



Figure 1: School in Tami (PNG) with missionaries Hoh and Bamler.

Identities of Indigenous and missionary cultures in German New Guinea

Cultural changes through medical work carried out by the Neuendettelsau Missionary Society

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Abstract: The German colonial period in Papua New Guinea (1884-1919) involved profound changes in culture and identity – for Indigenous peoples as well as for missionaries and administrators. In 1886, the first Lutheran missionaries from the Neuendettelsau Missionary Society arrived at Finschhafen in Kaiser-Wilhelmsland, initiating many first contacts between Indigenous communities and European medicine as missionary societies played an important role in establishing medical facilities. This article explores similarities between traditional Indigenous spirituality and missionary beliefs in a medical context. In both cultures, medical topics like illness and healing were linked to metaphysical ideologies, which provide the basis of my contention that medical work could interfere with, and transform Indigenous beliefs and identities. However, for the purpose of evangelisation, the missionaries also adapted their theology and spiritual conceptions of illness to Indigenous spirituality. The use of medical care for missionary purposes is a good example of how changes of culture and identity interacted and were accommodated by both parties. I explore whether the two cultural identities evolved and changed to meet each other.

Keywords: Papua New Guinea, mission history, medicine, Neuendettelsau Missionary Society

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Introduction

In 1886, the first missionary of the Protestant Neuendettelsau Missionary Society, Johann Flierl, arrived at Finschhafen (today Morobe Province) in what was then called German New Guinea. Only two years earlier, in 1884, the German colonial period had commenced with the arrival of the ethnologist and colonial explorer Otto Finsch at the same place (Hiery 2017). Finschhafen is 80 kilometers east of Lae on the Huon Peninsula in Morobe Province, Papua New Guinea. The Germans abandoned it in 1901, but the surrounding area featured in the Second World War, with first Japan and then the Allied forces developing military facilities and airstrips.

Photographs from this period show strong contrasts. White men in white clothing met Indigenous people wearing little or no clothing (Figures 1 and 2). Missionaries pose in close proximity to local people, aiming to depict a “brothers and sisters” relationship (Eves 2006). The images reveal the major differences between Indigenous cultures and Europeans, meeting for the first time.

I consciously speak of cultures, because missionaries were faced with diverse Indigenous tribes, and Indigenous people encountered different European cultures – for example missionaries but also colonists with different cultural attributes. This led to a multitude of varied first contact experiences, even though there were some shared features (Hiery 1992).

From today’s perspective, it is impossible to find out what really happened back then – even though historians often aim to “reconstruct the past as it really was” (Neumann 1989). Unfortunately, any “constitution of historical facts” (Lévi-Strauss 1966, cit. in Neumann 1989) is biased given the eclectic but partial selection of sources. Therefore, it is inevitable that there will be always more than one history, more than one truth. Despite the necessary bias of historical research about this period and in these places, it is still interesting to glimpse part of this history.

Nowadays in Papua New Guinea (PNG), stories about the time of first contact are still being told, again and again. I personally experienced these partial accounts when staying as a volunteer at Mission EineWelt (which fol-



Figure 2: Arrival of Otto Finsch in German New Guinea 1884, painter: Moritz Hoffmann.

lowed from the Neuendettelsau Missionary Society) in Finschhafen in 2009. People told me about the missionaries bringing ‘light’ to New Guinea, which had been held in ‘darkness’ before (cf. Barker 2003; Neumann 1989). They are referring to an assumed “original” state of Papuan culture, to the constant tribal struggles and conflicts caused by blood revenge, from which they were supposedly liberated by evangelisation (Hiery 1992). This current local view is rather astonishing, since it runs counter to decolonial views of an oppressive colonial presence. And it motivates to have a closer look at the very beginning of the shared history between Europeans and Indigenous peoples in Papua New Guinea.

