

**UCLA**

**UCLA Electronic Theses and Dissertations**

**Title**

Traveling Knowledge Systems in East Indonesia and Boundaries of the Possible: Women Healers among the Lamaholot

**Permalink**

<https://escholarship.org/uc/item/11x4b229>

**Author**

Gaynes, Julie Alexandra

**Publication Date**

2020

Peer reviewed|Thesis/dissertation

UNIVERSITY OF CALIFORNIA  
Los Angeles

Traveling Knowledge Systems in East Indonesia and Boundaries of the Possible:  
Women Healers among the Lamaholot

A thesis submitted in partial satisfaction of the degree requirements for the degree  
Master of Arts in Culture & Performance

by

Julie Gaynes

2020

© Copyright by

Julie Gaynes

2020

## ABSTRACT OF THE THESIS

Traveling Knowledge Systems in East Indonesia and Boundaries of the Possible:

Women Healers among the Lamaholot

by

Julie Gaynes

Master of Arts in Culture & Performance

Department of World Arts and Cultures/Dance

University of California, Los Angeles, 2020

Professor David Delgado Shorter, Chair

My thesis explores how interpersonal relationships between women healers and non-human persons (such as *leluhur*, or ancestral souls, and *nitung*, or nature/guardian beings) in the Lamaholot region of East Indonesia demonstrate sophisticated understandings of health beyond Western biomedical definitions. Building on a previous five-month study which expanded my connections with healers on the island of Lembata, I conducted a month-long oral history collaboration with a family of local healers and their diverse acquaintances on how local healing practices inform historic identity and psycho-social well-being. As Indonesia's Ministry of Health imposes increasingly stringent laws on "wild" or unregulated medicine, local

populations increasingly embrace Western, technoscientific models of health and safety. This, alongside the increased influx of affordable technologies (especially smartphones and laptops), causes kinship and identity to also transform. In 2006, the government of Lembata passed a law which prohibited all unlicensed traditional healers from providing ingestible or prescriptive treatment in any capacity. The legal discernment of 2009 between institutionalized health systems and traditional healers shifted public views on epistemologies previously upheld for centuries. My collaborators and I work to collect, and later visually depict through creative nonfiction, an archive of personal histories. This collection of microhistories will serve as a reference for Lamaholot communities who regularly discuss the value of passing down local knowledges to their youth. Throughout this thesis, I explore how local knowledge systems partially “travel” across temporal and generational boundaries within Lembata, and also how these knowledge systems endure transformation across geographic distances. I conclude that the longevity of local healing knowledge depends on how locals a) maintain practices for remembering past identities, b) adapt to adjacent knowledge systems without being overpowered by contending epistemologies, and c) contribute new or pertinent notions of the possible.

Keywords: Sociology of Knowledge, Indigenous Ontologies, Kinship and Identity, Microhistory, Health and Healing, Local vs. Global

The thesis of Julie Gaynes is approved.

Allen Roberts

Frederick D'Aguiar

David Delgado Shorter, Committee Chair

University of California, Los Angeles

2020

To the ancestors who continue to speak through us,  
whether we hear them or not.

## TABLE OF CONTENTS

I.	Introduction.....	1
II.	Terms and Definitions: Resisting Essentialist Definitions of “Healing”.....	4
III.	Scholarship: Applied References and the Resource “Gap”.....	15
IV.	Maintaining Local Knowledge as a Holistic Health Measure,.....	20
V.	Intention and Methods: Microhistory and Ethnographies of the Particular.....	24
VI.	History of Healing Knowledge in Lembata.....	32
VII.	Theories Pt. 1: Parameters of Local Knowledge.....	40
VIII.	Theories Pt. 2: Traveling Knowledge Systems.....	47
IX.	Theories Pt. 3: Memory, Adaptation, and Foundations of the Possible.....	58
X.	Theories Pt. 4: Lembata’s Women Healers’ Narratives.....	72
XI.	Conclusion: Proposed Approaches to Health and Healing in Lembata.....	101
XII.	Artist Book: We Have a Name.....	104
XIII.	Works Referenced.....	280



## ACKNOWLEDGEMENTS

I could not have completed this thesis without the support from mentors and donors at UCLA. UCLA's summer grants from the Center for Southeast Asian Studies and the Graduate Dean's Scholar Program helped me pay for transportation, accommodation, and translation services during my stay in Indonesia. My committee members have been unwaveringly supportive in the construction and completion of my scholarly thesis and art book. Dr. David D. Shorter's perceptive feedback over my past two years at UCLA has transformed me into a grounded writer and scholar. His detailed suggestions kept me on track during various personal and intellectual crises, and his commitment to activism consistently inspired me to keep my thesis propelled by practical visions for real change. Al Roberts's inclusive expectations of "academic work" encouraged me to contribute the art book as a companion to my scholarly thesis. At the onset of creating the art book, I considered the work a side project: a creation the institution would deem too "other" to accept. Al gave me the permission I needed to submit the "unconventional thing" as my MA, and as a proposal for a similarly unconventional PhD dissertation. Fred D'Aguiar's understanding of myriad forms of expression as a master storyteller, poet, and wordsmith allowed me to isolate where my narrative voice could be made more compelling and complete. I hope to work with all of these mentors in the future to build cross-cultural collaboration through engaging, mixed-media storytelling written for audiences within and beyond the institution.

My first task upon coming back from Indonesia with my raw interviews was to transcribe all the interviews and summarize the content so I could send them back to my collaborators for data checking. This process of translation could not have been done without Juliana Wijaya, Professor of Indonesian Language and Culture at UCLA. Juliana Wijaya also helped me craft the letter to my Indonesian colleagues asking for corrections and feedback regarding the content of the stories I transcribed.

