cochrane 1958, 1961; Gray & Dreisbach 1961). Her mother grew up in West Virginia and studied nursing at Ohio State University, where she met her future husband at a collegiate Bible study group.

The Dreisbachs were sent to Kano, Nigeria, where John served as a superintendent of three large provincial leprosaria and Bettie worked as a missionary nurse. The young Anne showed an early interest in following in the footsteps of her mother, and was encouraged by both her father—who let her watch him operate on patients—and her mother—who made her a small nurses uniform—to follow up on what she refers to as her calling from God to become a missionary nurse. Like most fundamental Christians, Anne has a vivid account of that calling and of her salvation. To all people that ask, she tells the story of how she was sent to a boarding school for missionary children when she was six years old, and how as a first-grader she heard many older children give testimonies of their salvation. The young Anne was quite concerned when she heard so many others relate about an experience she had not yet had herself, and

\(^{50}\) Anne was indeed named after Mary Slessor, whose missionary work was a great inspiration to Anne’s father.
became even more worried when a fellow first-grader gave testimony in class. When she laid in bed that night, an older girl from the fifth grade entered her dormitory and asked her and the other first-graders present if anyone would like to pray and ask Christ to come into their hearts. All four got out of their beds and knelt by the bottom bunk and the girl led each one of them to Jesus Christ. Very shortly after that, she knew with all of her heart that God wanted her to be a medical missionary:

> I did not really know then what it meant to be a nurse, but I could see myself on my hands and knees caring for Africans, wiping a fevered brow, giving them a spoonful of soup, and telling them about Jesus.\(^{51}\)

Despite her saying she was raised in the sub-Saharan desert, Anne lived in the United States for most of her childhood, only leaving the boarding school to visit her parents for three weeks during Christmas and three months during summer. In 1959, the Dreisbachs went to Benin to where they designed and supervised the construction of a general practice hospital, which eventually opened in 1962. In 1964 the Dreisbachs moved back to the United States, where John had accepted the invitation of Bob Jones University to become the campus physician and to develop a missionary medicine curriculum.

The move back was probably also inspired by the need for Anne to gain academic qualifications. Anne graduated with a high school diploma from Bob Jones Academy in 1966 and subsequently studied at the Greenville General Hospital School of Nursing, where she graduated with a nursing degree in 1969. She then went on to study Medical Missions at Bob Jones University, graduating in 1972,\(^2\) before studying midwifery at Queen Mother's Hospital.


\(^{52}\) Like her father, Anne remains closely affiliated with Bob Jones University, having been awarded the Bob Jones University Alumnus of the Year Award in 2010 “in recognition of outstanding accomplishments, Christian leadership, devotion to the Lord Jesus Christ, and loyalty to the principles of Bob Jones University.” Bob Jones University Press Release dated 14 April 2010. Available at:
in Glasgow, Scotland, where she graduated in 1973.

**Becoming a missionary nurse**

In 1976, Anne accepted a position as a medical nurse in the Republic of Niger with Project Compassion, a medical missionary program that her father founded at Bob Jones University. The efforts of the mission to convert the mainly Muslim population of Niger to Christianity was not received well by the government of the country, which proceeded in 1980 to expel the missionaries in its country that preached to the Muslim parish. In what was only meant as a temporary stay in search of a new mission station, Anne ended up at the Champlin's mission in Rikanau Mofu.

After assisting for six months in the clinic of Rikanau Mofu, the Champlins asked Anne if she was interested in having her own clinic in a village downriver. This having been her dream since childhood, Anne gladly accepted the offer, and upon gaining permission from the *kabiten* and *basiya*, Anne moved to Lantiwei later in 1980 to set up a clinic—together with the Maroon missionary Koempi and his wife, who helped her adjust to her new environment. When the Surinamese Interior War broke out six years later and the National Army pillaged most villages on the Cottica river, Anne temporarily relocated to the main mission station in Rikanau Mofu, from where she visited the remaining Ndyuka that were hiding in bush camps near their abandoned villages. In 1990, Anne returned to Lantiwei, now as a single missionary without the company of Koempi and his wife, and she has remained there ever since, save for occasional furloughs and mission trips abroad.

When Anne returned, the Catholic mission had been abandoned, and as a result from that moment on the provision of missionary healthcare in the Cottica river villages rested firmly in the hands of the Baptist mission.\(^{53}\) The permanence of Sister Anne’s presence in the village

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\(^{53}\) In September 2010, a medical post of the government-run *Regionale Gezondheidsdienst* (RGD) opened in Wanhatti, but since that post is only open once a month, this service is barely competition for Sister Anne (cf. Hoogendam 2011).
was reiterated when, as a surprise, the Baptist mission built a house for her in 1995, next to the clinic which up to that point had doubled as her bedroom. The status and appeal of the clinic, which until the Interior War was only considered a subsidiary branch of the main mission station in Rikanau Mofu, were further reinforced when the clinic in Rikanau Mofu shut its doors. By the early 21st century, Sister Anne had become synonymous with missionary medicine on the Cottica river.

**Sister Anne’s practice**

Sister Anne’s house and practice are situated on the north-eastern edge of the village, and are connected by a path to a boat house also owned by the Baptist mission that is situated only a few metres from the main landing place of the village. A small delivery clinic, with two beds and a kitchen, is situated at the beginning of the path to the boathouse. All structures are made of wood and painted in deep red. Anne’s house and practice do not stand out and can easily be mistaken for ordinary village houses.

Anne holds general clinic on Monday, Tuesday, Thursday and Friday, from eight o’clock in the morning until all patients are seen. Every patient is assigned a number upon arrival and patients are treated on a first-come-first-serve basis, waiting on wooden benches under the porch until their name is called. Before clinic starts, Anne reads a Bible story to the patients, a practice called *devotion* among fundamental Christians, and ends with a prayer. Wednesdays are reserved for immunizations, paper work and a cleaning of the clinic. When there was still a nurse in Rikanau Mofu, Anne and the Rikanau Mofu nurse would take turns to spend one Wednesday per month visiting the villages and immunizing the children. Now there is no missionary nurse in Rikanau Mofu any longer, the children in the surrounding villages mostly come to Anne’s clinic with their parents, with Anne occasionally traveling to Rikanau Mofu to do immunizations there as well. The afternoons and weekends are free of clinic duty, but are often interrupted by medical emergencies or a delivery of a baby.
8. Healthcare consumption by the Cottica Ndya— an impression

Owing to the fact that in Ndya medicine there are two distinct modes in which to interpret illness, Ndya and missionary medicine are rarely in direct conflict with each other, even if the diagnoses of the missionary nurse and the obiyaman are diametrically opposed. As Vernon (1989: 215) already noted, “there is no contradiction in affirming that a post-partum infection is due to the infiltration of the vulnerable cavity by cold because the young mother forgot to take the precaution of boiling water before drinking it and, at the same time claiming that angry words exchanged some time earlier between the girl and her aunt are responsible.” In other words: even though an illness may ultimately be caused by bewitchment or supernatural punishment, it does not hurt in the minds of the Ndya to seek remedy for the physical or psychological symptoms of that bewitchment or punishment, even if such treatment will not fully cure the patient.

As such, the medical services provided by missions have always been very popular with the Ndya (cf. Köbben 1968: 76). Over the years, a rather uncontested division of labour between the obiyaman of the Ndya and the nurses and midwives of the mission emerged. Next to the obiyaman as the only doctor capable of mending disturbed socio-cosmic relations, Sister Anne is today the practitioner of choice for the treatment of physiological ailments for the vast majority of people of Lantiwei, Pinatyaimi, and most villages in the surrounding area. Only when Sister Anne’s treatment does not deliver the expected results do people turn to an obiyaman for alternative treatment, in a fashion not dissimilar to the way many Europeans turn to alternative medicine when regular medicine is perceived to fail. There are two exceptions to this general rule, however: virtually all people I spoke to say that they prefer to see a deesiman or
Obiyaman for incomplete bone fractures and snake bites, and many match this mentioned preference with actual stories about snake bites and bone fractures attended to by a Deesiman or obiyaman. During my stay, a dislocated shoulder of a young girl was taken care of by Ba Adam which, while not a bone fracture, illustrates the general preference for Ndyuka medicine when it comes to osteopathic issues.

Ndyuka medicine

Although there is an obiyaman who is medium to an Amanfu spirit in Pinatyaimi, his powers are considered to lie mostly in the area of ritual fire dances, and not so much in the area of medicine. Most Pinatyaimi people wanting to consult an obiyaman therefore cross the river to go to obiyaman Ba Adam, who is medium to an Ampúku spirit.