Cultural negotiations and changing identities

When two cultures clash, especially if they intend to co-exist, they have to adapt to each other. Cultures start to change: new identities have to be found. But back in the late 19th century, missionaries were sceptical of this view.

Most missionaries upheld the idea of their colonial “civilising mission” [Zivilisierungsmission] (Conrad 2008:26). They considered their own culture as superior by defining Indigenous cultures as inferior, and did not intend to change their own – they aimed solely at the cultural enhancement of Indigenous peoples (Eves 2006). As far as the sources reveal, Papuan cultures did not share this view either. Obviously, they did not perceive their own culture as inferior (cf. Hiery 1992), so we might assume that in the beginning, an adaptation to the missionary culture was not their goal (cf. Bamler 1900).

Nevertheless, colonial and missionary research increasingly tells the story of an entangled history (Habermas & Hölzl 2014). In particular, the recent history of missions shows the entanglement of German colonialism and local responses, with interaction between different actors and in negotiations of religious and secular interpretational hegemony as well as cultural exchanges (Ratschiller 2018). To reveal the entanglements of cul-

tures, different perspectives from variable vantage points are necessary (ibid 2018). One of these is medical history, revealing different points of view on shared anthropological states: the human body, illness and disease, birth and death. According to Hölzl, the human body is the “place” in which power and identities are negotiated – the identities of the people examined and also the identities of those who examine (Hölzl 2011). Therefore, we can extend our interrogation of missionary practices to knowledge of the body, cultures and identities, as well as re-negotiations of spirituality and philosophies of life (Ratschiller 2018). Medical work set some of the preconditions for cultural exchange between missionaries and Indigenous people. As historical research shows, proselytisation often led to “disenchantment” and “rationalisation” of the body (Ratschiller 2016:15), as missionaries taught hygiene or treated diseases with Western medicine. There were religious negotiations that took place as part of this (Höpflinger 2016).

This article highlights the ways that, in the missionary work of the Neuendettelsau Missionary Society in German New Guinea, missionary medical treatment dealt with topics such as illness, disease and death. To what extent were these central for the negotiation of religion and spirituality? They certainly led to cultural change – all protagonists were knowingly or unknowingly altering their views, their behaviour, their beliefs and their convictions. I trace how these cultural processes took place, asking: in the New Guinea of the colonisation period, did different cultural identities evolve and change, meeting at some point?

Remarks on methodology

As mentioned, the article is concerned with the Neuendettelsau Missionary Society in Finschhafen, and covers the period from 1886 to 1919. I collected missionary periodicals and missionary diaries as well as non-published letters and other archive documents. This historiographical research was conducted in the frame of a doctoral thesis in medical history (Kittelman forthcoming).

These available sources are quite challenging in different ways. As there is a lack of written Indigenous sources (Fugmann 1986), it is necessary to

work with others, most written from a Western perspective. And of course, I am mindful of my own perspective as European researcher. Obviously, missionary sources always bring their own ideological views and falsifications with them, as they reflect one type of colonial perspective (Gründer 1982). Published documents were often intended to solicit donations to missionary societies, so they emphasised stories of success (Jensz 2018). Moreover, falsifications in letters, memoirs and autobiographies abound, as the authors only told what they wanted their readers to know.

These are known problems for the interpretation of historiographical sources. To get an idea of an Indigenous perspective, “reading against the grain” is recommended (Douglas 1994:354). This method focuses on rare passages that contradict the common stories and ask questions that the sources did not intend to answer (Ratschiller 2016). Furthermore, it is useful to search for discrepancies or even conflicts, revealing a little of a local perspective. Very short or subordinate clauses or single sentences can reveal the complexity of missionary history which is hidden at first glance.

Medical missionary work and cultural transformations

What is the link between medical work and changes of cultures and identities? Since missionary societies played an important role in establishing medical infrastructure in colonial times, they were often responsible for the first contact between local communities and European medicine. Thus, medical work served as medium for quite close interaction and exchange between missionaries and Indigenous peoples – arguably much closer than preaching the gospel verbally.