The hospitality of the entire community at *Sahabat Penyu Loang* made me feel at home as I collected interviews for this project. A special thanks to Sahabat Penyu's leaders, Pak Dominikus and Pak Dennis, for identifying potential interviewees during my stay. Pak Dominikus went so far as to accompany me during the bulk of my interviews, and his company not only made conversations more accessible (as he translated Lamaholot dialect into Indonesian while speaking with older community members), but also a great joy. Ibu Bertha's consistent generosity as hostess and interlocutor kept me well-fed and culturally informed as I waded through new customs, loyalties, responsibilities.

The idea of traveling knowledge systems was sparked in a seminar called Language, Culture, and Ontology taught by Dr. David Shorter at UCLA in Fall 2018. To supplement our course readings, Dr. Shorter gave me an article by David Turnbull called "Local Knowledge and Comparative Scientific Traditions." This article was my first introduction to the idea of knowledge as an assemblage: a "motley" that could exist and travel in parts. Conceptualizing

knowledge as a motley helped me understand why I saw well-curated art forms as opportunities for intellectual rupture and growth. The idea of local knowledge as an assemblage inspired the collage-like structure of the scholarly thesis and art book. It is my hope that, after reading the following pages, the unique knowledge systems of Ibu Bertha, Ibu Leny, Mama Maria, Ibu Fiona, and Ibu Ida will become part of my readers' assemblages of enculturated ideas. My intention was to help these women "travel" through their words and characterizations, even as they remained in their homes in Lembata.

My parents, Christine Haxager and Randy Gaynes, endured my visions and gripes as I torqued through new intellectual gateways as a graduate student. My mother remains my first editor. My father reminds me I am first and foremost a writer. My partner, Joe, provided critical opportunities for laughter as I slaved away at what came to be two theses. My honorary father, the printmaker John Greco of Josephine Press, has been a role model, spiritual guide, art teacher, and friend. In all, I'd like to thank the human and non-human persons in Los Angeles and in Lembata (peers and mentors, ancestors, oral and written texts) for speaking their truths in ways which helped me understand why memory helps us move forward

## General Introduction

Interpersonal relationships between women healers and non-human persons such as *leluhur* (ancestral souls) and *nitu* (nature/guardian beings) in the Lamaholot region of East Indonesia demonstrate sophisticated understandings of health beyond Western biomedical definitions. The Lamaholot region of East Indonesia spans across four islands along the coast of Flores in the Indonesian province of Nusa Tenggara Timur. Lembata is the largest, and also the most recently autonomous island off the coast of Flores.<sup>1</sup> Throughout this thesis, I explore how local knowledge systems partially “travel” across temporal and generational boundaries within Lembata, and also how these knowledge systems contribute positively to adjacent systems of knowledge production. I conclude that the transferability of local healing knowledge depends on how agents of these knowledge systems a) maintain practices for remembering past identities, b) adapt to adjacent knowledge systems without being replaced by interfacing epistemologies, and c) contribute new or pertinent notions of the possible.

### *Preface: Scope and Intention*

To investigate how healing practices transform in the wake of contemporary global economic pressures, and to begin to weigh the extent to which such transformations affect robust conceptions of self in society, I work with women in Lembata who command roles as “healers” in a clinical or holistic capacity. The Indonesian terms for health and healing, “sehat”, “kesembuhan” and “pemulihan,” enfold preconditions of harmony between self, other, and environment. The Indonesian Government defines “health” officially as “the state of physical

---

<sup>1</sup> Until 1999, The Island of Lembata was governed by representative bodies in East Flores.

mental, spiritual, and social wellness which allows every person a socially and economically productive life.”<sup>2</sup> The inclusion of the terms “spiritual” and “social” in the Indonesian government’s definition of “health” signifies the Indonesian government’s concern for health factors beyond those which can be immediately observed or tested. Whether the government privileges spiritual and social facets of health in its *legal reforms* is another question. Broadening the implications of “physical, mental, spiritual, and social wellness” to include environmental wellness, I use the word “healer” to define community figures in Lembata who restore individual harmony after a period of social and physical imbalance.<sup>3</sup> Means of exploration are often elusive to clinical testing. As trusted mediators of social norms which guide development, women healers in the Lamaholot region of Lembata represent a critical network of individuals who daily demonstrate how healing knowledge accommodates transmission cross-generationally and cross-culturally.

Building on relationships established through a six-month residency in the region, I conducted a focused month-long oral history collaboration with local healers and laypeople in Lembata on how local healing practices are transferred.<sup>4</sup> While the nature of relationships between humans and nonhuman persons differ according to each region and clan (each Lembata resident declares ties with at least one local clan, each with particular laws of *adat* (local

---

<sup>2</sup> In item 36 of the Indonesian Constitution published in 2009, “On Health”, government health officials define health as “keadaan sehat, baik secara fisik, mental, spiritual maupun sosial yang memungkinkan setiap orang untuk hidup produktif secara sosial dan ekonomis” (Presiden Republik Indonesia, “Undang-Undang Republik Indonesia: Nomor 36 Tahun 2009 Tentang Kesehatan”, [www.hukumonline.com](http://www.hukumonline.com), 2)

<sup>3</sup> Marilyn Strathern popularized the term “dividual” in her book, *The Gender of the Gift* (Berkeley: University of California Press, 1988), defining it as a subject whose conception of self is defined only in relation to other subjects; a term which contrasts with Indo-European notions of the self as an isolated/self-made individual.

<sup>4</sup> During the five months preceding my graduate studies (February-June 2018), I lived and taught English Comprehension in the town of Hokeng, East Flores. My numerous travels to Lembata during this time led to social networking and close connections with the Nunang family who became my primary field guides during my month’s worth of dedicated field research in August 2019.

tradition and norms), my collaborators and I hypothesize that despite modern changes, Lamaholot communities in Lembata maintain communications with local spirits through material demonstrations of memory, sustained by *keyakinan*, or conviction in power beyond logic.