Ampúku are bush spirits that are believed to resemble human beings, although they have a pitch-black skin and a very muscular appearance (cf. Thoden van Velzen & Hoogbergen 2011: 153; Vernon 1980: 14). They are considered servants of Tata Ogii, the in-between-god of the interior that is most closely associated with the Miáfiyabakaa federation, and often live in sacred kankantii trees. Although they are capricious creatures who often torment women (see below), they can also befriend a medium—usually a man—and offer him medicinal and therapeutic qualities known as obiya (Van Wetering & Thoden van Velzen 2013: 143; Vernon 1980: 14).

Ba Adam’s practice consists of a temple and two libation shrines under a Magwenu, the kankantii that is thought to devour evil spirits. The many empty bottles are witness to the fact that at one shrine beer is used for libation while rum is used at the other. The obiya Ba Adam

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54 The Pinatyaimi obiyaman is indeed a follower of the late Wensi discussed in chapter 5. While Amanfu and their closely related Kumanti spirits are known for their ritual fire dances, which serve as illustrations of the war powers of both pantheons, they are also associated with medicinal powers. The rather weak reputation in the area of medicine of the Amanfu medium of Pinatyaimi is thus a peculiarity of this particular obiyaman, and not a characteristic of all Amanfu mediums.

55 Even though Wensi during his life desecrated and destroyed Ampúku shrines, I have never noticed any animosity between the Pinatyaimi obiyaman and Ba Adam.
prescribes to his patients consists of a herbal concoction that the patient is supposed to administer in a bath. A man from Pinatyaimi by the name of Adjai is Ba Adam’s apprentice, and is expected to take over the mediumship to the Ampúku spirit after Ba Adam has passed away.

Apart from these two obiyaman, two people in Pinatyaimi are medium to a yooka spirit. Although less powerful, the yooka attached to these people are considered to give important clues in cases of illness and mischief. Furthermore, one woman in Pinatyaimi is specialized in treating snake bites, and all four Pinatyaimi residents I know of who have recently been bitten by a snake were treated by this woman. As this woman is not medium to a spirit giving her access to obiya, she is known as a deesiman.

Going to Sister Anne

I found it remarkable that the three areas of medicine most prominently associated with the early missionaries—basic dentistry and surgery, vaccination and midwifery—are still heavily associated with Sister Anne today. According to Sister Anne, there are people from the capital city who travel all the way to her clinic only to have a tooth pulled, and during my stay in Pinatyaimi and Lantiwei, all lacerations and other wounds in need of suturing were taken care of by Sister Anne. Sister Anne also regularly reserves a Wednesday for the vaccination of children in the Cottica river area.

First and foremost though, Sister Anne is the area’s midwife. By building on the reputation of the Catholic nurses—a fact that is repeatedly stressed by Sister Anne herself—she has made such a name that no baby today is delivered by a Ndyuka midwife or mekeman unless it is an accident.56 This is a remarkable change from the days of Köbben’s fieldwork, who in the early 1960s observed that only roughly one-fourth, and then especially firstborns, were delivered in a hospital.57 Prenatal check-ups and post-delivery baby clinics are popular to such

56 Traditional mekeman occasionally delivered babies when Sister Anne was abroad. Since the recent death of the mekeman of Pinatyaimi, there is no traditional midwife available in the area anymore.

57 Of course delivering in a hospital in Moengo is not entirely comparable to delivering in Sister Anne’s clinic in Lantiwei. In Köbben’s days, however, a missionary midwife was not available in the Cottica river area, and the choice was between delivering in a hospital and delivering in the native village with the
an extent these consultations often take up most of Sister Anne’s weekly clinic hours. Still, as with virtually all healthcare consumption among the Ndyuka, pregnant women also consult an obiyaman in various moments during the pregnancy to undergo rituals that are meant to prepare the baby for delivery.

**Socio-cosmic disturbances: the decline of kunu and the rise of Bakuu**

As has been discussed in chapter 4, virtually all Ndyuka bee are haunted by an avenging spirit called kunu due to a member of the bee having unjustly killed a human or a spirit in the past. It is believed that if not appeased at regular intervals, a kunu will torment a bee with illness and death. In earlier days, the concept of kunu acted as a strict upholder of moral order, and the regular appeasement offerings helped integrate the bee as a social unit. Köbben already noted in the 1960s that the younger generation of the day no longer fully agreed with the notion that the kunu may haunt all lineage members for the sins of another, often deceased member:

Like the ancestors, the kunu does not necessarily punish the actual offender but rather just any members of the lineage. An informant commented: “We people of today (baka kio sama) can’t approve of that any longer. The kunu should not kill innocent people! For what will their spirits do? They will be filled with vengeance in their turn to kill still other members of the matrigroup. In that way there’s no end to it”. These words show that the younger generation no longer views the lineage as a homogeneous unit. Collective responsibility is no longer a matter of course for them (Köbben 1967: 19).

This development has continued to the present day, to such a degree that the kunu is no longer feared and offerings are no longer made. Tellingly, the only kunu medium of Pinatyaimi that I am aware of was residing in the Netherlands while I was in the village. Although the concept of kunu is still known, especially to the older generation, I was told that it no longer haunted people because gaanman had forbidden murder.\(^{58}\) It is tempting to attribute the rapid decline of help of a traditionalmekeman (Köbben 1968: 77).

\(^{58}\) As discussed in chapter 3, the Ndyuka gaanman first and foremost acts as the symbolic figurehead of the Ndyuka nation, and the phrase “gaanman says that…” is often used to convey societal consensus. The
*kunu* to the disintegration of the *bee* as a social unit, even more so because its decline seems most advanced among the Cottica Ndyuka, who had to flee during the Surinamese Interior War. Thoden van Velzen and Vernon have told me that among the Ndyuka of the Tapanahony river, offerings to *kunu* were still made at somewhat regular intervals.

The decline of *kunu* was accompanied by a rise in incidences of *Bakuu* possession. Although this tormenting spirit is known today to all Afro-Surinamese groups—i.e. both to the various Maroon nations and to the Creoles—its concept seems to have originated in the plantation colony before it was imported to Maroon societies during the gold rush of the late 19th century and the balata bleeding rush of the early 20th century (Vernon 1980: 2–3).59 Key to the concept of *Bakuu* is still that it is a spirit of deceased person that has been captured and tinkered with by a Creole, Chinese, or Hindustani magician—the Ndyuka insist they do not know how to make a *Bakuu*. As a consequence, a *Bakuu* spirit can only enter Ndyuka society by its interaction with the outside world: in former days *Bakuu* spirits were thought to have accompanied gold diggers as guardians while today *Bakuu* spirits are usually considered to have been bought as money makers by greedy fellow Ndyuka in their pursuit of material wealth.60 It is thought that over time, *Bakuu* spirits become ever more demanding and at some point refuse to provide their services unless a human sacrifice, usually in the form of a close relative, is made. *Bakuu* spirits are often believed to be kept by their buyers in hen baskets and fed ‘city foods’ such as biscuits and corned beef. They speak the *Sranantongo* of the Creoles when their mediums, who are virtually without exception female,61 are possessed by them in

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59 The concept of *Bakuu* seems to have an African origin, but the various authors disagree about the exact source: Wooding traces the concept to the *Biakuru*, *Burka*, and *Buku* spirits of Ivory Coast, Central Ghana, and Togo, while Herskovits traces it to the *Abiku* spirits of Dahomey (Vernon 1980: 2–3).

60 Today, *Bakuu* are also believed to be bought solely with the intention to kill a relative.

61 This is a recent development though: “Nowadays, demons are a female affair. No Ndyuka man would regard himself as liable to possession by a demon. This is starkly different from the past situation but, for the present, the playing with demonic forces is women’s power game” (Van Wetering 1992: 111). Thoden
As instruments of witchcraft or wisi, Bakuu spirits are purely evil and do not give their mediums access to obiya (Van Wetering & Thoden van Velzen 2013: 12). In contrast to Ampúku mediums, who are also often the victims of bewitchment, Bakuu mediums make no secret of the identity of the sender, even though the village elders may censor such revelations. Bakuu spirits also seem to attack people rather suddenly, and possess their victims in trance quickly thereafter, whereas tales of Ampúku attacks are typically long histories of many accidents and ailments before an obiyaman resolves that an Ampúku spirit must be the cause of it all. In her article on Bakuu, Diane Vernon therefore concludes that the spirits serve two separate purposes: while Ampúku possession is used as a means to deal with a—typically chronic—illness, Bakuu possession often functions as a way to launch witchcraft accusations against a family member with whom the victim is having an argument (Vernon 1980: 14–17).