Medical work – and this includes both colonial and missionary medical work – is mostly seen as a humanitarian act. Usually, in spite of the many criticisms of missionary work, building schools and medical infrastructure is acknowledged as a contribution to local development (Mückler 2018). But medical work has special potential to interfere with Indigenous beliefs and identities. The article asks to what extent medical work was instrumentalised for the evangelisation of local communities, and it also discusses how

the missionaries’ own cultural perceptions of illness and disease were transformed in the encounter.

Cultural preconditions and cultural intersection points

As far as missionary sources reveal, in Papuan cultures, illness (and this includes diseases, epidemics, accidents and injuries) and death were connected very closely to “sorcery” (Kirchliche Mitteilungen 1898:10). No illness developed without sorcery. But sorcery was also considered essential for healing.

As there are very few historical documents revealing insights into Indigenous understandings, more recent local ethnography can assist. The cultural thoughts and findings of historical documents and current descriptions are not directly comparable, as there is an era of changes in between and a “syncretism” has developed (Frankel and Lewis 1989:33). But ethnographic documents can develop a more reflective and broader understanding of historical missionary documents. Current ethnography still describes a very close connection between illness, healing and spirituality (Barker 2003; Street 2014). While analysing concepts of illness, it is essential to be aware of Western biases and interpretations. For example, Mayer (1982) has shown that Indigenous understandings of “illness” can be categorised in different ways. Didn’t missionaries back then face similar misunderstandings? And what about descriptions, “that Western medicine can deal with symptoms and local medicine with causes” (Frankel and Lewis 1989:30, cf. Mayer 1982)?

Thinking about cultural concepts can help reading and understanding missionary ethnographic sources. In historical sources, views and experiences around sorcery were quite central for the missionaries. They considered this culture of sorcery as “dark” and “cruel” and in this sense inferior – and so it lent the perfect justification for their own civilising mission – basically the justification for their stay in New Guinea (e.g. Eckart 1997; Kirchliche Mitteilungen 1893). As one of their main achievements the missionaries themselves described that they liberated the Indigenous people from the fear that was connected to sorcery (Neuendettelsauer Missionsblatt 1919).

But if we try to look beyond the



Figure 3: Missionary Pfalzer with Papuan people to be baptised, 1914.

missionary view, we discover something else. We find some evidence that Papuans were not caught in fear of sorcery (as missionaries often liked to claim) and that they did not feel the need for salvation. For example, we have the voice of Dr. Otto Schellong, former doctor of the New Guinea Company, who had been stationed in Finschhafen shortly before first missionaries arrived. In a letter to the missionary Christian Keyßer in 1941, he recalled that he did encounter superstitious beliefs, but that he did not have the impression of a fear of sorcery among local people (AMEW 1941). We can find similar references if we look more closely at missionary sources. The report of missionary Leonhard Wagner in 1903 is a striking example. Besides the usual missionary staple of the “fear of sorcery” he cogitates that sometimes he had the impression that Indigenous people “felt quite well in the waste land far apart from God” (Kirchliche Mitteilungen 1903:60).

The sources even reveal intersectional points between the two cultures, perhaps more than some missionaries even wanted to notice. On the one

hand, missionaries sought to distance themselves from this, in their view, inferior cultural aspect of sorcery. On the other hand, Papuans obviously did not differentiate between their own practices of sorcery and Christian prayer. For example, only one word (“*tamingau*”) in the Indigenous language of the island Tami was used equally for both practices (Kirchliche Mitteilungen 1891:67). Another report states, that the Indigenous people were pleased with the missionaries’ abilities to “conjure”, as they called praying (Kirchliche Mitteilungen 1892:23). This Indigenous view shows something essential: even if missionaries felt superior in their own religion, the Indigenous and the missionary religious practices did have some similarities, which were at least noticed by local people. Both missionaries and Indigenous people “explained their worlds and their experiences in religious terms” (Douglas 1994:356).