Among the women healers of Lembata today are individuals whose knowledge derives directly from dialogue with ancestors who instruct through dreams. On the clinical end of the health spectrum are female health professionals who work in hospitals. Lembata's clinical women healers (doctors and nurses), the large majority of them indigenous to the island, share lineage with customary healers, and yet adopt technoscientific logics as a result of their training. Some clinical women healers, either consciously or unconsciously, work to dismantle the undisputed authority of respected healers in their own villages. Clinical healers are trained to advise patients against the uses of local herbal medicines untested by BPOM (National Agency of Drug and Food Control), and against help from local healers whose efficacies cannot be verified through top-down logics and laboratory testing. Between these two ends of the spectrum are healers who integrate inherited and revelatory knowledge with biomedical logics. Through the four case studies of Ibu Bertha (traditional herbalist and massage therapist), Ibu Leny (clinically trained midwife and "retired" pediatrician), Ibu Maria (traditional midwife), and Ibu Ida (former clinical midwife, now head of the Department of Infectious Diseases at Lembata's leading hospital), I demonstrate how women healers of Lembata stand as assemblages and agents of unique knowledge systems cultivated by experience and place. Each case study provides a particular lens on how customary healers of Lembata contend with empirical constraints imposed by Western technoscientific knowledge systems, and how local healing knowledge systems might at least partially be transferred across temporal and spatial boundaries.

## Terms and Definitions: Resisting Essentialist Definitions of “Healing”

### *The “Evolving” Health System*

As Lembata’s institutional health system grows increasingly equipped with licensed clinicians and modern technologies, institutional health officials on the island increasingly denounce ancestor-given knowledge, pledging fidelity instead to “kaidah-kaidah ilmiah” or “laws of science”. These laws of science laden the items of the Indonesian Constitution concerning health (Items 36, 104, 15) with sterile metrics for vetting energetic and herbal healers hoping to continue their practices alongside their ancestors. Alongside these constitutional regulations, the Indonesian Constitution emphasises that increased supervision over traditional healers spawns from the need to ensure “safety” and “protection” of its citizens.<sup>5</sup> Traditional healers now technically require institutional permission in the form of two certificates, Surat Izin Pengobat Tradisional (SIPT) and Surat Terdaftar Pengobat Tradisional (STPT).<sup>6</sup> Reliance on scientific means for screening traditional medicine represents “progress” to those employed by the central government, and an arbitrary hurdle to most of my lay collaborators. The government trusts restrictive laws will help local governing bodies crack down on unverifiable and “dangerous” healers who claim false expertise. Lawmakers do not consult healers who have supplied their communities with reliable services for decades, and have difficulty proving the efficacy of often intangible and highly personalized treatment. The government implies that mental, spiritual, and social health must be prioritized alongside physical health, but fails to

---

<sup>5</sup> Presiden Republik Indonesia, “Undang-Undang Republik Indonesia: Nomor 36 Tahun 2009 Tentang Kesehatan”, [www.lukumonline.com](http://www.lukumonline.com), Article 61.

<sup>6</sup> According to constitution item 36 of the constitution, traditional healers must attend “pelatihan” or “trainings” led by clinical healers in order to be considered for the SIPT (Letter of Permission to perform Traditional Medicine) and STPT (Letter of Registration of Traditional Medicine) which serve as a sort of passport of recognition by the government.

directly acknowledge that quantitative standards used for evaluating physical health must not override qualitative means of assessment when evaluating mental, spiritual, and social healing intervention. Customary healers have inherited thousands of years of site-specific knowledge of what constitutes environmental and interpersonal equilibrium, and for that reason Lembata's emerging clinics first embraced collaboration between local and clinical healers. Now Lembata's clinics decide what traditional medicine should or should not be allowed based on laws the central government deems "protective." This means that the national government in Java over one thousand miles away expects to know what is right for local populations in Lembata.

Despite the fact that the World Health Organization (WHO) advises a fusion rather than a bifurcation between Indonesian traditional and contemporary healing methods, technoscience-based institutions' monopoly on power and regional resource inequities prevent such a vision from bearing fruit. The WHO's mission is part of a "back to nature" movement which took flight in the US and Europe in the 1990s and which gained popularity in Indonesia when it participated in the second China Traditional Chinese Medicine Industry Expo in August of 2019.<sup>7</sup> Since then, it has come to the attention of global researchers that Indonesia is home to 30,000 of 40,000 known medicinal plants in the world, only 7,500 (25%) of which have been scientifically reviewed for their medicinal potential.<sup>8</sup> The WHO's sponsorship of Indonesia's

---

<sup>7</sup> M. Irfan Ilmie, Ed. Fardah Assegaf, "Jamu dan obat tradisional Indonesia dipamerkan di Gansu", *Antaraneews.com* (27 August 2019).

<sup>8</sup> Ernawati Munadi, "Tanaman Obat, Sebuah Tinjauan Singkat" in *Info Komoditi Tanaman Obat*, Eds. Zamroni Salim, Ph.D dan Ernawati Munadi, Ph.D (Indonesia: Badan Pengkajian dan Pengembangan Perdagangan Kementerian Perdagangan Republik Indonesia, 2017).

traditional health system represents the WHO's concerted effort to build the Indonesian economy and education system around the community's natural resources. Alongside such a vision, Indonesia can build its global contribution to the "back to nature" movement while also simultaneously mobilizing long-outdated efforts to regulate quality of healthcare in Indonesia's cities and villages. Counterproductively, the Indonesian government limits the longevity and integration of traditional healing by declaring that all traditional healing methods must be tested empirically and scientifically in order to be considered "safe." The Indonesian government has issued public statements attesting to the power of local knowledge systems, including traditional methods of healing broken bones, delivering massage, providing circumcisions, delivering babies, providing services such as reflexology, shiatsu, qigong, acupressure, acupuncture, chiropraxy, osteopathy, cupping, apothecary treatment, beautifying treatment, as well as traditional veins of yoga and reiki.<sup>9</sup> The Indonesian Department of Health authorizes that these energetic healers may earn the right to practice alongside their community clinicians with the right certification; however, thus far the government has not drafted a standard procedure for local clinics in vetting client testimonials or granting legal permission to practitioners whose skill proficiency remains elusive to the clinically-trained eye. The result of this oversight is that the vast majority of traditional healers in Indonesia, including Lembata, never receive their SITP and STKT, and these community leaders face two choices: continue practicing inherited healing methods and become outlaws, or give up their practice and allow ancestral knowledge to become erased in favor of technoscientific imperialism.

