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**Mission, Medicine, and
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in Medical Missionary
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by
JAN BECKER

ABSTRACT

In conducting a global microhistory on Soetjipto, a Javanese student in one of the German Bethel Mission's schools in the Dutch East Indies, this paper analyses the power-relations in missionary encounters. Not only were Javanese intermediaries—nurses, students, and teachers—an integral part of the missionary medical and educational work, the missionaries were outright dependent on their collaboration. For indigenous actors, the missionary project could provide attractive opportunities, such as medical service and Western education. These opportunities, however, had to be negotiated with the indigenous actors' own social network. In following Soetjipto's trajectory from student to missionary evangelist, it becomes apparent that some aspects of the missionary project were irreconcilable with local culture. Soetjipto's decision to convert despite his family's objection demands for a reappraisal of the most basic aspect of mission history: faith.

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INTRODUCTION

On Christmas Eve 1927, Soetjipto was baptised in Central Java by missionaries of the Bethel Mission. In the weeks prior to his conversion, he had endured severe fever and sickness, even being on the edge of death. But Soetjipto's decision to convert to Christianity had far-reaching consequences. His family, who belonged to the *Priyayi*, the highest social class of the Dutch East Indies, abandoned him. Why, then, did Soetjipto consecrate his life to God?

In the early 1920s, the Bielefeld-based German Bethel Mission began a short intermezzo in its long history of missionary work. Traditionally, the Bethel Mission had been active in East Africa, particularly in modern-day Tanzania and Rwanda. For around a decade, however, Walther Trittelvitz, the Bethel Mission's head, sent out seven missionaries to Central Java.¹ At that time, Java was part of the Dutch East Indies. After the dissolution of the United East India Company

in 1799, parts of the Indonesian archipelago became a Dutch colony in 1800. When the Bethel Mission's missionaries arrived in Java in 1922, the archipelago had been under Dutch influence for centuries. Similarly, the predominantly Muslim Javanese had experienced decades of European missionary work.

The Bethel Mission did not build up entirely new missionary structures. Rather, Walther Trittelvitz provided personnel for existing missionary educational and medical structures of the Neukirchener Mission. The Neukirchener Mission was a previously rivalling German mission that ran hospitals and schools in Poerwordadi and Goeboeg—both close to Semarang.² Its establishment in Java originated in a relief campaign following a famine in the early 1900s. The Dutch physician Dr. van der Ley founded a hospital in Poerwodadi which developed into a branch of the Neukirchener Mission called Salatiga Mission.³ The seven German missionaries of the Bethel Mission thus participated in an interorganisational, transnational missionary project. Their focus lay on

1 The Bethel Mission has so far not been subject to extensive research. For its activities in East Africa, see: Edward N. Snyder, "Work Not Alms: The Bethel Mission to East Africa and German Protestant Debates over Eugenics, 1880–1933" (PhD diss., University of Minnesota, 2013); Frigga Tiletschke, "Afrika Müssen Wir Auch Haben! Die Bethel-Mission in Ostafrika 1885–1970" (PhD diss., Universität Bielefeld, 2020). To my knowledge, the Bethel Mission's work on Java remains so far unresearched.

2 For the purpose of consistency with its sources, this paper uses the German/Dutch transliteration of -oe- instead of the current spellings in Bahasa Indonesia that use -u- (Poerwodadi/Purwodadi, Goeboeg/Gubug, Soetjipto/Sutjipto).

3 Otto Sickinger, *Aus der missionsärztlichen Arbeit der Neukirchner Mission auf Java, s.l., s.d., AMS M 318, 141–142.*

educational and medical missionary work. With Dr. Otto Sickinger, the Bethel Mission sent out an approbated physician. The remaining six missionaries were teachers and nurses.

The Bethel Mission's archival documents are currently stored in Wuppertal, Germany. In 1971, the Bethel Mission merged with the Rheinische Missionsgesellschaft to the Vereinte Evangelische Mission (VEM). Nowadays, the Bethel Mission's archive is subsumed in the Archiv- und Museumsstiftung der VEM (AMS). The Bethel Mission's archive mainly includes sources on their work in East Africa. Seven files, however, derive from their missionary work in Java. These are organised by author and comprise sources on the seven missionaries: Elfriede Krieg, Dr. Otto Sickinger, Marie Eglin, Agnes Püschel, Käthe Klarenbeck, Elise Kuckel, and Käthe Weiß. The files contain primarily circular and personal letters between the missionaries and Walther Trittelvitz in Bielefeld.⁴

This essay explores the medical missionary work of the Bethel Mission in Java between 1922 and 1937, with a focus on indigenous agency. Soetjipto's case of conversion serves as a micro-historical thread that illuminates

the power-structures as well as the self-determination that led to his and other indigenous actors' conversion. The paper challenges oversimplistic concepts of power-relations in arguing that power-relations in medical missionary encounters were manifold, ubiquitous, overlapping, and reciprocal.

The Bethel Mission was primarily a medical mission. Its headquarters in Bielefeld were the von Bodelschwingschen Anstalten Bethel, a diaconal psychiatric hospital that was founded in 1867 and exists to date. The medical focus was, therefore, at the core of the Bethel Mission.⁵

Analyses of medical missions traditionally engage with the historiographic debates on religion and empire, religion and medicine, and religion and orientalism. In analysing medical missionaries in India, David Hardiman argues that "the 'medicine' provided by the missionaries encompassed far more than just treatment for physical illness. What they were providing, rather, was an all-round therapy that was designed to 'civilise' the supposedly 'primitive' *Bhils*, bringing them into the light of a Christian modernity".⁶ Hardiman

4 Research at the AMS in Wuppertal was conducted in October and November 2020. I thank the AMS's archivist Christian Froese for his support and his insights into the history of the Bethel Mission.