In the medical context, this is especially evident – given that sorcery as well as Christian prayer were believed to be instrumental to healing by the respective parties. Which means both

cultures resorted to spiritual solutions for medical problems. Indigenous sorcerers used spells or rituals to heal people (e.g. Kirchliche Mitteilungen 1902). In frequent cases of illness or injuries, missionaries did not have proper medication available, so they could not do anything else but pray for improvement (cf. Frankel and Lewis 2012; Kirchliche Mitteilungen 1910). Even though missionaries differentiated between these acts – objectively they had a lot in common. And during the timeframe I investigated, these two cultures probably developed even more similarities.

Transformations within Indigenous and missionary cultures

Missionaries were interested in the cultural “advancement” of Indigenous people – therefore aiming to further change, particularly through conversion to Christianity. And for this, medical work turned out to be quite helpful. From 1886-1919, no professional medical missionary was stationed in Finschhafen. Thus, the medical work was carried out by the missionaries, their wives, some nurses and midwives.



Figure 4: Missionary Lehner with Papuan people to be baptised.

Source: Archiv Mission EineWelt 002724 (cit. in Greif 2020:196).

They all put a lot of effort into these tasks, out of an altruistic dedication to charity and welfare (Höpflinger 2016).

Medical treatment served as a perfect contact zone, as it was used by missionaries as a point of contact with local people (Dirar 2006), for example by visiting local villages regularly to care for wounds or to distribute medicine (e.g. Neuendettelsauer Missionsblatt 1914). Medical work turned out to be an attraction on missionary stations which sometimes featured small hospital wards (e.g. AMEW 1913a; Eckart 1997). Indigenous people attended these stations to receive medication or treatments – and sometimes, after being healed, they stayed to live there (AMEW 1911). This changed local culture, as people adapted to a more European way of life with different clothing, schooling for children and regulated working schedules. But missionaries deliberately used their medical work for proselytisation (Höpflinger 2016). The Indigenous spiritual connections of illness and healing provided the missionaries with the opportunity to set their medical work in a religious context.

In the late 19th century, the local population and Europeans were confronted with endemic and new diseases (Davies 2002). In 1909, climate and health conditions were still considered to be worse than in all other German colonies (Eckart 1997). Missionaries especially suffered from constant fever (which was mostly associated with malaria), while local populations were susceptible to diseases brought to New Guinea by colonists and the missionaries themselves such as smallpox or influenza (e.g. Frankel and Lewis 1989, Neuendettelsauer Missionsblatt 1919). Missionaries were only partly aware of the two-way exchange of pathogens. In the early years of the mission, knowledge of tropical disease was rudimentary and “miasmatic theories” were used to explain regular fevers (Froehlich 2015; Street 2014:42). We can suspect that early missionaries had little understanding of how their presence caused disease for those without immunity to conditions brought from Europe. Several missionaries seemed surprised at reports of more local deaths at younger ages after their arrival (e.g. Kirchliche Mitteilungen 1898, 1901

and 1902), something disease specialists now understand.

Although the medical facilities in New Guinea were quite limited, the number of treatments was quite high – for example, in 1912 18,000 were reported across Neuendettelsau Missionary Society stations (Kittelmann and Sommer 2020). The effects of the treatments can be questioned, as the main medication used was homeopathy (ibid). Homeopathy was quite a widespread and commonly used cure at the time (Eckart 2017). Nevertheless, missionary Johann Stöbel for example reported that homeopathy was inadequate in cases of serious disease (AMEW 2013b). Other treatments had also doubtful effectiveness. Even common wounds did not heal for months in the tropical conditions – with or without treatment (Kirchliche Mitteilungen 1893). The more effective remedies included quinine for malaria, vaccinations against smallpox, and salvarsan for treating endemic yaws, a severe tropical bacterial infection of skin and bones. These medications were quite useful for the missionaries – not only for their own therapeutic

use, sometimes saving their lives, but also for the bodily treatment of the Indigenous people combined with spiritual influence. What if a child that was supposed to die because of an enchantment is healed suddenly by the use of quinine (Neuendettelsauer Missionsblatt 1917)? If Western medication suddenly competes against sorcery? If the “heathen” belief in sorcery was proven to be wrong by the effect of quinine (ibid)? Some of the healed became pupils of religious lessons that prepared them for baptism, and this was not by coincidence (Neuendettelsauer Missionsblatt 1911, cit. in Kittelmann and Sommer 2020:63).