The rise in incidences of Bakuu possession should not be mistaken for a surge in witchcraft accusations, however. Already in the days of the fieldwork of Köbben, Thoden van Velzen and Van Wetering, witchcraft was such an obsession for Ndyuka that Van Wetering dedicated her PhD thesis on the subject. What seems to have changed, though, is the way such accusations are dealt with in public. When Thoden van Velzen and Van Wetering conducted fieldwork on the Tapanahony river, Bakuu spirits were immediately exorcised, and people who accused others of witchcraft were subjected to the Sweli Gadu oracle in Diitabiki, which in virtually all cases judged the accusation false if the accused party was still alive. People accused of witchcraft could also absolve themselves by drinking the sacred potion of Sweli Gadu, which was thought to kill witches and sinners and strengthen people of good behaviour. Only the deceased were put to a definitive test: in a divination ritual known as tyaidede, the recently deceased were carried around on a stretcher by two gravediggers or oloman, who in a state of trance were deemed able to determine the moral stature of the dead by answering questions.

van Velzen & Van Wetering (2013: 319–321) argue that this development reflects the fact that women dominate the group left behind in the villages when others, mostly men, make money in the city. While the victims of Bakuu attacks are virtually always women, it is greedy men who are mostly considered responsible for the decision to buy and employ a Bakuu.
with movements.\textsuperscript{62} If the dead person was deemed a witch, he or she was given a shallow grave in an unsanctified graveyard and his or her possessions were confiscated by the Sweli Gadu priests who kept whatever they fancied and graciously returned the remainder to the family.

Today, *tyaidele* is no longer performed, having been forbidden by the influential Tata Ogii priest Akalali in 1972. While this proscription certainly fixed the discrepancy of witchcraft accusation being heavily controlled for the living and largely unchecked for the dead, it also contributed to the rise of *Bakuu* accusations in recent years: the social tensions that lie at the basis of witchcraft accusations were no longer properly dealt with after death, which allowed *Bakuu* possessions, which until that time mostly occurred in the periphery, to enter the Ndyuka heartland. Coupled with increased income disparity and the erosion of institutions and familial bonds as a consequence of migration and civil war, the *Bakuu* cult exploded in the 1990s and culminated in 2006 with the ascent of a prophet by the name of Gangáa, who claimed to be on a mission to eliminate the *Bakuubasi*—the chiefs of the *Bakuu* spirits. In a violent campaign that attracted the attention of the Surinamese authorities in Paramaribo, Gangáa and his followers tortured and extorted elders suspected of sending *Bakuu* and pillaged and burned houses (Thoden van Velzen & Hoogbergen 2011: 305–313). Van Wetering & Thoden van Velzen (2013: 314) note that in contrast to earlier iconoclasts, Gangáa did not try to gain approval for his action in a village palaver or *kuutu*, and that Gangáa and his followers did not respect the inviolability of the traditional places of asylum to which the accused could flee, such as the residence of the *gaanman*. All this is seen as evidence of the disintegration of Ndyuka institutions and values (Thoden van Velzen & Van Wetering 2013: 315).

During my fieldwork the obsession with *Bakuu* spirits was as dominant as ever. Two of the three case studies described below involve *Bakuu* spirits, and the only language I heard at night in Pinatyaimi was the Sranantongo of the *Bakuu* mediums (cf. Thoden van Velzen & Van Wetering 2013: 315, 323–324). It is indeed hard not to see this development as an impoverishment, not only because institutions and etiquette are undermined, but also because

\textsuperscript{62} It carries too far to explain this ritual in detail here, especially since it is no longer performed. For an elaborate explanation and analysis, see e.g. Van Wetering & Thoden van Velzen (2013: 39–42; 137–139).
the sacred languages of the Ampúku, Papáguó and Kumanti mediums, which have their origins in African languages, are at risk of extinction. The two obiyaman of Lantiwei and Pinatyaimi are of well-advanced age, and only Ba Adam has an apprentice who can take over his mediumship when he passes away.

Three examples

Now we have discussed general healthcare consumption in Pinatyaimi and Lantiwei, and have considered the effects of the Bakuu cult on contemporary ideas of illness and death, I will illustrate these issues practically by means of the experiences of three of my Ndyuka informants. These three examples, one man and two women of three different generations, represent, each in their own way, the Ndyuka ideas and attitudes about health and healthcare that one can typically find in the Cottica river area today.

Herman

The first example is my host Herman. He was born shortly after the Second World War in the village of Mungotapu in the Cottica River area. Although he is basiya in his native village of Mungotapu, he spends most of his days in Pinatyaimi where his wife Akki is basiya. During my fieldwork, Herman and his wife were building a second home in Wanhatti, on a plot of land they inherited from Akki’s father, who was a Wanhatti native. Herman also owns a house in Moengo, which he rented while he was working as a fitter and turner at the Surinamese aluminium producing company Suralco, and which he was able to buy from the company after it scaled down the production at the Moengo plant. Although owning multiple houses is by no means an exception in Ndyuka society, Akki and Herman are relatively well-to-do, aided in part by Herman’s adequate pension from Suralco. In Pinatyaimi, Herman acts as an archetypical konlibi: his perspective as an outsider is greatly respected in local quarrels.

As an elderly man, Herman’s views could be considered old-school, although he is by

63 Richard Price has dedicated a chapter of a recent publication to the ritual languages of the Saramaka maroons, which are similar to those of the Ndyuka, in an effort to record them before they become extinct (Price 2008: 309–389).
no means orthodox in his perspectives. When asked, he expresses regret that the younger generation does not know anymore how to hunt and fish or how to clear a piece of forest to set up an agricultural plot, but he seems not bitter about it. Herman is a typical example of a Catholic Ndunya described in chapter 5: he considers himself a devout Catholic and proudly showed me photographs of the blessing of his marriage by the Tamarin priest. Even though Mass has not been held in the area since 1986, he and his wife regularly attend the wakakerki service performed by the Baptists, in his words because he “wants to grab every opportunity to praise the Almighty”—the supreme being which for him is indeed synonymous with Nana or Masaa Gadu. For Herman, there is no contradiction between being Catholic and observing Ndunya religious practice—the former allows him to glorify the distant but omnipotent supreme being while the latter assists him in understanding and overcoming everyday misfortunes. He likes to retort Baptist allegations of devil worship by arguing that “the Almighty need not worry about the powers of an obiya doll.”

Of all my informants, the division of labour between Ndunya medicine and missionary medicine is clearest with Herman. As a man who values the old ways, Herman is quick in turning to an obiyaman when he suspects a socio-cosmic disturbance is at the root of a misfortune. When for instance during my fieldwork he grew disappointed with the crop yield of his watermelon farm, he immediately went to Lantiwei to pour a libation at the goon gadu shrine there, to make sure potential issues with local spirits were dealt with. Yet when he was bitten by a boa constrictor at his farm ground, he did not seek the help of an obiyaman, as he was sure this biting had nothing to do with disturbing a Papagadu spirit:

It is like this: a snake can bite a person by accident, but it can also bite because of bad communication in the family—we call that fiyofiyo. If the latter is the case you often dream about it first... you see something scary and you suddenly wake up. Then you should go see an obiyaman. But in my case... when a snake misses its target it remains waiting there. So

64 In a similar fashion, many others argued that since the Almighty created the heaven and the earth, the visible and the invisible, the Ndunya obiyaman only uses powers and forces that the Almighty created himself.
when I arrived there at five in the morning it just bit me because of that. It was an accident.

As Herman, like virtually all people I spoke to, prefers to treat snake bites at a Ndyuka specialist instead of in the missionary clinic, he went to the Pinatyaimi deesiman specialized in snake bites. He expresses the same preference for a deesiman in case of a bone fracture. In all other cases of illness with no suspected socio-cosmic disturbance, he prefers to see Sister Anne first:

If I get a fever or a headache... after I've worked long hours on my farm in the heat or in the rain for example... I prefer to see Sister Anne. Her tablets are very strong. But if it doesn’t improve after a few days, I’ll look for something different. Maybe I’ll look for a medicinal plant myself. Or I’ll go to a deesiman or obiyaman.