5 Hans-Walter Schmuhl, *Ärzte in der Anstalt Bethel: 1870–1945* (Bielefeld: Bethel Verlag, 1998).

6 David Hardiman, *Missionaries and Their Medicine: A Christian Modernity for Tribal India*, Studies in Imperialism (Manchester and New York: Manchester University Press, 2008), 5. Emphasis added.

conceptualises missionary medicine as a distinct field of medicine and thereby repudiates purely Foucauldian analyses of colonial medicine. Contrarily, David Arnold's *Colonizing the Body* argues that Western medicine served primarily one power when applied outside Europe: the colonial state.⁷ Both of these accounts, however, neglect the role of indigenous actors in medical missionary encounters. Waltraud Ernst's call for a shift away from universal theory and towards the social reality and the lived intricacy of medicine(s) remains topical to date.⁸ There have been some attempts to focus on indigenous actors and their medicine. In *Nurturing Indonesia*, Hans Pols argues that colonial structures inimical to indigenous medical actors spurred a medical nationalism among indigenous physicians.⁹ He does not, however, consider religion a decisive factor in his analysis of indigenous medical actors.

7 David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley, CA: University of California Press, 1993).

8 Waltraud Ernst, "Beyond East and West. From the History of Colonial Medicine to a Social History of Medicine(s) in South Asia," *Social History of Medicine* 20, no. 3 (2007): 505–24, <https://doi.org/10.1093/shm/hkm077>.

9 Hans Pols, *Nurturing Indonesia: Medicine and Decolonisation in the Dutch East Indies*, *Global Health Histories* (Cambridge: Cambridge University Press, 2018).

This paper will fill in this gap by analysing the implications medical missions had on indigenous agency and indigenous actors' faith. The first section outlines the role scholars have conceded to indigenous agency in recent historiography. Subsequently, sections two to four will provide a global microhistory that narrates local intermediary Soetjipto's entanglements with the Bethel Mission. In particular, section two focuses on personal indigenous-missionary hierarchies. Section three examines the missionaries' deployment of medicine to restrict indigenous agency. Finally, section four analyses missionary and indigenous medical epistemes and their implications for indigenous agency.

I. AGENCY, FOCUS, AND SCALE

Historiography on religion-making and the production of scholarly and missionary knowledge in colonial situations has always defined certain actors. Religion-making, by definition, requires active construction; it requires *makers*. (Nation-) States, institutions, officials, scholars, and colonial, missionary, and indigenous private individuals participated in the construction of both religion and knowledge. Whom, then, is one supposed to focus on? And whom have scholars in the past focused on?

Historians have frequently shifted their approaches and subsequently the actors they

conceded agency to. Benedict Anderson, in his 1983 work *Imagined Communities*, argues that colonial powers unconsciously promoted the emergence of nationalisms through censuses, maps, and museums.¹⁰ This structural approach and its somewhat unintuitive findings analyse religion-making in regard to nationalism and define the colonial state as the primary actor that set religious categorisations for its censuses. Anderson's focus on the nation-state has strong implications for agency on subaltern levels. As he argues for a construction of colonial nationalism from the exterior, his account neglects local agency. His focus on colonial powers and the nation-state leaves no room for the active participation of locals.

If one wants to include local agency, a shift from national to transnational foci, however, does not necessarily pose a solution. In her work on the repercussions of narratives of a culturally homogeneous 'Greater India', Marieke Bloembergen warns "against pitfalls of the new transnational approaches that focus on cultural flows, as these may exaggerate the region's cultural unity and reify [...] moral geographies [...]"¹¹ Rather

than shifting one's focus within a structural approach, scholars have to include local actors in their works, she claims. In doing so, Bloembergen enters a historiographic tradition that developed in contrast to Edward Said's *Orientalism*.

Published in 1978, Said's *Orientalism* would become the pivotal work for area studies, religious studies, and, more generally, scholarly fields related to the 'East'.¹² Influenced by Jacques Derrida and Michel Foucault, Said's chef-d'œuvre applies discourse analysis to nineteenth and twentieth-century scholarly works in the field of Orientalism. Said presents Western knowledge production on the Orient as imperial intellectualism. Western scholars, intentionally or unintentionally, constructed an inferior East in contrast to a superior West. Said thus considered Western colonial scholars as primarily potent to construct religion. His account does not leave room for the influence of local intellectuals, let alone religious practitioners.

Therefore, a post-*Orientalism* current has emerged. Focusing on local knowledge production and regimes has become one way of differentiating Said's seemingly ineluctable power-relations. Michael

10 Benedict Anderson, "Census, Map, Museum," in *Imagined Communities: Reflections on the Origin and Spread of Nationalism*, Benedict Anderson, rev. ed. (London: Verso, 2006 [1983]), 163–185.

11 Marieke Bloembergen, "Borobudur in the Light of Asia. Scholars, Pilgrims, and Knowledge Networks of Greater

India," in *Belonging across the Bay of Bengal. Religious Rites, Colonial Migrations, National Rights*, ed. Michael Laffan (London/New York: Bloomsbury Academic, 2017), 49.

12 Edward Said, *Orientalism* (New York: Pantheon Books, 1978).

Laffan, for example, applied local knowledge production to religion-making. In regard to Indonesia, he examines “how Islam was interpreted and fashioned by the region’s diverse actors [...]”¹³ Further criticism of Said’s concept of Orientalism has been brought forward by Marieke Bloembergen and Martijn Eickhoff.¹⁴ Knowledge production and heritage formation in Southeast Asia started earlier, not with the advent of colonial powers. Indeed, foreigners never gained epistemological access without the aid of locals. Their book demands a stronger appreciation of these local knowledges that were interdependent with colonial knowledge.

Focusing on direct encounters between locals and colonists, recent historiography pays particular emphasis to the self-determined manoeuvring of locals. Raymond Corbey, for example, analyses mass-conversions at Raja Ampat. Corbey sees these conversions as an autonomous local means of coping with forms of modernity.¹⁵ Similarly,

Alicia Turner argues that “we need to not only pay attention to the ways in which the colonial state engaged religious projects for the ends of governmentality, but also be attentive to the ways in which some actors may have participated with very different, and perhaps contradictory, goals in mind.”¹⁶

Following Turner’s argument, this paper claims that agency is a twofold concept. It is conceded by the historian’s narrative which is related to a choice of scale and focus, but also depends on the potentialities of historical actors and their self-determination. This paper addresses both issues by conducting a global microhistory on the Indonesian student Soetjipto. His case serves as a means to illuminate the complex web of dependencies and power-relations that covered the medical missionary project in Central Java.