---

<sup>9</sup> Kementerian Kesehatan RI, *Pedoman Penyelenggaraan Pelayanan Kesehatan Tradisional Keterampilan* (Bakti Husada, 2011), Form 3a.



Laws which regulate biomedical practices in Lembata rest exclusively in the hands of government-backed institutions in faraway Java, and practitioners of local healing knowledge in Lembata find their social agency increasingly diminished.<sup>10</sup> The more remote hospital facilities that become equipped with imported technologies and clinical care workers, the more those hospitals reject collaboration with healers of alternative/local training. Trainings from Indonesia's Health Ministry BPOM (Badan Pengawas Obat dan Makanan) have invited Lembata's traditional healers to partake in certification programmes which enable traditional healers to continue their private practices, but only under strict regulations dictated by clinical care and government officials who know little about the healing capacities of those they seek to train. These officials, conscious of Indonesia's moderately low reputation for healthcare performance (averaging a quality rating of 34 percent on the global health scale, with lower ratings in Indonesia's Eastern regions), see local healers as hindrances rather than assets to Indonesia's rise in international status.<sup>11</sup>

Clinical overviews of healers and their medicines serve Lembata's populations, even as clinical oversight interferes with long-held clan convictions. My local mentors affirm that not every self-proclaimed local healer is equipped to provide urgent care, as some are *suanggi* or sorcerers seeking to acquire names for themselves. Among the most widely condemned people in Lembata are these individuals who "mencari nama", or declare false healing capacities beyond their actual capabilities, as this places the delicate balance of ancestors, community, and

---

<sup>10</sup> Ibu Rose, Head of The Department of Infectious Diseases at Rumah Sakit Damian (Lembata's central hospital), claimed in her interview that local doctors volunteer to work alongside *molan* or *dukun*, as these professionals acknowledge that sorcery-oriented disturbances might occur which involve services beyond clinical expertise. Rosedalima Tuto (Head of the Department of Infectious Diseases and former midwife at Dinas Kesehatan Kabupaten Lembata) in discussion with the author, transcript recording, August 13, 2019.

<sup>11</sup> *Health Systems in Transition: The Republic of Indonesia Health System Review*, eds. Krishna Hort and Walaiporn Patcharanarumol, Vol. 7 No. 1 2017 (Asia Pacific Observatory on Health Systems and Policies).

environment in danger. While not hugely common, residents in Lembata have suffered or died due to improper treatment provided by local healers.<sup>12</sup> Patients also suffer and die due to inadequate treatment by doctors and nurses, especially in Lembata's underfunded hospitals. My interest is not in determining who will best serve the well-being of Lembata's coming generations, but rather in creating dialogue between multiple facilitators of health and healing. My process of inviting this dialogue is just beginning. As it stands, the increasingly pervasive authority of technoscientific logics diminish local knowledge systems central to the holistic health of Lembata's communities. Local government officials direct public perceptions as to who deserves trust as resources for knowledge production, but rarely take care to identify individual local healers whose experience caring for patients matches or outperforms their own. This thesis serves as a proposal for both local and biomedical healers to co-design health improvements in Lembata which avoid cultural erasure. The reimagining of such an inclusive knowledge framework relies on collaborative leadership amongst my mentors, guides, and teachers, whose support has been integral in helping me understand what I still do not know.

### *The Limitations on Biomedical Definitions of "Healing"*

As concepts of health and healing hold definitions specific to their socio-linguistic contexts, I use "health" and "healing" as "translation terms" which help me explore how my colleagues seek mind-body equilibrium. James Clifford (2003) defines "translation terms" as linguistic markers which can be transposed (at best) imperfectly across linguistic divides.

---

<sup>12</sup> *Suanggi* are also known to be proficient in trickery. They might have the capacity to heal a patient, but will purpose-fully withhold the anecdote for recovery to better ensure a patient's reliance on their services—and the fees that go with them. According to the Head of The Department of Infectious Diseases at Rumah Sakit Damian, Ibu Rose, these deaths result from malice or inefficiency in traditional healers' declared specialties, but because they claim specialties they do not have.

Translation terms include “art”, “modernity” “gender,” and “production” which hold enough conceptual bandwidth to invoke thematic discourse on structural foundations of human behavior. Translation terms inevitably privilege certain [in this case English-speaking] audiences, a choice which despite in some ways separating me from my Indonesian mentors also helps me work as an ally in opening up discourse on trans-national concerns.<sup>13</sup> As I address “health” and “healing” to my English-speaking audience, I attempt to approximate concepts better captured in Indonesian terms and contexts: “kesehatan” (health), “kesembuhan” (recovery), “pemulihan” (also recovery, but in a context more associated with human equilibrium with the universe). As Clifford implies, my best translations and most careful contextual analyses only bring me to crude approximations. I operate among collaborators who assure me that crude approximations, if handled carefully, can generate positive change.