The potency of the prescription drugs available at Sister Anne’s is a recurring topic with Herman. Although in most cases the drugs have effect, Herman often finds them too powerful, making people, especially those of the younger generation, easily dependent on these drugs. Because of this, some young people have a weaker health than the elderly, according to Herman. Another recurring topic is the competence of modern medicine when it comes to midwifery. Herman holds the doctors and missionaries, and especially Sister Anne, in high regard in this area, because in his younger years many babies still died shortly after birth.65

One particular ailment bothered Herman during my stay in Pinatyaimi. Three days after my arrival, Herman’s son came to my hut to inform me that he was going to Sister Anne with his father because his father was not feeling so well. Later that day, Herman was drinking an herbal tea while he had his back massaged and rubbed with an ointment by two women. Herman explained to me that he suffered from heartburn, and that he used the ointment—

65 An interview with the retired river doctor Guno Kletter in the Parbode magazine confirms the high infant mortality in the 1950s and 1960s among the Cottica Ndyuka. It seems umbilical tetanus caused by rubbing kaolinite clay or pembadoti on the umbilical cord was a major cause of death among infants (Hoogendam 2011).
which he called *Ingii sopo*[^66]—and the tea to relieve the pain. Three days later, after we returned by boat from a day’s work at Herman’s farm, Herman signaled his son to stop at the shore to collect a herb—which he later told me is called *diitibi*—for use in his herbal tea.

Sister Anne suspects that Herman suffers from acid reflux disease. When I sat down with Herman for an interview, he recounted how he first suffered its symptoms in 1980:

> I was in Paramaribo in February of 1980 to get a valuation report for the house that I was to buy from Suralco. The office of the valuator was situated right behind the police station at the Waterkant. Just when I arrived there a patrol boat attacked the police station. I panicked and started running… I ran until the small bridge… about three kilometres! Two weeks later I woke up with heartburn. Very annoying! Perhaps the illness was already there, but the panicking certainly exacerbated it.[^67]

Around the year 2000, after many years of trying all kinds of drugs to treat his disease, Herman decided to travel to Diitabiki on the Tapanony river, to consult a famous *obiyanman* by the name of Da Mulenge:

> About fifteen to sixteen years ago, I went upriver to treat my stomach acid. The Marowijne river is beautiful, but also dangerous, and has many *sulas*.[^68] I was received by Da Mulenge and his wife and was treated for three days. On the first day, Da Mulenge consulted a spirit by looking in a mirror, together with his wife. The spirit deemed three drops enough: I had to swallow a spoon with three drops of a particular substance. Once in the morning and once in the afternoon. This was repeated the second day and the third day. For seven years the stomach acid did not bother me anymore.

[^66]: This literally means *Indian’s soap*. The plant, which is related to the agave and goes by the scientific name *Furcraea foetida*, is presumably named this way because rubbing it produces a soap-like foam.

[^67]: The event Herman describes here is the Surinamese coup d’état of 25 February 1980, which indeed started with the attack of the Waterkant police station. The story almost sounds too good to be true, and is quite likely tainted by Herman’s dislike of Dési Bouterse, leader of the coup and current President of Suriname.

[^68]: *Sula* is the term used in Suriname to refer to rapids and waterfalls.
Herman says Da Mulenge asked him to return after five years to repeat the treatment. However, before Herman could go back, Da Mulenge had died, forcing Herman to return to his old way of treating the condition by a combination of prescription drugs, diet, herbal teas and massages.

Although Herman acknowledges that many people get sick these days because of Bakuu attacks, he considers himself lucky that he and his family were never attacked. He is scared of the Bakuu business and wants to stay as far away as possible from it. As I will show in my next example, not all people are as fortunate in this regard.

**Emma**

Emma is in her forties and is of the same generation as Herman’s children. Although her grandmother was the Ndyuka midwife of Pinatyaimi, only one of her many children, her 16-year old son Opoo, was delivered by her grandmother—all children after Opoo were delivered by Sister Anne. Emma says she never sees an obiyaman when she is ill, and that she prefers to see Sister Anne. She wants to stay as far away as possible from the spirits and deities of the Ndyuka and only uses what can be considered Ndyuka medicine in the form of simple plant medicine: when she cuts herself she rubs the grinded bark of a local tree in the wound to stop the bleeding and to facilitate the healing, and when she has a headache, she cuts a lemon and rubs it against her forehead and back. Although the rest of her family likes to treat headaches with a herbal tea made from soursop leaves, she prefers not to as she cannot stand their smell.

The reason of Emma’s rejection of Ndyuka spirits and deities is revealed when she talks about an event that occurred to her in her childhood:

When I went to school in Tamarin, we had to walk from Lantiwei. A boatman brought us across the river from Pinatyaimi, but from there on we had to walk on a bush path. Me and my sister and a few other children. While we were walking I heard a sound, like someone was breaking tree branches with his feet. But I did not see this person! My sister was walking in front of me. Then, I saw him walking behind her. When we were almost at the school in Tamarin, I collapsed. When I regained consciousness, the people around me said I screamed and that I was violent. That I was grabbing my throat as if something was choking me.\(^69\)

\(^{69}\) This image is common in *Bakuu* possession: the *Bakuu* spirit is imagined to grab a victim by its throat.
They could not control me. Another boatman who brought the schoolchildren from Pikin Santi to Tamarin then took me home with his motorboat. He told my mother what happened. My mother said it must have been a Bakuu that my uncle sent.

After this ordeal, Emma was unable to go to school and had trouble concentrating, and it was clear that she could no longer stay in Pinatyaimi. For a year she stayed in her father’s village, but because she had issues with her stepmother, who could not stand her sleepless nights, Emma moved to Moengo with her mother, where they both stayed at their uncle’s place. When her mother moved back after a year, Emma chose to stay in Moengo with a Javanese friend, as she was afraid the Bakuu spirit would attack her again if she were to return to Pinatyaimi. Emma eventually married a Javanese man from Moengo and remained there until she was 28 years old. While she was pregnant with Opoo, she had a fight with her husband, forcing her to move back to Pinatyaimi. She has remained in Pinatyaimi ever since.

With her Javanese foster family, Emma attended the Tentrem Volle Evangeliegemeente, a Pentecostal church in Moengo. She still identifies as a Christian today and consistently visits the wakakerki service in Pinatyaimi held by the Baptists every two weeks. Emma credits her faith in Jesus with overcoming her fear of the Bakuu:

I was so scared [of the Bakuu]. I could not go from here to there. I did not dare to go anywhere alone. I was so afraid! Sometimes I heard certain sounds that I could not understand. But now I believe [in Jesus]. I don’t hear it anymore. If I hear it, I don’t believe it. I don’t believe in it anymore. I know he cannot do anything to me. The Lord Jesus protects me!

Although Emma repeatedly states that she does not believe in Bakuu anymore, the context of her statement makes it clear that she does still believe the Bakuu spirit that attacked her is real, but that its powers have been rendered meaningless by her faith in Christ. Attending the Tentrem Volle Evangeliegemeente has allowed her to recast the Bakuu that attacked her as a demon or evil spirit in service of the devil:

and drag it to the ground.
The pastor says there are good and evil spirits. I don’t really understand that, but it’s true. I have often seen people being possessed in church. The pastor then prays for these people, and then they are free. I have witnessed this so many times.

Emma is thus a typical example of a Ndyuka Pentecostal Christian who has recast the spirits known to Ndyuka as evil spirits in the service of Satan. Something similar happened with my next example, who is however not a Pentecostal Christian, but a Baptist.

**Michaela**

I met Michaela in Lantiwei, under the porch of obiyaman Ba Adam’s house, whom she refers to as her grandfather. She is originally from Pikin Santi, but for four years she has mostly been living with her sister in the Paramaribo neighbourhood of Sunny Point to attend the MULO secondary school in the capital city. Her mother and aunt still live in Pikin Santi, while her father has passed away. Although she is smart, her progress in school has been hampered by kidney problems, which make her tired and make it impossible for her to concentrate in class:

> It was on an afternoon when I first got the problems. I felt very sick. I only wanted to sleep. And sometimes I screamed as well.

Michaela is being treated by a nephrologist from the Sint Vincentius Hospital in Paramaribo, but only to little avail. Michaela and her family suspect a Bakuu spirit is behind the illness:

> The sister of my grandmother bought a Bakuu. That’s why almost everyone in my family is having problems. You see that car over there? That belonged to my uncle [i.e. Ba Adam’s son]. He died on the 2nd of May this year. He collapsed under the car. When he was in the hospital the Bakuu got to him. That’s why he died.