Global microhistory is a comparatively new methodological field in historical scholarship. In 2010, Tonio Andrade called for a stronger appreciation of historical actors traditionally underrepresented

13 Michael Laffan, “Preface,” in *The Makings of Indonesian Islam. Orientalism and the Narration of a Sufi Past* (Princeton, NJ and Oxford: Princeton University Press, 2011), XI–XIV, here XII.

14 Marieke Bloembergen and Martijn Eickhoff, “Great Sacred Majapahit. Biographies of a Javanese Site in the Nineteenth Century,” in *The Politics of Heritage in Indonesia. A Cultural History* (Cambridge: Cambridge University Press, 2020), 97–128.

15 Raymond Corbey, “F.C. Kamma. A Missionary’s Efforts (1930s),” in *Raja*

Ampat Ritual Art: Spirit Priests and Ancestor Cults in New Guinea’s Far West (Leiden: C. Zwartenkot Art Books, 2017), 90–109.

16 Alicia Turner, “Pali Scholarship ‘in Its Truest Sense’ in Burma. The Multiple Trajectories in Colonial Deployments of Religion,” *The Journal of Asian Studies* 77, no. 1 (2018): 123–138, here 136, <https://doi.org/10.1017/S0021911817001292>.

in works of global history.¹⁷ Global microhistory is thus not merely a stylistic choice. Rather, microhistory challenges traditional foci on national, imperial, and structural approaches.¹⁸ Accordingly, it has often been linked to subaltern studies.¹⁹ This link, however, is misleading, as it implies a one-directional power hierarchy that views the respective subject of the microhistory at the bottom. Soetjipto's case indicates a more intricate net of overlapping and reciprocal power-relations. The Bethel Mission's missionaries were as much woven into this net as Soetjipto, the other local students, and the medical personnel.

Global microhistory, evidently, has its drawbacks. As it is an approach specifically designed to analyse the non-analysable—those

actors that only hazily appear in the sources— global microhistory relies on purposeful speculation.²⁰ In reconstructing Soetjipto's personal experiences, the continuous use of the 'perhaps' may thus be legitimised not only by Fernand Braudel's high praise for historical imagination,²¹ but also by an ancient appreciation and anticipation of micro-historical methodology: „On me fait hayr les choses vray-semblables quand on me les plante pour infallibles. J'ayme ces mots, qui amollissent et moderent la temerité de nos propositions : A l'avanture, Aucunement, Quelque, On dict, Je pense, et semblables. [sic!]"²²

17 Tonio Andrade, "A Chinese Farmer, Two African Boys, and a Warlord. Toward a Global Microhistory," *Journal of World History* 21, no. 4 (2010): 573–591, <https://www.jstor.org/stable/41060851>.

18 For a methodology of global microhistory, see: John-Paul A. Ghobrial, "Introduction. Seeing the World like a Microhistorian," *Past & Present* 242, no. 14 (2019): 1–22, <https://doi.org/10.1093/pastj/gtz046>.

19 Henrique Espada Lima, *A micro-história italiana. Escalas, indícios e singularidades* (Rio de Janeiro: Civilização Brasileira, 2006); Alf Lüdtke, "Introduction. What is the History of Everyday Life and who are its Practitioners?" in *The History of Everyday Life. Reconstructing Historical Experiences and Ways of Life* (Princeton, NJ: Princeton University Press, 1995), 3–40.

20 Microhistory has faced criticism for its use of speculation since its early methodological advances. On the purposefulness of speculation and its merits as a methodological tool, see Carlo Ginzburg, "Beweise und Möglichkeiten. Randbemerkungen zur Wahrhaftigen Geschichte von der Wiederkehr des Martin Guerre," in *Die wahrhaftige Geschichte von der Wiederkehr des Martin Guerre*, Natalie Zemon Davis (Frankfurt am Main: Fischer TB, 1989), 185–213. Ginzburg's afterword is not included in the original French version of *Le Retour de Martin Guerre*.

21 See Andrade, "A Chinese Farmer, Two African Boys, and a Warlord," 591.

22 Michel de Montaigne, "Des boyteux," in *Essais*, Michel de Montaigne, Tome III, Chapitre XI, 1595. Cited after: Pierre Villey and Verdun Louis Saulnier, eds., *Les essais de Michel de Montaigne*, (Paris: Presses universitaires de France, 1965), 456. Author's translation to English: „My aversion to the most probable sentences is raised when they are presented to me as infallible. I like

II. RECIPROCAL POWER-RELATIONS

Probably born around 1910, Soetjipto belonged to a *Priyayi*-family, the highest class among the local elites. His intricate relationship with Javanese elites as well as with European medical and missionary personnel situate him in the centre of European-indigenous missionary contacts. He appears in the sources for the first time in April 1927. Elfriede Krieg, one of the Bethel Mission's missionary sisters, mentioned Soetjipto in her circular letter of Palm Sunday 1927 and described him as one of her former students at the *Zendingsschool* (missionary school) in Poerwodadi.²³ Soetjipto's family, the letters revealed, was among the most influential of Java. Soetjipto's grandfather, as Krieg stated, was Javanese romanticist painter Raden Saleh.²⁴ Saleh was a protégé of the Dutch colonial government and travelled to Europe to receive artistic training in 1829. His celebrated work earned him invitations to European courts, such as Ernest of Saxe-

Coburg's court in Coburg, Germany.²⁵ Narrations of his grandfather's experiences were most likely passed on in the family. As Raden Saleh converted to Christianity in Europe, Soetjipto had a family tie to European colonial-political, religious, and cultural structures from birth.²⁶

Instead of visiting a Javanese, Chinese, or Dutch school, Soetjipto's parents decided to have him educated by Elfriede Krieg in the Bethel Mission's *Zendingsschool* in Poerwodadi. Their decision displays a traditional conceptualisation of power-relations between indigenous and European actors: as the colonial state privileged Western education over traditional local forms of education, locals that could afford it had a vivid interest in complying with colonial educational demands. Yet, Soetjipto's parents' choice of school arguably was no surrender to these demands.