Figures 3 and 4 show one effect of the Indigenous cultural changes that were partly induced by medical work. We must not forget that during this time photographers thought that, as “the eye is a mirror of the soul”, pictures are “a truthful representation of reality” (Neuendettelsauer Missionsblatt 1916:59). It took some decades until the limitations of photography were revealed – as pictures at this time usually emphasised the differences between the European and the Indigenous cultures (Kelm 2005), although also the existence of change. These two photos were taken as testimonials of the baptism of a group of Indigenous people, in front of churches. All are standing, in very orderly serried ranks, in postures that befit Christians.

Missionaries highlighted how their photos showed the adoption of modest dress (Neuendettelsauer Missionsblatt 1918, 1921), a success of the civilising mission. On the other hand, missionaries wanted their male converts to wear a waistcloth with a belt, not trousers and shirts, and their female converts to wear simple dresses (Eves 2006). In the eyes of the missionaries, a distinction in dress befitted Indigenous people – some distance had to be maintained (Neuendettelsauer Missionsblatt 1921). Furthermore, the newly baptised were dressed all in white (the colour adopted by the missionaries themselves on first arrival), signifying outward – and inner – purity. But it was not only the change of clothes that marked Papuans as “Christians”, missionaries described a change in “facial expression”, that, after conversion, shows “the liberation of the savage fear” (Keyßer 1923:5). This facial expression formerly carried

“the desire to kill” and “the longing for human flesh” but now, after the baptism, did “reflect the peace of the heart” (Neuendettelsauer Missionsblatt 1912:18). The missionaries seem united in these perceptions.

A critical voice can be found in the missionary records. A photo description of an Indigenous man, Auataun, reported that he told a missionary: “If he saw that Christians had really become different people, he would be baptised too” (Neuendettelsauer Missionsblatt 1917:4). The sentence is followed by the editor’s note: “Can he really not perceive any change?” (ibid). The implication is that the white missionaries noticed obvious changes resulting from finding God, while local people did not. This shows the culturally specific symbolism of the missionaries, which did not translate easily, and raises questions about the descriptions they used.

Medical effectiveness, competing against the Indigenous sorcerers, was only one part of the proselytisation process. Another was change in missionary medical culture itself, used to enable evangelisation. Missionaries had to modify their own way of life, in the new conditions they experienced (Hiery 1992). Figure 5, of missionary Flierl and others, shows his clothing better adapted to the tropical climate, but diet was also changed by necessity. Besides the visible changes, the missionaries also altered their perception of life – including their religious views. When they noticed in the early days of their work that Indigenous people had no consciousness of sin in the missionary sense, and therefore no perception of the necessity for salvation (Kirchliche Mitteilungen 1893), they tried to understand the Indigenous culture as a precondition for proselytisation. Missionary Vetter was convinced: “Who thinks and talks like a Papua will be understood, and out of understanding and perceiving the sermon Faith will follow.” (Kirchliche Mitteilungen 1893:33) Vetter realised that it was necessary to get a deeper understanding of the Papuan culture to be able to adapt the Christian sermon (Farnbacher 1999). He established that if local people made a connection between illness and sorcery, a God that protects from illness was more appealing than the death of Jesus as a source of salvation (Kirchliche