Although Michaela and her family trust the nephrologist in his diagnosis of the illness, they...

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70 This does not mean Ba Adam is necessarily her grandfather in the Western sense of the term. Ba Adam is a matrilineal relative of hers two generations removed.

71 MULO is the highest form of secondary education in Suriname.

72 Screaming is considered indicative of a Bakuu attack.
believe it is the Bakuu that caused the kidney problems in the first place. According to Michaela, even if the nephrologist manages to cure her kidney disease, the Bakuu spirit will keep attacking her, perhaps in a different part of her body—a clear demonstration of both modes of interpreting illness at work at the same time.

While Michaela and her family agree on the fact that a Bakuu is making her sick, they disagree on the proper way to fight the Bakuu. In a way not dissimilar to Emma’s, Michaela has decided to fight the Bakuu by going to church—in her case the Baptist church founded by Robert and Elizabeth Patton in Sunny Point. In church, she prays with the pastor to cure her illness, and when she is in Pikin Santi or Lantiwei, she prays with Sister Anne. But her mother and the sister with whom she lives in Sunny Point disagree with her decision, and have forced her to go to her grandfather Ba Adam to receive treatment:

I’m actually going to church, so I didn’t want to do bonu things, but my mother and aunt made me come here. I have to stay here until September. I have to take herbal baths everyday with an obiya that my grandfather prepares. That will take the Bakuu away. But I’d rather go to church.

Together with the general observations on the consumption of healthcare, these three examples have painted a picture of ideas about illness and health among the Cottica Ndyuka. Now the context is clear, it is time to finally turn our focus to the person at the centre of attention of this thesis.

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73 Bonu is translated as soothsaying, and bonuman is a synonym for obiyaman, mostly used by city Creoles.
9. Sister Anne

Sister Anne as a missionary nurse
As we have seen in the previous chapter, the areas of medicine most prominently associated with Sister Anne by her patients are remarkably similar to the areas of medicine associated with the missionaries of the late 19th and early 20th century: patients prefer to see Sister Anne above all for basic dentistry and surgery, for vaccinations and for midwifery. The appeal of the missionary nurse in this area is so great that it sometimes puzzles Anne herself. She argues that patients like to see her because she takes time to listen to them. But she also feel there is a psychological, almost spiritual motive to many of her patients, who seem to think that the ‘pilgrimage’ to Lantiwei itself is going to make them better:

I think the reason why a lot of the time the people choose to come to me is because they feel they’re going to get better because they came here. I have people come all the way from the capital city for me to pull a tooth for them. Well, to me, you can just get in a taxi or a bus and get your tooth pulled in the city, but to have to take public transportation all the way to Moengo, get a boat ride all the way down river, find some place to stay, get your tooth pulled, and then go all the way to the city, you know... I’ll say “why did you come all the way here to get a tooth pulled?” and they’ll say “because you’re gentle.” Or, you know, it’s psychological. I had a man come all the way from Moengo the other day. He drove all the way from Moengo here, and he said, “I hear you have good medicine.” But the pill I’m going to give him is the same he would get in Moengo, you know... it’s the time, it’s the attention... so a lot of it is psychological.

It is not the patients alone that have an almost spiritual motive. Sister Anne’s primary motivation as a missionary nurse is not to provide charity in the fashion of Saint Fabiola of
Rome, but first and foremost to spread the Word of God to those she treats. To the outside observer this is hinted at by the mandatory devotion that all her patients are subjected to before they are treated, and by the Bible verses she attaches to the medicine she prescribes. But it also transpires from Anne’s decision to focus on maternal and child health, thereby prioritizing the care of those perceived to be most receptive to the Gospel. As we have seen in chapter 4, modern missionaries have most often focussed their work on mothers and children, exactly for this purpose (Vaughan 1991: 23; Hardiman 2006b: 31–32). In an address to the Trinity Bible Church on 1 September 2002, which was attended by the missiology teachers of Bob Jones University that taught her three decades before, Anne states in very clear terms the reason of her focus of care on women of child-bearing age:

I need for God to censor my activities. I am the only nurse on the river with 2.500 registered patients. And I must remember what I’m there for. I’m not there as a social worker. I am there to see that they get the gospel of Jesus Christ. And I have had to evaluate and to see where I can best be used to minister to people spiritually, and in this last term of service I concentrated on girls and women ages ten on up—those of child-bearing age. Because they come to me for seven to eight months of their pregnancy. And when they come to clinic, they are presented the gospel of Jesus Christ. They come to me for their deliveries, and once again I have the opportunity too of sharing God’s word with them. Then they come for six weeks after their deliveries for postpartum care. And then they bring their babies for a whole year for well-baby clinic. And so I am able to hit them over and over and over again with God’s word, giving them a balanced, nutritious meal, rather than getting a few people here and a few people there.\footnote{Address of Anne Dreisbach to the Trinity Bible Church in Greer, South Carolina on 1 September 2002. Available at: \url{http://www.sermonaudio.com/sermoninfo.asp?SID=9802235327} (Accessed 8 December 2016).}

Sister Anne and the obiyaman

In a recently published book on Catholic missionary nurses from the Netherlands, one of the two sisters that worked in the Tamarin infirmary between 1970 and 1986 reflected on the
cooperation between the mission and the local Ndyuka health practitioners:

There are very skilled deesiman. For a bone fracture the locals never go to me, but instead visit the deesiman in Langa Uku. I have seen several times that the fracture healed perfectly and had healed faster than in the hospital. It is funny that the deesiman will go to me if he has something that ails him. The cooperation is excellent!\(^5\)

Although it is likely that the reflections of the Tamarin nurse provide a too romanticized perspective on the partnership, the everyday practice of Sister Anne proves that in many cases missionary medicine and Ndyuka medicine work together in a complementary fashion, with the missionary nurse and the obiyaman cooperating to quite a high degree. According to Sister Anne, obiyaman Ba Adam regularly asks if he can refer to her patients that first came to see him, which is never a problem, and Sister Anne says she has no issue with her patients taking what she refers to as ‘bush medicine’ as complementary treatment, as long as they do not use ‘witchcraft’ with it. When the daughter of the obiyaman, whose relationship with Sister Anne I will discuss below, once broke a bone, Sister Anne and the obiyaman even worked together, with Anne aligning the bone while Ba Adam applied a herbal poultice.

Two characteristics set Sister Anne’s missionary practice apart from the Catholic mission, however. In the first place, Sister Anne is a single missionary in a Ndyuka village, whereas both Catholic nurses operated from a mission station that was founded as a permanent Catholic enclave in Ndyuka territory. To a far higher degree than the Catholic nurses that preceded her, Sister Anne depends on the cooperation of the local population. She acknowledges this in her address to Trinity Bible Church:

\(^5\) Translated by the author. The original citation is in Dutch, and first appeared in a newsletter of the mission published in 1977: “Er zijn heel goede dressiemannen. Voor een beenbreuk bijvoorbeeld komen ze nooit bij mij aankloppen maar gaan ze regelrecht naar de dressieman van Langaoekoe. Meerdere malen heb ik gezien dat de breuk prima genezen was en vlugger dan in het ziekenhuis. Het is leuk dat als deze dressieman als hij zelf wat mankeert naar mij komt om hulp. De samenwerking is prima!” (Van der Veen & Verhoeven 2005: 210).
You might laugh at this, but another area [in which you need to pray for me] would be the need for help or a way to do it myself. Now, I have a little camp stove and it runs off of gas and it comes in a bomb\textsuperscript{76} that weighs a hundred pounds. And that bomb has to be taken from the river up to my house. I can’t do that by myself. So, I usually do have to ask somebody to help me roll that bomb from the river up to the house, set it up right so I can hook it up to my camp stove. Sometimes my refrigerator, which is a solar refrigerator, stops working. Or my plumbing gets clogged up. And you here in America would probably ask your husband to take care of it, but I have to make sure and try to do it myself, before I ask another missionary’s husband to do it. Besides, that’s several hours away. So I’ve learnt to unplug plumbing and I’ve learnt to get down on my hands and knees and figure out what to do with the solar refrigerator, and I’ve learnt a 101 other things to do too...