Although there was a top-down colonial power-relation that preferred locals who underwent European forms of education in official employments, there were nevertheless ways of self-determined manoeuvring—particularly for the

to have such words that soften and diminish the boldness of our assertions: perhaps, to a certain extent, in part, people say, I believe, and such like.”

23 Elfriede Krieg, Circular letter, Goeboeg, 10 April 1927, AMS M 428, 73–74.

24 Elfriede Krieg, Circular letter, Goeboeg, 12 August 1927, AMS M 428, 66.

25 For Raden Saleh's inflections with the Dutch, see Marie-Odette Scalliet, “Raden Saleh et les Hollandais : Artiste protégé ou otage politique ?” *Archipel* 69, no. 1 (2005): 151–258, <https://doi.org/10.3406/arch.2005.3933>. Unfortunately, Soetjipto is generally omitted in works on Raden Saleh.

26 Elfriede Krieg, Circular letter, Goeboeg, 12 August 1927, 67.

indigenous elites. As the family presumably had ties to Europe, Soetjipto could have studied abroad in the Netherlands. Numerous Indo-Dutch children did so, as Evert van Imhoff and Gijs Beets have shown.²⁷ It would be misleading, however, to portray Soetjipto's family's choice as a way of coping with this colonial hierarchy. The reason for Soetjipto's family to choose the missionary school was not due to a power-relation that had them positioned at the bottom. The Bethel Mission—and missionary societies in general—had a vivid interest in reaching local elites in their missionary work. The consideration was at all times the same: converting a people worked most efficiently in a top-down manner, and local elites were well aware of this missionary approach.²⁸

The Bethel Mission's interest in families such as Soetjipto's, however, exceeded the urge to Christianise them as a kick-off for mass-conversions. The Bethel Mission was, rather, downright dependent on the local elites. When missionary physician Dr. Otto

Sickinger wrote to his colleague Dr. Samuel Müller in East Africa in 1927 to share his experience with missionary work, he advised him to comply with local elites' wishes. When conceiving a new missionary hospital, Sickinger claimed, one should include a separate ward for the *Priyayis*. Otherwise, they would avoid the hospital.²⁹ That would render medical missionary work futile, as it “promotes our relationship with the better-off of the different races, which in turn can serve our missionary task.”³⁰ For one, the missionaries knew about their dependence on the *Priyayis* as local intermediaries that could spur sympathy for their project among the indigenous population. Furthermore, in many instances the Bethel Mission also relied economically on local goodwill. In 1933, Sickinger had to persuade the local *Regentschap* (indigenous regents) to donate a new building to the hospital. At

27 Evert van Imhoff and Gijs Beets, “Education at home: The age-specific pattern of migration between the Netherlands and the former Dutch East Indies around 1930,” *Demographic Research* 11 (2004): 335–356, <https://doi.org/10.4054/DemRes.2004.11.12>.

28 Most famously, see Alan Strathern, *Unearthly Powers: Religious and Political Change in World History* (Cambridge: Cambridge University Press, 2019).

29 Otto Sickinger, *Missionsärztlicher Bericht an Samuel Müller*, Biora, 1 February 1927, AMS M 318, 121. Sickinger and Müller upheld a lively conversation. They exchanged medical knowledge from their respective missionary locus. There is a research gap on transnational and transregional networks of missionary medical knowledge production.

30 Otto Sickinger, *Jahresbericht des Missionskrankenhauses in Biora über das Jahr 1924*, s.l., s.d., AMS M 318, 171. In the original: “[...] fördert unsere Beziehung zu den besser Gestellten der verschiedenen Rassen, was wiederum unserer Missionsaufgabe dienen kann.”

that point, “dangerous mentally ill people” had to go to prison, as the hospital was not equipped to accommodate them.³¹ This treatment was an intolerable condition in the medical missionaries’ eyes. Another example for financial dependence were the Christmas celebrations of 1927 that had to be funded jointly by the Salatiga Mission and the local *Regentschap*.³² The Bethel Mission was an unsustainable model without local pecuniary sources.

Aware of this missionary dependence, Soetjipto’s parents most likely chose the *Zendingsschool* as a space that was to a certain extent open to their creative participation. Missionary education combined European knowledge transmission with a comparatively beneficial hierarchical position for local elites, demonstrating a reciprocal power dependence. As much as Soetjipto’s parents had a vivid interest in having their son educated at a Christian, European school, Elfriede Krieg and her missionary peers were just as dependent upon the local *Regentschap*’s good will, sympathy, and financial assistance.

After having graduated from the *Zendingsschool*, Soetjipto, as well as numerous other former students, kept in close touch with

Elfriede Krieg. Although Krieg—together with the *Zendingsschool*—had left Poerwodadi for Goeboeg in November 1926, multiple former students would make trips from Poerwodadi and even Yogyakarta to visit Krieg in her new environment. Two of the former students, Kasiran and Soetjipto, stood out through their particularly close continuing relationships with Krieg. Not only did they uphold amicable ties with her, they also engaged with her work; in Goeboeg, they both aided Krieg with her teaching and even taught new students themselves.³³

This direct engagement of indigenous intermediaries in processes of knowledge production, knowledge transmission, and missionary work spurred ambiguous reactions on the side of the Bethel mission. On the one hand, there was a deep appreciation of local knowledge, local culture, and intermediary work. Dr. Otto Sickinger repeatedly expressed his sympathy:

We are grateful that we have such people in whom Christ has taken shape, so that they can independently process the Christian truths as Javanese and proclaim them to their people in Javanese—not European—form.³⁴

31 Otto Sickinger, Letter to Walther Trittelvitz, Bloro, 29 January 1933, AMS M 318, 70r. In the original: “Gefährliche Geistesranke”.