The etymologies of the Indonesian terms “pemulihan” (restoration), “kesehatan” (health), “kesembuhan” (healing) escape reliable documentation.<sup>14</sup> Origins of the Lamaholot language (the parent of the language, Bahasa Lerek, spoken in the region where I work) remain absent from the language’s few Lamahalot-Indonesian dictionaries. As most of my colleagues and mentors in Lembata speak bilingual Bahasa Lamaholot/Lerek and Bahasa Indonesia and I have been assured that the Bahasa Lamaholot terms for “health” and “healing” differ significantly by clan, I employ Indonesian terms for the large part of this paper. The Indonesian language has enabled preliminary interviews about Lembata’s healing knowledges among Lembata residents of multiple dialects. For the etymology of most Indonesian terms, one must dig into the Malaysian lexicon which provides the vast foundation of Indonesian *Bahasa*. The recently

---

<sup>13</sup> James Clifford, *Routes* (Boston: Harvard University Press, 1997), 11

<sup>14</sup> Written documentation of languages has long been a practice among Indo-European historians, but has only garnered attention in communities which rely primarily on oral communication, especially in South-East Asia.

established archive for South-East Asian Languages, *SeaLang*, suggests that the Indonesian term “sehat” (healthy) derives from the Arab term, “sahi”. “Sahi” in Arabic translates to “healthy”, “sanitary” and “wholesome.”<sup>15</sup> Connotations behind this definition arguably function more fittingly within an Arab-muslim context where purity, religiosity, and holistic well-being function coterminously by the laws of Arab Islam. In Indonesia, and especially in Lembata, “sehat” is rarely, if ever, used in conjunction with hygiene or morality. At best approximation within the Lamaholot context, “healthy” means “balanced”, or otherwise “fit” for future survival.

16

Even within English-speaking circles, definitions of “health” and “healing” invite contentious discussions. Alternative medical professionals, only newly establishing insurance-sponsored practices around the globe, define “health” through a holistic lens which complicates clinical preoccupation with the “cure.” Anaris Iosif Ross, in her book *The Anthropology of Alternative Medicine* (2012), defines healing as a therapeutic process which treats individual well-being at a psycho-social as well as a physical level. Ross’ definition of healing validates healing transformations facilitated through prayer, ritual, and other energetic practices often elusive to scientific experimentation. Ross critically distinguishes healing medicine and curative medicine by noting that a physically suffering patient might reach a state of mind-body harmony even when that patient’s physical cure proves unlikely.<sup>17</sup> In defining healing as harmonization of physical and metaphysical factors, Ross presents biomedicine and

---

<sup>15</sup> “Sehat,” Center for Research in Computational Linguistics, *Sealang Projects*, <http://sealang.net/>, accessed June 2020.

<sup>16</sup> Yoseph Yapi Taum (Linguist native to Lembata and Professor of Indonesian Literature at Universitas Sanata Dharma) in discussion with the author, June 2020.

<sup>17</sup> Anamaria Iosif Ross, *The Anthropology of Alternative Medicine* (Berg Publishers: 2012), 29.

what she calls “traditional medicine” as mutually serviceable within the revolutionary scientific paradigm she idealizes.

Ross helps readers envision inclusive authorship of modern medicine, or “medical pluralism”, by bifurcating medical strategies as either naturalistic or personalistic, conveying how each might complement one another and serve appropriate for different patient demands. Naturalistic medicine serves those suffering from physical ailments, such as obvious injuries or environmental extremes; meanwhile, personalistic medicine meets needs of patients suffering from injuries of the soul or psyche which might not respond to treatment by clinical care professionals.<sup>18</sup> These personalistic injuries require social, not merely tangible, interference in order to secure the injury’s reversal. While Ross could have paid greater attention to the adaptive potentials of alternative medicines, Ross’ conceptualization of naturalistic and personalistic medicine provides a useful linguistic foundation for observing how local healing knowledge in Lembata might work in dialogue with contemporary biomedicine. As I attempt to convey through my case studies (see “Theories Pt. 4”), most of my colleagues in Lembata would affirm Anaris Iosif Ross’ claim that personalized/local healing knowledge serves alongside clinical medicine, and that “health” or “kesehatan” hinges as much on social harmony as internal/physical balance.

Topics of health and healing might serve as foundations for transcultural solidarity, although the words used in shared discourse must adapt to fit the linguistic context in which “health and healing” are discussed. In other words, while Lembata’s healers don’t use the English terms “health” and “healing” in their linguistic exchanges (preferring “kesehatan,

---

<sup>18</sup> Injury requiring personalistic medicine might be psycho-social, and spawn from interference by unseen factors such as emotional or social trauma.

kesembuhan, pemulihan”), the concept of healing as holistic occupies great significance among local concerns in the Lamaholot landscape, as in the English-speaking world.

### *Healing in a Local Context*

While I aim to minimize my generalizations about Lembata’s ontologies, I worry it would be counterproductive to talk about the sensibilities of local healers without providing a preliminary overview of Lembata’s heterogeneous healing knowledges. Again, while perceptions of what constitutes well-being differs among clans and individuals in Lembata, my research suggests that most of the healers I work with Lembata would affirm Anaris Iosif Ross’ claim that personalized/local healing knowledge serves alongside clinical medicine.<sup>19</sup>

Local healers in Lembata typically fall into three categories and demonstrate varied proficiency in dealing with physical and metaphysical concerns: *dukun*, *molan*, and *pendoa*. *Dukun* is a Javanese term used broadly in Indonesia as a title for an energetic healer. In Lembata, a *dukun* usually demonstrates specialty in one area such as child delivery/rearing. Examples of *dukun* include *dukun bersalin* (local midwives) or *dukun patah tulang* (bone healers).<sup>20</sup> *Molan* is a term specific to the Lamaholot region. A *molan* is a general interpreter of maladies who treats patients suffering from both energetic and physical illnesses. A *pendoa* is an individual who summons the divine through prayer and who uses this prayer to heal another person. Men typically occupy the roles of *molan* (there are typically a small handful for every well-sized

---

<sup>19</sup> Mama Maria, a local midwife who steers clear from clinical healthcare institutions in dealing with her own affairs, consistently encourages her patients to attend pharmacies and clinics to ensure that their health improvements are officially documented. Mama Luthok (Practicing Midwife) in discussion with the author, Lerek, Lembata, August 3, 2019.