Mitteilungen 1893; Pilhofer 1961). By placing a focus on divine protection from illness, the missionaries adapted their theology and their way of thinking to the Indigenous culture, despite the other essential tenets of the Christian religion less adapted to local conditions (Kirchliche Mitteilungen 1910). Over time, they concentrated more and more on the cultural points of intersection, rather than broader theological tenets and reasoning. This is quite surprising and important – as evangelical theological beliefs were the central reason for the missionaries’ stay in New Guinea. The close connection to medical topics is surprising. God’s power of protection against illness, the promise of good health for believers – these assurances turned out to be quite essential for religious conversion. If missionaries recovered from an illness themselves, they maintained that it was God who healed them (Kirchliche Mitteilungen 1899). And Western medication turned out to be evidence for the truth of such sermons.

One particular example for an effective treatment that was set into a religious context was smallpox vaccination. After a previous epidemic in 1872, the infectious virus was introduced again to New Guinea in 1893 and 1895 through German colonists, and an epidemic spread into the vicinity of the Neuendettelsau Missionary Society where it caused a lot of local fatalities (Fenner et al. 1988; Penman et al. 2017; VEM 1893, 1896). During this epidemic, mission stations became “safe havens” from the disease, as vaccinations were available there (Kirchliche Mitteilungen 1895:51). But was it the vaccination that gave protection – or God? In the missionary reports of that time the effects of medication and God’s healing power were strongly intermingled. For example, missionary Hoh reported that the Indigenous people knew that the missionaries had carried out vaccinations and that they prayed to God for his protection at the same time (Kirchliche Mitteilungen 1895). Of course, the missionaries themselves believed in God’s protection from the epidemic (Kirchliche Mitteilungen 1895). Obviously, the combined effects of the epidemic (that local sorcerers couldn’t deal with, in contrast to the missionaries using vaccines) with the missionary pro-



Figure 5: Missionary Flierl with assistants.

Source: Archiv Mission EineWelt 001047 (cit. in Grief 1010:60).

jection of their Christian God led to more acceptance of the new religion. The missionaries witnessed the first baptism to result from these occurrences (Farnbacher 2004; *Kirchliche Mitteilungen* 1899).

Preaching in this way was not completely successful. There was quite a big discrepancy between a protecting Christian God and continued premature deaths: “This gave one pause and led to talk: does belief in the miti [Gospel] and being baptised mean to give oneself up to death? Is an early death the dubious blessing of the miti? This is their God?” (*Neuendettelsauer Missionsblatt* 1913:41). Missionary Keyßer reports some people did not want to get baptised as they thought they could die from it (cf. Douglas 1994; *Kirchliche Mitteilungen* 1906; *Neuendettelsauer Missionsblatt* 1920). So, the missionaries again had to adapt their sermons. They did this by explaining that a “salvation from eternal death” could result from becoming a Christian (*Kirchliche Mitteilungen* 1898:87), but death of the body could not be avoided.

Nonetheless, there are several missionary reports that tell of an additional shift towards instilling a fear of God, as opposed to preaching

salvation through God. For example, missionary Hoh reports missionary Pfalzer told local people something rather different, that the cause of illness is not sorcery and that, instead, it is sent by God (*Kirchliche Mitteilungen* 1898). Similar explanations can also be found in reports by missionaries Zahn (*Kirchliche Mitteilungen* 1907) and Raum who explicated that fatalities of children were caused by the sins of their fathers (*Kirchliche Mitteilungen* 1910). Missionary Bamler found a similar way to sermonise: “God will protect you if you follow his words, but for five years we have preached to you and you are still doing Evil, therefore it is quite possible that God has drawn his [protecting] hand from over you” (*Kirchliche Mitteilungen* 1896:37). These examples show that a sermon based on the fear of illness or even death was not uncommon. This was an interpretation and instrumentalisation of the “wrath of God” in the Lutheran doctrine (Härle 2007:267). Some missionary work spread this fear of illness, linking it to pious and godly behaviour (cf. Farnbacher 1999).