32 Elfriede Krieg, Circular letter, Goeboeg, 24 December 1927, AMS M 428, 61.

33 Elfriede Krieg, Circular letter, Goeboeg, 10 April 1927, AMS M 428, 73–74.

34 Otto Sickinger, Aus der missionsärztlichen Arbeit der Neukirchner Mission auf Java, s.l.,

Sickinger did not consider it sufficient to have the Bible translated linguistically into Javanese. Indigenous Christians, according to Sickinger, would have to culturally translate it as well.³⁵ This is precisely what Soetjipto, Kasiran, and other locals did. The group of intermediaries was further not confined to former students. Elfriede Krieg, for instance, initiated a literary circle with local women. One of them, whom Krieg considered highly educated, would also eventually teach at the *Zendingsschool*.³⁶

The appreciation of local intermediaries resulted from a concept of temporariness inherent to the missionary project. In both evangelical as well as medical terms, the primary objective of missionaries was, according to Sickinger, to make oneself dispensable. Missionary sisters' main task, for instance, was not nursing, but instructing local nurses. These local nurses were to be educated rather strictly, but under

no circumstances, however, were they to become "Europeanised."³⁷ Another example for missionary temporariness was Elfriede Krieg's approach to reaching the indigenous youth. In 1926, she initiated the journal *Jeugdbeweging* that she contrived as a tool for local intermediaries. After an initiatory phase under Dr. Otto Sickinger's direction, the journal was to be handed over so that the Javanese youth could convert their peers.³⁸ The *Priyayis* were aware of the long-term objective of missionary societies and acted accordingly, for instance, in sending Soetjipto to a missionary school already in the anticipation of the missionaries' exodus.

Whereas the Bethel missionaries did repeatedly express gratitude for the intermediaries' work, they did not consider it a dependency on their side, despite the fact that this dependency was mutual. In regard to indigenous intermediaries, the missionaries entered a contested field between appreciation, gratitude, and dependence. Soetjipto's parents

s.d., AMS M 318, 163. In the original:

„Wir sind dankbar, dass wir solche Leute haben, in denen Christus Gestalt gewonnen hat, so dass sie die christlichen Wahrheiten selbstständig als Javanen verarbeiten, und ihren Volksgenossen in javanischer – und nicht europäischer – Form verkündigen können.“

35 Otto Sickinger, Letter to Walther Trittelvitz, Biora, 1 March 1925, AMS M 318, 179.

36 Elfriede Krieg, Circular letter, Goeboeg, 6 March 1927, AMS M 428, 77–78; Elfriede Krieg, Circular letter, s.l., 1 January 1927, AMS M 428, 80–81.

37 Otto Sickinger, Missionsärztlicher Bericht an Samuel Müller, Biora, 1 February 1927, AMS M 318, 122; Racial considerations played a decisive part in aversions against alleged "Europeanisations": see Diana Miryong Natermann, *Pursuing Whiteness in the Colonies: Private Memories from the Congo Free State and German East Africa (1884–1914)* (Münster and New York: Waxmann, 2018).

38 Elfriede Krieg, Circular letter, Goeboeg, 4 November 1926, AMS M 428, 88–89.

were aware of that. They were also aware of the missionaries' plan to stay only temporarily. With the gradual emergence of nationalist thought in the Dutch East Indies, considerations about the future in a decolonised Indonesian nation-state were already virulent among the well-connected *Priyayis*.³⁹ Sending Soetjipto to the *Zendingsschool* was thus a gamble for a post-colonial and post-missionary future.

III. CURE, COERCION, AND CONVERSION

Apart from running *Zendingsschols*, the Bethel Mission was primarily a medical mission. It sought to actively use 'modern Western' medical knowledge to spur conversion. In his book *Missionaries and their Medicine*, David Hardiman argues that missionaries benefitted from scientific advances that gave them an aura of superiority.⁴⁰ Hardiman thus creates an epistemic hierarchy in favour of the 'modern Western' medical episteme. Hardiman's case study on North-East India is in parts applicable to the Javanese case. However, a cure was no prerequisite for conversion. Medical knowledge was applied in multiple ways by the missionaries.

39 Michael Laffan, *Islamic Nationhood and Colonial Indonesia: The Umma Below the Winds* (London and New York: Routledge, 2003).

40 Hardiman, *Missionaries and their Medicine*.

Apart from curing indigenous people, missionaries employed diagnoses, the limits of medical knowledge, and drugs in their attempt to oppress religious agency.

In 1927, Soetjipto had already been in contact with the Bethel Mission, and Elfriede Krieg in particular, for approximately five years. The missionary efforts towards his conversion were sustained and periodical. They are tangible in Krieg's letters back home, to very different degrees throughout the years. In 1927, however, Krieg accelerated her conversion attempts. In July 1927, Krieg confronted Soetjipto with the alleged omnipresence of tropical disease and the resulting ever-threatening possibility of a sudden death.⁴¹ To be on the safe side, she urged Soetjipto to decide for conversion in a timely manner.⁴² Her advances constitute a profound conceptional intersection of disease, death, and conversion. Contrasting to Hardiman's analysis that focuses on cures of tropical diseases, Krieg omitted the potentialities of Western medicine. Her focus, by contrast, lay in the dangers of disease.

41 For the long tradition of European perceptions of tropical disease and of the Orient as a disease-ridden locus, see Hugh Cagle, *Assembling the Tropics. Science and Medicine in Portugal's Empire, 1450–1700* (Cambridge: Cambridge University Press, 2018).

42 Elfriede Krieg, Circular letter, Goeboeg, 12 August 1927, AMS M 428, 66.

Indeed, Soetjipto soon experienced illness and death directly. At the young age of approximately twenty years, his best friend Kasiran died from typhus on 29 October 1927.⁴³ Soetjipto had a strong personal relation to Kasiran. Kasiran was considered the school's best student and was funded in his studies by missionary sister Agnes Püschel.⁴⁴ He was the first person out of Soetjipto's immediate entourage to convert to Christianity.⁴⁵ Most likely, he was something of a role model to Soetjipto. Apart from the indigenous-missionary relationship Soetjipto had with Elfriede Krieg, Agnes Püschel, and other members of the Bethel Mission, the strong personal tie between Soetjipto and his best friend Kasiran had profound implications for his stance towards Christianity. According to Elfriede Krieg, Kasiran professed to God on his death bed.⁴⁶ True or not, Kasiran's conversion and his early death had twofold consequences. On the one hand, they arguably made Soetjipto more receptive to the religious aspect of the missionary project. On the other hand, they served the missionaries as

a means of further pushing Soetjipto towards baptism.