But I do try to have a balance once again. I do not want to be so independent that I will not have help when I need it. For example, I can have a very critically ill patient that needs to be evacuated to a hospital. Let’s say a person is haemorrhaging. I have IVs going, oxygen going. I can’t run down to the river and let the boat’s chains down to get the boat into the river and put the outboard motor on, and transport my patient, holding the IV and the oxygen and everything else... I need help. And so I’ve learnt to use the villagers. All I have to say is I need help. Men come running to transport the patient and put the patient in the canoe, somebody else runs in and grabs all the dirty linen of the bed, somebody else goes into my house and grabs my dirty dishes to take to the river to wash. I have help.\textsuperscript{77}

Curiously, it is the obiyaman and his family on which Anne depends most: she employs the obiyaman’s son Desi as her boatman and his daughter Jenny as her housekeeper. The latter person comes closest to a friend during Anne’s long periods of isolation from the other people of the Baptist mission. Anne always enjoys her meals together with Ba Adam’s daughter and in

\textsuperscript{76} Like most people in Suriname, Anne uses the word ‘bomb’ to refer to the cylinder the gas is stored in. This use of terms was the cause of many misunderstandings during my fieldwork in Suriname.

\textsuperscript{77} Address of Anne Dreisbach to the Trinity Bible Church in Greer, South Carolina on 1 September 2002. Available at: http://www.sermonaudio.com/sermoninfo.asp?SID=9802235327 (Accessed 8 December 2016).
the evenings, when many people go the front of the village to have a drink or play a game near Ba Adam’s house, Sister Anne often goes along to take a seat next to Jenny. During the countless times she had to evacuate a patient to a hospital, it was always Ba Adam and his family that assisted:

If we had a medical emergency, especially in the early years, Ba Adam would always go along. Desi and Jona would be the boat drivers and help me get the patient out of the canoe and into a vehicle and go all the way to the city with me, because it was before ambulances... and I was the ambulance... The government doctor would call ahead and say “Sister Anne is coming with a medical emergency” and the ferry would be there to meet us and take us across... and they could put us as the last car on so we could be the first car off on the other side. They would call the hospital and the hospital team would be there with a stretcher when we got there with the patient... Anyway... Ba Adam would somehow rather jump in the boat with us and go along.

It is thus safe to say that without the cooperation of Ba Adam and his family, Sister Anne’s practice in Lantiwei would not be able to function. Both healthcare practitioners of Lantiwei seem to be in a symbiotic relationship.79 However, not all is hunky-dory between Sister Anne and Ba Adam; the second characteristic that sets Anne apart from her predecessors in Tamarin is her Baptist perspective on Ndyuka medicine, in which Ndyuka divination and spirit possession are not seen as mere idolatry but rather as devil worship.80 It is interesting in this regard that the Catholic nurse cited above insists that a bone fracture heals faster at a deesiman than in the hospital, a fact that seems

78 Jona is another son of Ba Adam’s.
79 For sure Ba Adam also profits from his cooperation with Sister Anne.
80 At one point in my interview with her, Sister Anne also seemed somewhat jealous of Ba Adam’s success: “Ba Adam and Adjai won’t share their secret because want it to be theirs, and so... people come from Holland to them, people come from the Caribbean to them, people come from the city. They’re not going to want to give up their secrets... And he is a very clever... he’s a very sly man... And so I just... I just pretend that I’m believing everything he says when I know that he is probably pulling the wool over my eyes...”
undisputed today as well. However, in contrast to the Catholic nurse in the citation above, Sister Anne has a very clear view on the reason why a bone fracture heals faster at an obiyaman than at her clinic (emphasis mine):

They for sure will go to the bonuman\textsuperscript{81} for a broken bone. The bonuman does have poultices and things that they will put on, but mixed with their witchcraft the bone heals very, very fast. They put the person into isolation, the person is not... A women of child-bearing age is not allowed in the room to help with the care of the patient and all of this... And they do their praying to the spirits and seeking assistance of the spirits... And they do that too for snake bites. The poultice helps and they know what leaves they collect and everything. But it’s really not... What I’m saying is that the paste is soothing. \textit{It’s the witchcraft that they are doing with it that actually heals the bone.}

It is this insistence on the power and wickedness of the rituals of the obiyaman that makes Anne’s interaction with Ndyuka medicine starkly different to the rather uncomplicated cooperation of the Catholic nurses that preceded her. In my interviews with Anne on her interaction with Ndyuka medicine, this topic came up over and over again.

\textbf{Sister Anne and the demonic}

Whereas Anne abhors and rejects as Satanic the divination rituals used by the obiyaman in his healing practice, she is truly terrified by instances of spirit possession. Anne still vividly recalls the first time she encountered a woman who was possessed by what looks like a yooka spirit:

\begin{quote}
When I was first moved down here... I was raised in Africa and I had always been around Muslims... they’re not animists... And so, when I first moved down here it was sort of a new thing to me... and one day I saw this lady walking, coming this way, she was walking like a man... And there was this man’s voice coming out of her, and it was saying “I’m going to see the white lady... I’m going to see the white lady...” And I thought, “well, I’m the only white lady around...” And it got closer and closer and I’m thinking “what am I going to do, how am I going to react, you know...” I was young, it was all new to me...
\end{quote}

\textsuperscript{81} As discussed before, bonuman is a synonym for obiyaman mostly used by the Creoles.
And Koempie came from somewhere and he went right up to that woman and he says to the man’s voice that was coming out of this woman “you do not know this woman, you knew three white ladies at such and such a place, but you don’t know this one, and I demand that you leave this property!” And this man’s voice says “hmmm... I am not welcome down this property, then I guess I got to leave.” And it turned around and stomped off the property.

Once the lady had left, Koempie says: “the voice coming out of her was her father’s. They claim she has her father’s spirit.” And he said: “I recognized her father’s voice, and so he knew what spirit was being impersonated.” So Satan is a liar and the father of lies and he leads these people to believe that the evil spirit speaking out is a relative, or an ancestor or something.

Anne has little patience with people that doubt the demonic nature of spirit possession. She remembers two Peace Corps volunteers of whom one worked in Lantiwei and one in Pikin Santi, who on separate occasions ‘pooh-poohed’ Anne for suggesting evil spirits exist. According to Anne, both came to regret their contempt as soon as the first rituals were performed in the respective villages.

What I found interesting is that Anne seems to have taken over a dualistic understanding of illness from the Ndyuka, in which an affliction can be attributed to both a physical and a supernatural cause. This is most apparent in the story Sister Anne tells of a girl from Wanhatti, who suffered from seizures:

There was a girl from Wanhatti that was having seizures... grand mal seizures. I never saw it, but they would bring her and they would say... Whatever they explained, to me it sounded like she was having seizures... And I would beg them and say “we would need to get her to the city where they can see what’s going on in her head, what’s causing the seizures, and then they will know how to treat it!” But they wouldn’t go... And I mean, then she would evidently jack-knife off a bed and land on a couple of rum bottles and break all the bottles and then she would get cut and all this kind of stuff. But I actually never saw the seizures myself.

Well, then one time I was in the village and they said “Come quick! Come quick!” And here
she was, flaked out, on the bed... not responsive to anything, I could pinch her, knock her... nothing... But when I looked at her eyes I thought, “this is demonic! There is an evil spirit!” So I went out and went to the father and I said, “this is demonic! Why didn’t you tell me?” And he said, “we were seeking help on every side.” So they never told me that she would actually have demonic attacks... There are demons that will attack and the person can sense they are being attacked and all that... They’re being choked and all this kind of stuff...

In the end I finally got a sister of that girl to take her to the city and she did have what they called... I think they call it cluster seizures... So she really did... It was seizures... She has seizures and demonic... It’s demonic... She has both problems. So it’s two things mixed together...

The story is the best illustration I have hitherto heard of the two modes of interpretation at work at the same time: as the seizures itself are seen as evidence of spirit possession, it cannot be argued that spirit possession preceded the seizures as its underlying cause. Instead, the seizures are presented as reflections of both a demonic illness and of an abnormality in the girl’s brain—“it’s two things mixed together” in Anne’s own words. It is surprising and fascinating that this story was told by a Baptist nurse instead of a local Ndyuka.