Sometimes, the local population would connect misbehaviours (as defined by missionaries) with illness

themselves, which resulted in some rather strange rationalisations. Missionary Zahn for example reported that locals thought that when missionaries got sick, this was caused by their sins (*Kirchliche Mitteilungen* 1910). He quoted a chief who said: “Truly, our faults and sins have made you severely sick again.” (ibid) And, surprisingly, the missionaries’ reaction was not to explain this misunderstanding – but rather than it would connect them to God (ibid).

Very often the missionary reports conflate illness on earth and illness in a spiritual sense. For example, missionary Vetter, as well as missionary Keyßer, preached, that “the wages of sin is death” (Keyßer 1934:45; *Kirchliche Mitteilungen* 1899:10). While this sentence comes from the Bible, it is generally not taken literally, i.e. sin results in fatalities, but is understood as a general thought about death. But missionaries realised that in their preaching, the fear of God’s anger induced local people to hear the Gospel (cf. Douglas 1994). This led them to employ very similar arguments to those that they criticised strongly in local culture: the fear of sorcerers who cause illness, and the role of supernatural forces in determining

health, illness or death. The difference between a sorcerer causing illness and death, which makes people afraid – and a Christian God causing illness and death – also making people afraid, is no longer detectable.

If we think about the fact that the missionaries celebrated themselves as “liberators from darkness” – “liberators from the fear of sorcery” – we can say that they progressively replaced what they criticised with something that – at a critical glance – might appear very similar. By stressing issues in their theology similar to characteristic traits of Papuan culture, they accommodated their religion to Indigenous cultural concepts.

Conclusion

In the context of evangelical missionary endeavours, the administering of medical assistance exposes the complexity of encounters in contact zones where people of different origins meet. Individual people, cultures, religions become interlocked and entangled – until even the protagonists themselves can't differentiate original ideas and beliefs anymore (cf. Ratschiller 2016). To see in a positive light – the cultures move towards each other, developing – and perhaps this provided a basis for a peaceful coexistence (figure 6).

In Papuan cultures, topics like illness and healing are commonly conceptualised in a spiritual context, leading to a religious dialogue shaped by misunderstandings. Even though in this case, the missionaries tried to translate the Indigenous culture into their own points of reference, they could not bridge the vast differences between cultures (cf. Kirchliche Mitteilungen 1907). To communicate their Gospel in Indigenous languages, missionaries had to determine the vocabulary to be used, and it remains quite unclear to what extent Indigenous people understood the meanings. Sometimes, Indigenous people were talking of earthly disease while missionaries were thinking of an abstract and heavenly death. There were ample possibilities for misconceptions to occur.

How can these retrospective ruminations about first cultural encounters be reconciled with the positive accounts of the same historical occurrences that are found among Papuans (e.g. Hiery 1992)? One answer is that

people in Papua New Guinea give the answer they think is expected by a European listener, and the burden of proof is not hard to achieve. Looking again to the historical records suggests another explanation. By 1918, missionary Keyßer was trying to listen and pass on Indigenous perspectives. Sources show that even back then Indigenous people reproduced missionary stereotypes: “Only now we know how ignorant and bad we were before. Anguish ruled us completely ... Fear of sorcery and murder permanently tormented us... But Jesus did not only live and die for Whites, but also for everyone, including us. This is very precious to us. We Blacks are already so very poor.” (Keyßer 1939:5-6) The quote illustrates another misunderstanding, emerging from the disconnection between missionaries focussing on spiritual poverty, while Indigenous people were talking about their poverty in material and comparative terms. We therefore might assume that materialistic motives played a role. It has to be considered that the people questioned by missionary Keyßer in 1918 were already baptised and had visited missionary schools, so had probably internalised the missionary view. The truth eludes us – but we can say that there are contrary historical sources which clearly contradict these Indigenous and missionary views. However, as Papua New Guinea specialist Hiery says, referring to Hillgruber, it is not disturbing that different interpretations of cultural contact exist (Hiery 1992). If we consider the plurality and dissimilarity of cultural contacts, it would be surprising if there were no discussions or differing interpretations of historical situations (cf. Hiery 1992:75). And is history more than the sum of events that “actually-factually” occurred (Neumann 1989:216)?