Admittedly, the Bethel Mission also spurred conversions that had clearer ties to traditional power-relations. Elfriede Krieg's personal assistant, for instance, worked for her due to severe pecuniary problems. Krieg was aware of this, yet she expected her assistant to convert to Christianity if she wanted to continue working for her.⁴⁷ Another example of subtle power-relations in conversion is the case of seven-year-old Chinese girl Lien, whose parents sent her to live with Elfriede Krieg and get a European education. To facilitate Lien's acclimatisation and to keep her from crying for her family, Krieg employed "strong medicine".⁴⁸ This technique of coerced conversion constitutes another challenge to Hardiman's argument. Missionaries used 'Western' medicine in other ways than allopathically. Pharmaceuticals occasionally also served to oppress indigenous people mentally in a far more simplistic way.

In December 1927, Soetjipto endured a fortnight of severe illness. Strikingly, the preliminary missionary diagnosis was identical with Kasiran's cause of death: typhus.⁴⁹ For the Bethel Mission's missionaries, death

43 Elfriede Krieg, Circular letter, Goeboeg, 30 October 1927, AMS M 428, 63–64.

44 Agnes Püschel, Circular letter, Koppeng [sic!], 4 July 1925, AMS M 429, 47.

45 Elfriede Krieg, Circular letter, Goeboeg, 27 June 1927, AMS M 428, 70.

46 Elfriede Krieg, Circular letter, Goeboeg, 30 October 1927, AMS M 428, 63–64.

47 Elfriede Krieg, Circular letter, Goeboeg, 24 December 1927, AMS M 428, 62.

48 Elfriede Krieg, Circular letter, Goeboeg, 29 March 1929, AMS M 428, 38–38r.

49 Elfriede Krieg, Circular letter, Goeboeg, 24 December 1927, AMS M 428, 60.

played a pivotal role in conversion. After all, the missionaries claimed that eternal life in heaven was unattainable without earthly devotion to God. When Raden Yuwono, a friend of Kasiran's, was diagnosed with pulmonary tuberculosis, Krieg continuously urged him to convert:

I told him seriously that, according to the doctor, he did not have a long life ahead of him. He was suffering from pulmonary tuberculosis. Oh, he was doing quite well, he said. I stood by my statement and urged him, driven by inner determination, to devote the perhaps short time on earth to God, to consecrate his life to God [...].⁵⁰

Missionaries not only used the potentiality of successful allopathic treatment for their purpose. They also used diagnoses in an expedient way. Conveying the certainty of imminent death was, at least in the eyes of the missionaries, a reasonable way of spurring conversion, entailing a profound urgency. Diagnoses thus

50 Elfriede Krieg, Circular letter, Goeboeg, 25 February 1929, AMS M 428, 49. In the original: "Daß er nach ärztlichem Ausspruch kein langes Leben vor sich habe, sagte ich ihm ernst. Er litt an Lungentuberkulose. O, es ginge ihm ganz gut, gab er zurück. Ich blieb bei meiner Behauptung und forderte ihn auf, innerlich getrieben, die vielleicht noch so kurze Erdenzeit Got [sic!] ganz hinzugeben, sein Leben Gott zu weihen [...]."

had implications that exceeded the medical sphere. Does Soejtjpto's survival, then, prove that these diagnoses were missionary rather than medical diagnoses? Not necessarily; what was missionary rather than medical were the implications that followed once a diagnosis had been made.

Medicine, then, served as a means of conversion in multiple ways. On the one hand, Lien's case reflects its use as a maker of compliance. On the other hand, David Hardiman's notion of medicine as a creator of a superior aura shows in the Javanese case as well. According to Dr. Sickinger, *Salvarsan*, a drug that proved efficient against the widespread skin disease *Framboesia*, was the primary enticement that drew locals to the missionary hospitals.⁵¹ More striking, however, is the fact that 'modern Western' medicine did not necessarily have to work in order to have its desired effect, at least from the missionaries' perspective. Soejtjpto witnessed Kasiran's death, which was a clear demonstration of the limits of the missionaries' medical knowledge. Typhus, after all, was not *Framboesia*. Yet, he turned to the missionary hospital when he experienced sickness himself.

Soejtjpto was finally baptised on Christmas Eve 1927, while still convalescent.⁵² Whereas some

51 Otto Sickinger, *Jahresbericht des Missionskrankenhauses in Bora über das Jahr 1924*, s.l., s.d., AMS M 318, 174.

52 Elfriede Krieg, Circular letter,

personal ties discouraged Soetjipto from this form of religious dedication towards Christianity—namely his family—Kasiran’s death and Soetjipto’s amicable ties to Elfriede Krieg encouraged him. In regard to personal power-relations, Soetjipto was torn between two parties, but eventually he gradually shifted away from his family. Analysing indigenous actors’ manoeuvring of missionary and local behavioural demands in regard to medical epistemes can thus illuminate the process that led towards Soetjipto’s conversion. Indigenous actors employed behavioural approaches of reconciliation to cope with contradictory power-relations. Only rarely did they decide for one party, for the consequences were severe. Adhering to a middle ground avoided social exclusion from either side.

IV. MEDICAL EPISTEMOLOGICAL HIERARCHIES

In their classic works, David Arnold and Wolfgang Eckart grouped medical missions as a subsection of colonial medicine. Medical missionaries were a means of advancing the colonial project.⁵³ This conceptualisation of missionary

medicine is not expedient, however, for the study of indigenous agency. Local actors perceived missionary medicine as profoundly religious. Consequentially, they generally had strong reluctances to use missionary medicine. According to Otto Sickinger, locals would try all other forms of medical treatment available before consulting the missionary hospital:⁵⁴

In general, we see that most people come to the doctor late, often only when his help can no longer be used effectively. First, all sorts of different, mostly useless remedies, often based on superstition, are always used.⁵⁵

As much as locals tried to avoid missionary medicine, medical missionaries tried to hinder locals from consulting indigenous practices of treatment and healing.