As we have seen in chapter 6, Darrell Champlin claims that he confronted obiyaman Apotu in a fire dance not long after he founded his mission station in Rikanau Mofu. By contrast, Anne has never challenged an obiyaman in his own domain of spiritual healing, staying true to the doctrine of cessationalism. When I asked her if Christian faith healing and hand-laying is practiced in the area, she responded negatively:

Not by me! It is done a lot in places like the city and in Moengo... I am of the belief... when you look at Scripture... a lot of miracles took place at the time when Christ was here on earth... And it was to prove he was the son of God that came to earth... And a lot of miracles took place... But once that age was over, and once the word of God... God has given us in his Word, what he wants us to know about him and about his Son, and so all of this miracle things, they’re not relevant for this time...

And if you pay attention, a lot of this faith healing stuff is hoaxy stuff, it’s faky stuff. And
people are making lots of money off of it... and it’s wrong, it’s false! We don’t do that... I don’t do that! There are some illnesses that are the result of sin... And you can ask forgiveness and God can heal you. But you don’t need all of this hocus-pocus stuff...

Anne’s perspective on spiritual healing thus reflects the dilemma that is typical of Baptists and that was described in chapter 6: on the one hand she believes the obiyaman’s spiritual healing is effective because he invokes the evil power of spirits, but on the other hand she believes that spiritual healing in a Christian can only come about by personal repentance and prayer, something a third person like herself can offer little assistance with.

Anne’s belief in the spiritual powers of Ndyuka medicine is not without bounds. As the healing is performed in the service of Satan, who is not after the well-being of his servants but rather aims to increase his power, Anne believes the healing is often only temporary or superficial. According to Anne, the underlying illness is likely to return in exacerbated form after treatment by the obiyaman:

Satan is very powerful. There was a lady at Pikin Santi, she was in her eighties, she was bed-ridden. Actually I went every couple of weeks, checked her blood pressure, gave her medicine, cause she had been a hypertensive patient for years. She had cardiac problems... So she was on cardiac medicine plus the hypertension medicine and all of that... But she had been bed-ridden for several years... Well, they brought her to this village to do witchcraft...

She had an evil spirit that would actually utter forth from her at times... And they claimed it was the spirit of somebody who had died many years before and that she was the third person that this spirit had endwelled, so they brought her to this village and they did one of those ceremonies... it was a whole weekend of ceremony where they cooked food and gave out the food to the spirit... they put it on a banana leaf on the ground out there for the spirit to come and eat... and then they did all-night dancing to entertain the spirits and all this kind of stuff. So it was a Friday, Saturday and Sunday that they did this for this lady, and they... you know she was carried into the village... She was bed-ridden.

On Monday she walked to clinic with a walking stick! Sat on the porch, talked to the patients like there was nothing wrong with her. Came in, her blood pressure was as high as it ever
was, her heart wasn’t working any better than it had ever worked, but she walked to clinic and she had been bed-ridden... The witchcraft worked! And then she went back to her village and about a week later she died... But see... The devil convinced them... But he is the god of this world, and he is powerful! We have to recognize the power of Satan...

Anne’s belief in spirits also does not keep her back from ridiculing the beliefs of many Ndyuka; in my interview she for example scolded Ba Adam for putting an obiya in the car to prevent him from having an accident. She displayed similar contempt for a Ndyuka woman who attributed her illness to possession by a Papágádu spirit:

André [a man from Pinatyaimi]... had a sister named Lena... And she was beautiful... A very attractive young woman... And when the war broke out they all fled over into French Guiana. When she came back after the war—so it must have been around 1992 or something like that—Lena came to clinic one day, and she sat right where you are sitting and I thought, “well I recognize this person, but...” See, it had been six years, and she had been a teenager when she fled, so now she was an adult, I said “what is your name?” And she says “you don’t recognize me?” I said “well, I see your face, but I can’t put a name with it.” So she called her name and I thought “oh my...”

She was so... she wasn’t beautiful anymore, she was all drawn and haggard and everything, and her stomach was sort of swollen, so I thought she might be pregnant... She said something about being pregnant, so I went to put her on the table, and there was this mass inside of her... If you say surgery, they go ballistic... So I said “I’m going to send you to the doctor, he is going to examine you, and then he is going to tell you what needs to be done.” You know, I didn’t say “you have a mass, you have cancer...” I didn’t say anything.

She says, “oh sister, I can’t be helped with medicine.” I said, “what do you mean?” She says, “when we were over in French Guiana I worked on...” Evidently the French Guyanese people allowed a lot of these refugees to work gardens for them... And so they had a garden... She worked in a garden... So in cleaning the garden and everything she saw a Papágádu sineki...⁸² which I guess is an... I’d have to look it up, but it’s one of the poisonous

⁸² A Papágádu snake, i.e. a boa constrictor, which is thought to be the vehicle of a Papágádu spirit.
snakes... And they believe that the *Papágádu* has an evil spirit... So you don't kill a *Papágádu*... She said "I saw a *Papágádu* sineki, so that is why I am sick!"

I plead with her to go to the doctor, because I could feel this mass here... Well, she wouldn’t go... she came for me to give her vitamins and iron and everything, but she would not come for the real problem. Until one day she was in Moengo and she was so swollen by this time, that as sister-in-law took her to the poli in Moengo and they put her in the ambulance and took her to the city, and they drew off litres and litres and litres of fluid... She was just full of ascites, and she could breathe again and she felt better, and everybody was happy for her. But I knew she had something that was terminal because she hadn’t done something about it when something could have been done...

By this time several years had passed. So then, periodically I think, she had to go back and they would draw off all this fluid... Well, she finally died and she died very young, like in her in early thirties or something like that... But so that goes to show... You know, believing in seeing the snake in the garden as the cause... They’ll often come and they’ll say “it is not something that can be treated.”

Whereas Anne thus does not seem too impressed by the *Papágádu* cult associated with the boa constrictor, the modern *Bakuu* cult fascinates and terrifies Anne. Halfway through my interview with her, Anne brought up the *Bakuu* spirit by herself. She struggled a bit while trying to explain the concept to me:

Have they brought up anything that is called *Bakuu*? It’s a witchcraft that you can actually purchase... and sometimes it even comes in a package from Holland or from another country and you buy it... It is something that you purchase and you... nourish it... you give it food and everything... Obviously, it is not going to eat... you put food next to this box or whatever... But it obviously doesn’t eat but it... you do nourish it... within a family... and a spirit... you can’t box in a spirit, you can’t put a spirit within four walls. It’s... a spirit moves around... something that you and I can’t see... Now if they can understand that or not, I’m not sure...

Even though Anne seems to have her reservations with the idea that the spirit is kept and
nourished in a box, Anne fully believes in the powers and potency of the Bakuu:

It is a known fact that people die that... they didn’t die because there was something wrong with them... the spirit killed them... And this Bakuu speaks through somebody and says... I am going to drink blood at such-and-such a family or in such-and-such place, people are going to die.

To illustrate the devastating effects of the Bakuu, Anne tells the story of the death of a man from Pinatyaimi:

A couple of years ago a man came to my clinic, he was in his early forties... He looked like a specimen of health and he came into the clinic and he says “Sister, I am going to die...” and I thought: you don’t look like you are going to die... But I checked all of his vital signs. I could not see anything wrong with him... I checked his urine, I checked his haemoglobin, I checked everything... I did everything I could do in this clinic. I could not see anything wrong with that man...

So then he comes back a couple of days later and he says... And he sat at the end of the porch... “I really am going to die...” And I am thinking... you don’t look like somebody that is going to die! A specimen of health! So I asked some people, I said, what does he do in the village? I said, is he working or is he just sitting... They said... Oh he is going to the garden with his mother and he is carrying hundred pound sacks of roots on his head to go plant in the garden... Climbing over logs and everything... you know... he was working like any man would work. And I’m wondering “what makes him think he’s going to die? What is he feeling?” You know...

And one day they came and they said “he is dying, he is dying!” So they rushed me across the river and I’m gone with my stethoscope and my blood pressure cath and everything else... and they had the man on the floor in Sa Kale’s house... And the man died! And so I pronounced him dead, I walked out, and Sa Loliki, who I said was the traditional midwife, was sitting on her doorstep, which is that building right next to where we had church... She was sitting there and she was crying... And she says “I am so sorry!... I didn’t mean to do it... I am so sorry! and didn’t mean to do it...” And it was a known fact that she had bought one
of these spirits, one of these Bakuus.

Like the other residents of Lantiwei and Pinatyaimi, Sister Anne thus remains captivated by the Bakuu cult. With similar fascination, she tells about the recent death of Ba Adam’s son Ardo, whom she delivered and named after her father, and who died on the 2nd of May in a Paramaribo hospital after having collapsed while working under his car. According to her, it is common knowledge in the village that Ardo died of a Bakuu attack, even though it was also shown in an MRI scan that he suffered from a brain aneurysm. In this case again, Anne has taken over the dual mode of interpretation of illness and death from the Ndyuka.