<sup>20</sup> The Javanese tend to use the word “*dukun*” as a general term for a shaman, and is often associated negatively with individuals who dabble with sorcery in secrecy and whose morals lack direction.

village), whereas women occupy a number of the island's *dukun* and *pendoa*.<sup>21</sup> According to the fourteen or so testimonies I recorded, *molán*, *dukun*, and *pendoa* demonstrate hyper-sensory capacities which transcend the perceptive capacities of the average clinician or "layperson".<sup>22</sup> Social networks of local healers include *leluhur* (ancestors), *nitú* (nature spirits), and *penghuni* (guardian spirits, a term used interchangeably with *nitú*). These local healers train through sustained physical practice, socialization with the natural environment, ancestral visitation, and apprenticeship or collaboration with other healers on the islands.

*Molan*, *dukun*, and *pendoa* serve as healers who, to varying degrees, tend to patients harvesting both physical and psycho-social concerns. These practitioners facilitate balance between self and environment through reciprocal mediation with *leluhur* (ancestors) and *nitú* (nature spirits) who share the landscape with humans.<sup>23</sup> As agentive hands of the divine, *leluhur* and *nitú* disseminate both cures and illnesses in human bodies, and also endow plants with healing properties.<sup>24</sup> While Western biomedicine has brought advancements to Lembata's hospitals in recent years, the medical facilities remain wanting for better treatment of patients suffering from severe injuries or illnesses. If patients fail to foster balanced relations with their

---

<sup>21</sup> Local scholar Bernardus Boli Ujan confirms: "Overall, a *molán* is a man. In spite of this, there are one or two women who become *molán*. Gender isn't the priority in becoming a *molán* because the first requirement is charisma" (Bernardus Boli Ujan, SVD, *Mati Dan Bangkit Lagi: Dosa dan Ritus-Ritus Pemulihan Menurut Orang Lembata* (Maukere: Penerbit Ladalero, 2012), 73).

<sup>22</sup> Scholar David Shorter's comprehensive essay on binary thinking contests the frequent mis-step of anthropologists who flatten natural dimensions with the term "supernatural". I choose to use "hypersensory" to reference the heightened capacities of energetic work conducted by *molán*, *dukun*, and *pendoa* in Lembata. These mediums do not employ strategies for communication beyond their world or community, but rather sensory perception better trained to perceive matters of this world in consistent relation (albeit invisible) with elements in nature. (David Shorter, "Binary Thinking and the study of Yoeme Indian lutu'uria/truth in *Anthropological Forum*, Vol. 13, No. 2, 2003).

<sup>23</sup> While I acknowledge the reductive effect use of the term "spirits" to describe energetic agents beyond lay-human conception, in this scenario the term "spirit" matches the general term *nitung*: a mostly invisible natural agent which guard a tree, rock, or stream, and can choose to transform its physical form (in one of many animal forms, including human) to influence human behavior.

<sup>24</sup> Lamaholot ontologies consistently uphold that positive or negative phenomena result from good deeds or wrongdoings conducted by someone in the past. Sometimes one person's wrongdoing causes personal health or economic failure; other times one person's wrongdoing can bring turbulence to a whole community.

agentive environment, the body will potentially resist the already limited medical provisions their hospital might provide. *Molan*, *dukun*, and *pendoa* help Lembata's residents overcome social obstacles which impede biomedical cures. I have yet to meet a Lembata resident who denied that positive thought intervention must precede cure of an ailment. Three of the four women theorists introduced in my later case studies inhabit these three categories at once: *molan*, *dukun*, and *pendoa*, and all rely on mental conviction, both on their part and on part of their clients, to ensure health restoration.

Since new pressures by the WHO have pushed communities to define local healing in terms accessible to global interpretation, new categories of traditional healing distinguish the diverse proficiencies of local healers even as they pigeon-hole these healers into outsider categories. Instating these categories help local governments modulate which modes of traditional knowledge production need monitoring. Very few local healers in Lembata have the resources for obtaining certification and documenting personalized and spiritual practices. Additionally, healers who have been practicing integrative community-based medicine for decades find little incentive in adhering to punitive laws which try to force them into monetizing, regulating, and systemizing medicine highly gift-oriented and personalized.<sup>25</sup> Increasingly, traditional healers (especially women, who command less political thrust than men) will find it increasingly hard to practice unless the government intervenes to make the STPT and STPK acquisition process more adaptable and equitable. My collaborators contend that if traditional healing practices disappear, so will local systems of social relations between human and non-human persons (*nitu*, *leluhur*) which thread the fabric of a robust society.

---

<sup>25</sup> Traditional healers in Lembata, to the best of my knowledge, prefer to use items or favors in exchange for their services (rather than money); it is known that should a spiritual healer charge money for their services, ancestors will "take" the healer's charisma.



### **Scholarship (Research Gap)**

Although the breadth of local scholarship on Lembata grows slowly in response to increased attention towards the power of the written word, most local scholars who write about Lembata codify historical ritual and community norms through textual analyses suited for a high-clerical male elite. Most existing scholarship on Lembata portrays women as puppets at the periphery of ritual spaces when, in fact, they serve as highly variable agents of knowledge transmission.

Despite the growing body of unpublished and published fieldwork from prominent and aspiring priests in East Flores and Lembata, authors' writings primarily cater to Catholic clerical audiences. The theological arguments present in anthropological studies done by local priests pronounce premeditated theories on how local ontologies match or contend with the tenets of Catholicism. Indeed the wealth of local scholarship on local ontologies springs from the high quality of teaching and mentorship provided by the clergymen who double as professors in East Flores, many of whom originate from the area. Home to the largest body of Catholic clergy in Indonesia, many young priests earn opportunities to live and study abroad, expanding the range of fieldwork approaches and perspectives expected among higher educators in East Flores and Lembata. The Major Seminary St. Paulus, Ladalero (established in 1937) remains the most prestigious institution for higher education in East Flores, and the few schools on the island to offer a Master's education. Aspiring scholars from farmer and fishing families seeking to continue their study past the highschool level might realistically consider pursuing paths of the clergy. Priests seeking to be ordained must conduct fieldwork. While local aspiring priests often infuse their anthropological analyses with rich, in-depth perspectives on local knowledge

systems, their theses are almost always designed to sway readers towards greater piety in Catholicism. Few scholars of the high seminary, if any, write independently of church rhetoric. Additionally, ethnographic research projects by aspiring priests are vetted by members of the clergy before being published as local scholarship, if they are published at all.<sup>26</sup> Such writings, while they shed light on how indigenous ontologies and religion syncretize in the day-to-day lives of Lembata's people, present a highly particular lens on Lembata's history and future.