In the summer of 1927, a most obvious clash of medical epistemes took place in Poerwodadi,

54 Elfriede Krieg, Letter to Pastor Gleiß, Poerwodadi, 4 April 1923, AMS M 428, 366r.

55 Otto Sickinger, Aus der missionsärztlichen Arbeit der Neukirchner Mission auf Java, s.l., s.d., AMS M 318, 149. In the original: „Im Allgemeinen sehen wir, dass die meisten erst spät zum Arzt kommen, oft erst dann, wenn seine Hilfe nicht mehr wirkungsvoll einsetzen kann. Erst werden immer alle möglichen, meist nutzlosen, oft nur auf Aberglauben beruhenden Mittel benutzt.“

Goeboeg, 24 December 1927, AMS M 428, 60.

53 Arnold, *Colonizing the Body*; Wolfgang Eckart, *Medizin und Kolonialimperialismus. Deutschland 1884–1945* (Paderborn: Ferdinand Schöningh, 1997).

as missionary sister Agnes Püschel reported:

The other day there was a Javanese miracle doctor, who is said to have healed some people; all of Poerwodadi and the surrounding area was on its feet. Old people, who one does not see otherwise, were brought to him. Even Chinese people, who normally do not want to know anything about Javanese, called him! Satan's power is great! I have never seen our streets as busy as they were then. Even more developed Javanese, such as the Regent, support such a thing. These were difficult days also for our doctors. It was simply said: 'Whoever goes to the miracle doctor and comes back afterwards will not be admitted'. That helped with some.⁵⁶

56 Agnes Püschel, Circular letter, Poerwodadi, 12 June 1927, AMS M 429, 15. In the original: „Neulich war hier ein jav. Wunderdoktor, der angeblich manche gesund gemacht hat; ganz Poerwodadi und Umgegend war auf den Beinen. Alte, die man sonst nicht sieht, wurden zu ihm gebracht. Sogar Chinesen, die sonst von Javanen nichts wissen wollen, riefen ihn! Satans Macht ist gross! Ich habe noch niemals unsre Strassen so belebt gesehen, wie damals. Selbst mehr entwickelte Javanen, z.B. der Regent, unterstützen so etwas. Es waren schwere Tage auch für unsere Aerzte. Da wurde einfach gesagt: ‚Wer zu dem Wunderdoktor geht und nachher zurückkommt, wird nicht aufgenommen.‘ Das half bei

Dr. Sickinger and his medical missionary colleagues, similarly to indigenous people, conceptualised medicine and healing practices in a religious way. For the indigenous actors, missionary medicine stood synecdochically for Christianity. For the missionaries, traditional local practices were born out of superstition and impiety. The intersections of medical and religious epistemes resulted in a contested field of indigenous agency.

Restrictions to medical care were issued by both missionary and indigenous actors. Whereas medical missionaries tried to hinder locals from consulting 'miracle doctors', locals willing to use missionary medicine faced opposition from family members. In his report *Aus der missionsärztlichen Arbeit der Neukirchner Mission auf Java*, Dr. Sickinger provides an example. When a Chinese patient wanted to have his kidney stones removed, he considered it most purposeful to consult Dr. Sickinger. However, his mother, whom he was living with, was strongly opposed to missionary medicine. The man thus had to wait for his mother to leave town to visit his brother before he could have the surgery. His cousin, in turn, had the same condition, but did not want to have surgery before awaiting his cousin's surgery's outcome.⁵⁷ Apart

manchen.“

57 Otto Sickinger, *Aus der missionsärztlichen Arbeit der Neukirchner Mission auf Java*, s.l., s.d., AMS M 318, 147.

from indicating locals' ways of non-compliance with their community, this example shows that the reluctance of locals to consult one of the missionary physicians derived from their respective social communities.

On the other hand, local actors' reluctance to consult local medical knowledge stemmed from the hegemony of missionary and colonial medicine as well as direct missionary attempts to discourage locals to use local medical structures. Thus, indigenous actors found themselves torn by a complex network of power-relations. Whom was one supposed to give priority? Most indigenous actors sought a way in between. They tried to reconcile both medical and religious epistemes. This argument of epistemic reconciliation illuminates the local actors' accumulative medical approaches. Only after all local treatments failed would many indigenous actors afflicted by diseases turn to Western forms of medicine.⁵⁸

This concept of reconciliation is also applicable to Soetjipto and transcends the medical sphere. After his conversion, Soetjipto moved to Salatiga, where he received training

to become an evangelist.⁵⁹ In the meantime, Soetjipto had become fully immersed in the missionary project. Instead of playing the continuous game of reconciliation, Soetjipto had chosen one edge of the net of power-relations. Consequently, Soetjipto's family broke off contact with him.⁶⁰ The gamble for Soetjipto's status in between these spheres ultimately came at a risk and having sent Soetjipto to the missionary school backfired.

Soetjipto's choice to engage ever more closely with the mission through time might well be due to his conviction of their missionary project. Conceding agency to indigenous actors should not be misconstrued as imposing the idea of resistance on their every action. After all, the concept of indigenous agency also includes the self-determined cooperation with colonial and missionary powers that were traditionally seen as hierarchically superior. Raymond Corbey recently argued that conversion served indigenous people as a self-determined way of coping with inescapable intrusions of modernity.⁶¹ What he omits, however, is the religious aspect of conversion. Soetjipto most likely developed not only practical but also spiritual-

58 On the indigenous perception of colonial medicine and the perceived sameness of medicine and colonialism see Frantz Fanon, "Medicine and Colonialism," in *A Dying Colonialism* (New York: Grove Press, 1994 [1959]), 121–45. Fanon's argument also holds true for missionary medicine.