I find it interesting that Anne seems so captivated by the Bakuu cult while she continues to speak so disparagingly about the Papágádu cult and the habit of putting an obiya in one’s car to prevent oneself from having an accident. While one of the reasons for her to be so fascinated by the Bakuu cult could well be its contemporary salience, it could also have something to do with the similarity of a Bakuu spirit with demonic spirits found in the Bible. From a Christian point-of-view, the idea that a spirit can have both detrimental and beneficial qualities, which is a key characteristic of spirits of the Ampúku, Papágádu and Kumanti pantheons, seems strange. Bakuu spirits are conceived of as the “very epitome of evil” (Van Wetering 1992: 109), and therefore perhaps more compatible with Anne’s Baptist worldview.

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83 Many Ndyuka have both a Christian and a native name. Anne’s father was indeed called John.

84 This leaves one wondering if Christian missions and churches have contributed to the explosion of the Bakuu cult in recent years. This, however, should be the subject of another thesis.
10. Conclusion

This thesis has filled a gap of knowledge about medical missions by providing a case study of a Baptist nurse interacting with local forms of medicine. It is striking that Sister Anne conforms precisely to the image of a medical missionary nurse from the turn of the 20th century portrayed in the scant literature available on the topic: Sister Anne is still primarily associated with basic dentistry and surgery, vaccinations and midwifery, areas of medicine then already considered the strongest points of missionary medicine, and Sister Anne still focuses her medical attention on women of child-bearing age—the demographic considered most receptive to the Gospel—as, like her predecessors from a hundred years ago, religious conversion rather than charity is still Sister Anne’s primary motivation. But what this thesis adds to the existing literature is a reflection on her interaction with the local healer Ba Adam, a topic that as far as I am aware of has not been thoroughly dealt with in anthropology before.

Sister Anne depends on the cooperation with obiyaman Ba Adam and his family to such an extent that her clinic is unable to function without their help. Ba Adam’s daughter Jenny serves as Anne’s housekeeper and his son Desi as her boatman, and when a person needs to be evacuated, it is Ba Adam and his family who provide transport. Ba Adam profits from the cooperation by sending patients he is unable to treat over to Sister Anne’s, but Sister Anne equally does not mind if her patients also consult Ba Adam, as long as they don’t do ‘witchcraft’ with it. In some cases, Sister Anne and Ba Adam have even worked together on a single patient. Also when it comes to social needs does Anne depend on the family of Ba Adam: she always enjoys dinner with Jenny and often accompanies her for an evening drink near Ba Adam’s house.

The cooperation is so tight that I propose symbiosis is a proper term to describe it—the
cooperation of Sister Anne and Ba Adam can be characterized as a “the living together of unlike agents,” to adapt on Anton de Bary’s definition of symbiosis in the natural world. Much of this symbiosis may prove a peculiarity of Anne’s; as we have seen, Anne works as a single missionary in a village solely inhabited by Ndyuka, whereas the Catholic nurses that preceded her worked from a village founded as a permanent Catholic enclave in Ndyuka territory. Still, in the only fragment I could find in which a Catholic nurse reflects on her cooperation with the local healers around Tamarin, a similar image emerges: the nurse understands that patients prefer to see the local deesiman for bone fractures because she agrees they heal faster at his clinic, while at the same time she happily treats the deesiman in case he falls ill.

The symbiosis of Sister Anne and Ba Adam goes much further than the coquetry of the Catholic mission with the Ndyuka iconoclast and religious leader Wensi in the 1930s. The image emerging from the literature on that historical episode is that the Catholic mission wanted to use Wensi’s Amanfu cult to help integrate the Ndyuka of the Cottica river area into the mission’s structure, while Wensi primarily saw the Catholic mission as an ally in his vision of progress. As Anne abhors and rejects the spiritual side of Ba Adam’s medical practice as a form of devil worship, she would never enter into alliance with him for this purpose. For Anne, the cooperation with Ba Adam is rather a necessity for her survival.

Symbiosis—and cooperation between missionaries and local healers in general—is relevant because it challenges the assertion that Christian missions operate their missionary clinics purely from a perspective of civilizational superiority, thereby refusing to work together with their ‘inferior’ pagan counterparts. This not only puts the mission in a less colonialist light, but it also emancipates local healers from a portrayal as practitioners of a ‘traditional’ form of medicine now superseded by the ‘modern’ medicine brought on by the missionaries (cf. Pierre 2006). As both the Catholic and Baptist nurses agree that Ndyuka medicine is superior when it comes to bone fractures—in the case of Anne even because she believes in the spiritual powers of the obiyaman—the idea that the introduction of missionary medicine entailed a form of

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85 Heinrich Anton de Bary (1879) famously defined symbiosis as “the living together of unlike organisms” (in the German original as “das fortwährende und innige Zusammenleben ungleichnamiger Organismen”).
progress on all fronts from the ‘traditional’ medicine practiced before proves fictitious, at least from the point-of-view of the missionaries themselves. An investigation of the interaction with local medicine from the perspective of a missionary nurse thus leads to the conclusion that there is no hierarchy between the two forms of medicine provided; the missionaries view the Ndyuka obiyaman and deesiman as their equals, although with different strengths and weaknesses.

Sister Anne and Ba Adam are indeed ‘unlike agents.’ For Sister Anne, it goes without saying that the divination rituals performed by Ba Adam are Satanic and that Ndyuka spirit possessions are demonic, and views that challenge this idea—as expressed by two Peace Corps volunteers—are met with great contempt as they clash with her Baptist missionary doxa. However, over the course of more than thirty years, Anne has found a way to integrate some Ndyuka ideas on the spiritual causes behind illness into her own Baptist outlook. We are provided with a glimpse of Anne’s early struggle with Ndyuka spirit possession in the story she tells about her confrontation with what seems to be a yooka medium: as her parents missionized Muslims, she had never witnessed a spirit possession before and had no idea how to respond, making her stand helpless in front of her house until the Ndyuka missionary Koempié interfered on her behalf. Today, Anne talks about demonism and spirit possession as if she were talking about the weather: it is common sense for Anne that a bone fracture heals faster at Ba Adam’s clinic because he invokes the help of ‘evil’ spirits, and it is without doubt that many people die today because a relative bought a Bakuu.

Still, Anne’s interpretation of these phenomena remains dictated by the dispositions of her Baptist habitus. She experiences similar difficulty to her Baptist colleagues in dealing with spirits and demons, because she has remained faithful to one of the core tenets of her Baptist faith: as a true cessationist, Anne believes that Christian faith healing and other Christian spiritual gifts only served to authenticate the divine nature of Jesus’s message in the Apostolic Age, and have ceased to operate in the world of today. This does not only render all instances of spirit possession automatically Satanic or demonic, it also limits Anne’s response to them: the only thing she can offer to victims of what she perceives as demonic attacks, is pastoral council in repentance, Bible reading, and prayer.

The best illustration of the appropriation of Ndyuka concepts and ideas to Anne’s
Baptist habitus is her rendition of a story of a girl from Wanhatti suffering from seizures. When Anne first saw the symptoms for herself there was no doubt in her mind that the girl was possessed by a demon. But after the girl, on Anne’s instigation, was taken to a hospital in Paramaribo, and was subsequently diagnosed with cluster seizures, this did not affect the validity of Anne’s original diagnosis. Like the Ndyuka among whom she lives, Anne contends that seizures can be an expression of demonic possession and of an abnormality in the brain, at the same time.

Anne’s appropriation of Ndyuka ideas of health again demonstrates the legitimacy of Jemima Pierre’s critique. In the few studies of missionary medicine done before (e.g. Hardiman 2006b; Lazich 2006), missionary doctors and nurses are often portrayed as pioneers of ‘modern’ medicine in the colonies, and thus as—often unintentional—agents of modernity. On the other hand, studies of non-Western forms of medicine have, by their emphasis on the divinatory aspects of these forms of medicine, contributed to the perpetuation of an image of non-Western peoples as ‘Others’—despite the emancipatory intentions of many of these studies’ authors. By focusing on the interaction with traditional medicine from the point-of-view of a Baptist nurse, this thesis has demonstrated that an opposition between ‘traditional’ non-Western medicine and ‘modern’ missionary medicine, is a fiction.
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