Amidst objectives to archive rather than advocate, scholarship on Lembata mentions little about the radical changes brought on by modern technologies which rapidly transform Lembata's kinship structures. Powerful works have been written by Scholars Bernardus Boli Ujan, Thomas Atlajar, Yoseph Yapi Taum, Patrisius Dua Within, Dana Rappaport, Karl Heinz Kohl, and R.H. Barnes, all who continue to contribute detailed and comprehensive accounts of foundational tenets of Lamaholot culture. While invaluable to communities in Lembata as written archives of ancestor-given knowledge, the works of aforementioned authors achieve an essentializing function which educates through classifications as opposed to phenomenological accounts. Pre-existing ethnographic writings have served to collect Lembata's wisdoms in their ideal, purest forms.<sup>27</sup> Most existing collaborative research on local healing in Lembata (a small archive

---

<sup>26</sup> Upon living and working at the minor seminary in Hokeng, Flores, I spoke often with well over a dozen priests on the subject of local scholarship. Georgius Harian Lolan, respected professor emeritus of Theology at STP Reinha Waibalun Larantuka, who informed me that almost all scholarship conducted for the advancement of status within the diocese applies doctrinal interpretations which slant the analyses of ritual practices outside the Church. Pater Bole Ujan (2012), for example, speaks at length of the similarities between local conceptions of wrongdoings which cause environmental collapse, documenting various forms of "kesalahan" ("wrongdoing" under systems of *adat*) as synonymous with "dosa" or "sin."

<sup>27</sup> Upon my first meeting with Thomas Atlajar in Jakarta (2019), the author declared his motive behind writing *Lusi Lame* was to create a reliable history accessible to readers outside Lembata. These readers look for linear narratives, whereas I've been told by a number of elders that narratives are specific to clan and needn't 100% co-align. Yoseph Yapi Taum propels the movement toward recognizing Lamaholot oral traditions as "literature" through his descriptions of poetic language used in ritual. Patrisius Dua Witin, in his book *Orang Ata Ili*, outlines a thorough documentation of local ritual. All these works serve as references and resources for coming generations in Lembata.

to begin with) reflects the state of local knowledge systems pre-smart-phone infiltration of 2011. These scholars do not provide specific details on how local knowledge transmission rapidly changes in response to new technologies. For these authors, documented accounts of ritual and societal roles remain sedimented as roadmaps, but less as forecasting predictions on how the infiltration of globalizing technologies affect the overall health of their ecosystem. My interest is in how the balance between humans and non-humans in an agentive environment might be sustained with heightened awareness of what contemporary technologies put at stake. While local scholarship proves critical in highlighting trends among healers in Lembata, essentializing classifications tend to glance over anomalies and tech interferences which inform trajectories of health and healing differently for each person and each family during times of urgent change.

Most written analyses of local epistemologies oversimplify the roles of men and women within the contexts of ritual and everyday life. While previously published studies on healers in Lembata capture how *molán* and *tuan tanah* lead ritual ceremonies in dedication to ancestors and local spirits, most written analyses of local epistemologies oversimplify the roles of men and women within daily ritual.<sup>28</sup> Overgendering of spaces, particularly of healing spaces, comes easy to both local and foreign researchers: women and men in Lembata generally occupy gendered spaces both socially and in ritual, and women rarely officiate. While I would rather not contribute to the gender binary by grouping all women into one category, I emphasize the gendered spaces in Lembata to provide a better context for why they have historically been excluded from written documentation on health and healing.

---

<sup>28</sup> *Molan* in Bahasa Lamaholot has no direct Indonesian translation, but most closely translates to “healer”. The Lamaholot term, *Tuan Tanah*, translates to “Head of Clan”. Local spirits, falling under the umbrella term of non-human persons, might include *nitung* who live in colonies in shallow waters and in forests, independent nature spirits who guard rocks and trees, and/or evil spirits (*kuntil anak*, *jinn*, *setan*) who traverse physical space, sometimes independently and other times under directives of *suanggi* or sorcerers.

With this disclaimer, within the historically patriarchal Lamaholot system, women hardly stand at the foreground of ritual events. Rarely, if ever, do they serve as oral storytellers or clan leaders, or healers “with a name.”<sup>29</sup> That being said, the presence of women proves essential in mobilizing day-to-day practices of the living and their relationships with their agent landscape. When islanders seek clinical or spiritual aid at the homes of traditional healers, male healers frequently send their wives and daughters to fetch appropriate tree roots or herbs for remedies, and sometimes the women, gifted with plant knowledge from ancestral visitations in dreams, send the men to the fields. If treatment extends over a several-day period, women of healing households provide intimate care for patients and, in the hours they pause from office work or field-tending, they raise their children to note concerns of the community.

Female midwives, *dukun bersalin*, for example, are known to channel the same calibre of spiritual power as male *molan*, but hold a particular capacity to provide prenatal and infant care.<sup>30</sup> *Dukun bersalin*, alongside other *molan* or *dukun*, represent critical resources for holistic health which, if erased in favor of clinical models, will affect access to holistic healing for coming generations. I rely on women, and specifically Ibu Bertha, Ibu Leny, Ibu Maria, and Ibu Ida, to “fill in” spaces of history which have previously been overlooked. Critically, women—the servers of nourishment, the mediums themselves, nurses, doctors, and surveyors in local clinics—are largely absent within narratives of Lembata’s continuity. Several layers of work must be done: first, to invite the members frequently in the periphery (women) to speak for

---

<sup>29</sup> “Kita punya nama,” translates to “we have a name”, and is a phrase commonly used in orated histories during moments of a featured ancestor’s self-assertion, when that clan hero demands recognition as an enduring representative of his kin.