59 Elfriede Krieg, Circular letter, Kopeng, 27 June 1928, AMS M 428, 57–58.

60 Elfriede Krieg, Circular letter, Goeboeg, 8 October 1928, AMS M 428, 55.

61 Corbey, "F.C. Kamma. A Missionary's Efforts (1930s)."

religious interests in the missionary project. After completing his training as an evangelist in Salatiga, he took up work at the missionary hospital in Poerwodadi. The final notion on Soetjipto traceable in the Bethel Mission's archive is that he had already conducted several baptisms in his new role.⁶²

CONCLUSION

Agency is a twofold concept. It is conceded by the historian's narrative, but it also depends on local power-relations. In conducting a global microhistory, the historian concedes as much agency as narratively possible. What emerges is an account torn between possibilities—the inclusion of traditionally underrepresented actors—and restrictions—the silence of colonial archives—as much as its protagonist. Soetjipto attended the Bethel Mission's *Zendingsschool* in Poerwodadi. After graduating, he remained in close ties with his former missionary teacher Elfriede Krieg. On Christmas Eve 1927, finally, he was baptised. His family broke off contact with him and he went on to become an evangelist. At first glance, Soetjipto's engagement with the Bethel Mission appears like a missionary victory all along the line.

The perspective of a missionary success, however, implies a general indigenous aversion against the mission. Traditional scholarship has argued that power-structures were favourable for missionary societies in missionary-indigenous encounters. Indigenous agency was understood as a manoeuvring of locals through inimical, superior power-structures. This paper, contrarily, has shown that power-relations in indigenous-missionary encounters were not one-sided, and neither was there a missionary hegemony. Rather, indigenous actors as well as medical missionaries found themselves in a net of overlapping and reciprocal power-relations. Oftentimes, indigenous actors were situated above missionary personnel.

To analyse indigenous agency in medical missionary encounters, this paper proposes an analytical trichotomy of power-relations: personal, religious, and medical hierarchies. These power-relations often stood in contrast to each other, resulting in two extreme positions of behavioural demands. Indigenous actors coped with the resulting net of power-relations in two ways: they either chose a reconciliatory path in between or they decided for one edge of the net.

In regard to treatment and medicine, most indigenous actors

62 Elfriede Krieg, Circular letter, Goeboeg, 1 May 1933, AMS M 428, 16; Elfriede Krieg, Circular letter, Goeboeg, 28 August 1932, AMS M 428, 20.



FIGURE 1: Photography of Women's Ward, taken by Dr. Otto Sickinger, 1933. Otto Sickinger, AMS M 318, 69. The backside reads: "Blick in neuen Krankensaal. Frauensaal, Aerztin mit europ[ä]ischen u[nd] eingeb[orenen] Schwestern". English: "View into the new hospital ward. Women's hall, doctor with European and local nurses". Courtesy of the Archiv- und Museumsstiftung der Vereinten Evangelischen Mission, Wuppertal.

sought to reconcile local and Western epistemes and behavioural demands. They would first consult local medical actors before eventually turning to Western medical actors such as the Bethel Mission's hospitals. In personal and religious terms, reconciliation proves to have been less feasible. When Soetjipto found himself torn between his family's expectations and the missionary project's perceived spiritual attractivity, he chose the latter. His family ties disintegrated over his decision. The irony lies in the fact that it was his parents who sent him to

the *Zendingsschool* in the first place. As Alicia Turner put it, in regard to religious projects, “some actors may have participated with very different, and perhaps contradictory, goals in mind.”⁶³ These contradictions showed even in close personal circles such as Soetjipto’s family.

The primary reason for Soetjipto to convert to Christianity was a veritable religious conviction. Over time, he most likely developed a faith in Christianity that outweighed his family ties. In arguing for spiritual-religious factors in cases of indigenous conversion, this paper thus challenges predominant notions of secular-modern historical scholarship. One ought to seriously consider and reappraise the most obvious aspect of missionary history: faith.

Soetjipto’s family background and his commitment to the missionary project makes him the archetype of a local intermediary. Apart from participating in knowledge transmission and knowledge production at the intersection of Europeans and locals, Soetjipto also served as an indigenous actor in religion-making. He taught at the *Zendingsschool* in Goeboeg, worked as an evangelist at the missionary hospital in Poerwodadi, and conducted baptisms. For future research, however, the implied strict distinction between indigenous and missionary actors is misleading.

The personnel of the Bethel

63 Turner, “Pali Scholarship ‘in Its Truest Sense’ in Burma,” 136.

Mission’s hospital in Blora comprised three European physicians, two European nurses, and 42 indigenous nurses.⁶⁴ In Blora, the indigenous preponderance was even stronger: two European physicians, three European nurses, and 51 indigenous nurses.⁶⁵

The above picture, taken by Dr. Otto Sickinger, shows that five out of six of the present nurses were indigenous. What implications for the concept of intermediaries does this entail? If indigenous actors like Soetjipto were an integral and essential part of the missionary project, is the concept of an intermediary then pejorative? Future scholarship on knowledge production, knowledge transmission, and religion-making will have to reconsider the role of indigenous actors in medical missions.

Current research pushes the boundaries of Orientalist tradition. Foci have shifted from the nation-state, colonial institutions, and colonial scholars towards local individual agency. Conceding too much agency, however, runs the risk of neglecting power-relations. Whereas indigenous actors had profound potentialities of self-determined action, they nevertheless acted within power regimes and

64 Otto Sickinger, Aus der missionsärztlichen Arbeit der Neukirchner Mission auf Java, s.l., s.d., AMS M 318, 141–142.

65 Otto Sickinger, Aus der missionsärztlichen Arbeit der Neukirchner Mission auf Java, s.l., s.d., AMS M 318, 144.

power hierarchies. Traditionally, Europeans were seen at the top of these hierarchies more often than not. However, Europeans and particularly missionaries depended on the aid of local intermediaries that were accustomed to local cultures and vernaculars. If one considers this dependence, a multiplicity of hierarchies emerges. Power-relations do not solely rest on political, economic, or military factors. In medical missionary encounters, these power-relations were overlapping and reciprocal, working constantly in more than one direction.