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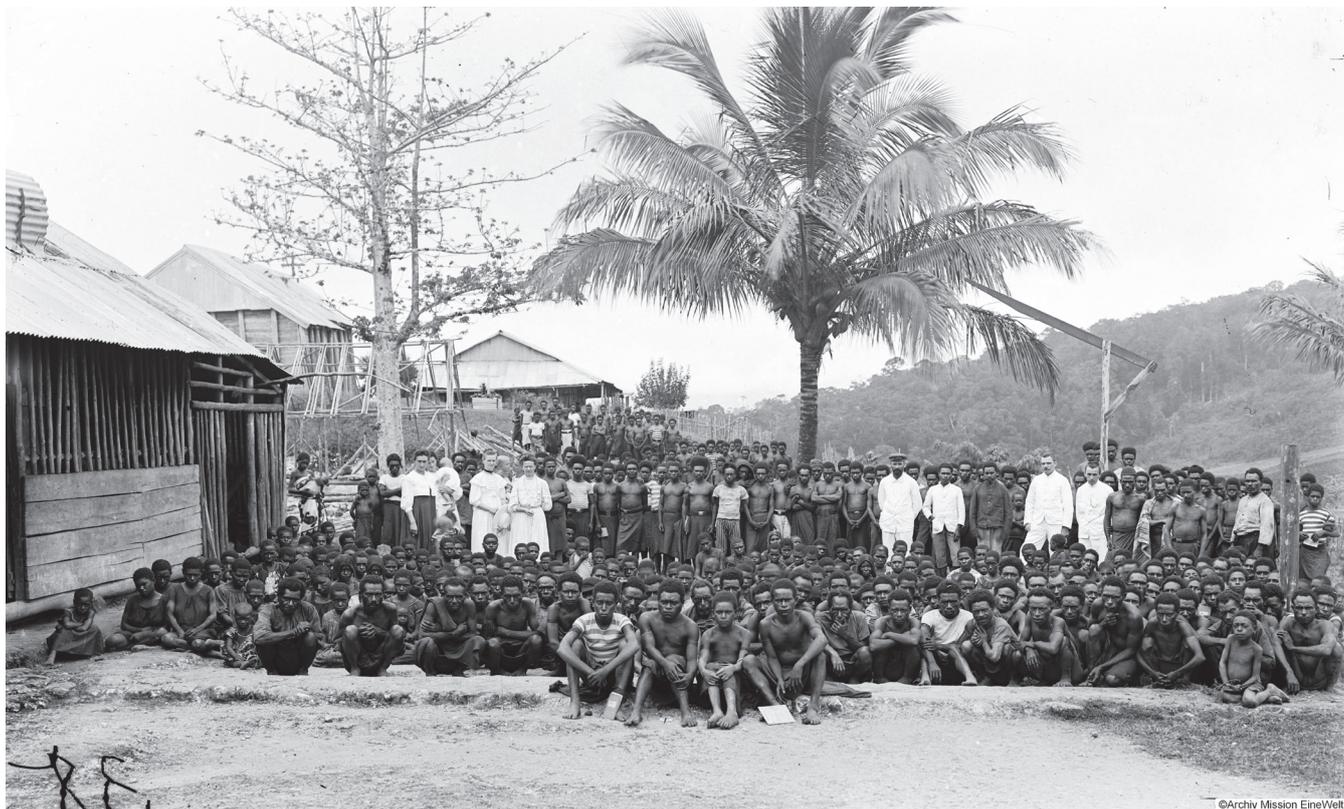


Figure 6: Mission feast in Sattelberg 1910.

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