<sup>30</sup> The term “dukun bersalin” or natal midwife fits under the umbrella term of “molan” or healer; however, “molan” remains site-specific to Lamaholot regions, whereas the Indonesian “dukun bersalin” represents prenatal and antenatal midwives across the nation. It is notable that the role of dukun bersalin might be occupied by men; however “the charisma” of dukun bersalin in Lembata usually falls upon women.

themselves, and then to put those histories in local hands for their additional contributions.

Women healers represent critical resources for transferring holistic healing knowledge in Lembata. If their contributions are erased in favor of biomedical models, such an erasure will affect local kinship structures and community engagement for coming generations.

## Maintaining Local Knowledge as a Holistic Health Measure

As paramount elements of Lamaholot knowledge regarding non-human persons transform during intellectual, political, and economic shifts, local healing knowledges face potential erasure. Standards of what is constituted as “medicine” materializes as imported pill capsules and injections. In 2009, the government of Lembata passed a law which prohibited all unlicensed traditional healers from providing ingestible or prescriptive treatment in any capacity.

<sup>31</sup> By 2023, all complementary medicine will be legally outlawed from performance in private homes: a huge prohibiting factor for women whose daily freedoms manifest in neighborly exchange. The legal discernment of 2009 between institutionalized health systems and traditional healers transformed public views on epistemologies previously upheld for centuries. Technology has brought new health services and medicines to Lembata, which has caused mortality rates to decrease significantly in the past decade, while also bringing epistemic change.<sup>32</sup> In 2011, Telkomsel erected the island’s first wireless towers.<sup>33</sup> This spawned widespread investment in digital technologies. Before, they were either inaccessible or not worth the cost. Now the average young adult joins the ever-expanding and attention-consuming wave of social networking platforms: WhatsApp, Facebook, Instagram, and YouTube serve as a new “outdoors” for this new generation of Lembata’s residents. The effects of Covid-19, while the data has yet to be accrued, leads entire families to rely heavily on imported technology. For better or for worse, opportunities for global participation prompt residents of Lembata to embrace “development” as

---

<sup>31</sup> Presiden Republik Indonesia, “Undang-Undang Republik Indonesia: Nomor 36 Tahun 2009 Tentang Kesehatan”, [www.hukumonline.com](http://www.hukumonline.com).

<sup>32</sup> *Health Systems in Transition: The Republic of Indonesia Health System Review*, eds. Krishna Hort and Walaiporn Patcharanarumol, Vol. 7 No. 1 2017 (Asia Pacific Observatory on Health Systems and Policies).

<sup>33</sup> Telkomsel Report, 2020.

something that looks like a tech-dominated universe, and at a pace previous generations never anticipated.

Local healers, meanwhile, stand at this fulcrum between rapid adaptation and rapid erasure, probing their community members to engage the question of whether or not younger generations will find local healing knowledges worth learning. Digging weeds and laboring over prayers attract increasingly less youth who study textbooks printed in Java and enjoy YouTube diversions streaming from Korea. To complicate things further, the World Health Organization probes Indonesian Health Services into revamping its health system without providing concrete suggestions for vetting localized practices in ways which privilege rather than diminish non-technoscientific ways of knowing. Elders in Lembata foretell that the waning of local knowledge will result in physical and metaphysical consequences, both of which will direct new interpretations of local identity. Leaders transmitting local knowledge remind younger generations to pay attention to agents of nature in their periphery. The alternative is interpersonal and environmental collapse.<sup>34</sup>

Lene Arnett Jensen, Jeffreu Jensen Arnett, and Jessica McKenzie lead studies which generate models for categorizing behavioral responses to globalization. In their article, “Globalization and Cultural Identity” (2011), the triad of scholars categorize four modes of response to globalization: 1) Assimilation, 2) Separation, 3) Integration, and 4) Marginalization.

<sup>35</sup> Despite countless clinical psychology studies delving into how popular technologies affect human behavior and the environment, surprisingly few theoretical models exist on how

---

<sup>34</sup> Witin, xxvi.

<sup>35</sup> Lene Arnett Jensen, Jeffreu Jensen Arnett, Jessica McKenzie, “Globalization and Cultural Identity” in S. J. Schwartz, K. Luyckx, & V. L. Vignoles (Eds.), *Handbook of identity theory and research* (p. 285–301). Springer Science + Business Media. (2008).

increasingly fractured identities, fused with global technologies, disengage from their physical environments.<sup>36</sup> The field of psychology occasionally imposes reductionist diagnoses on highly variable mental conditions, yet trend-based lexical categories mark urgent concerns among my collaborators. If we are to consider psychologists Arnett, Jensen, and McKenzie’s assimilation model, full assimilation with global culture in dismissal of local culture might result in a fissure between human and nonhuman persons in Lembata’s landscape. While such a fissure does not much concern government-supported health services, the vast majority those who embrace the integration (represented by Ibu Bertha, Ibu Leny, and Ibu Maria) and separation/marginalization models (Mama Maria) as opposed to assimilation (Ibu Ida) demand more work on behalf of local officials to invite local healers into their decision-making processes which sculpt the rising generation. Meanwhile, now that expanding technologies increasingly enable “authoritative” empirical sciences to percolate into Lembata’s schools and homes, willful separation from technoscientific knowledge systems seems impossible.

The grouping of these four terms—“Assimilation”, “Separation”, “Integration”, and “Marginalization”—provide a useful framework for understanding trans-cultural behavioral trends among local youth who increasingly vacillate between their cyber universes and their physical environments. Jensen, Arnett, and McKenzie’s definition of assimilation describes the willful exchange of local culture for global culture: Separation defines the staunch rejection of global culture in favor of the local; Integration involves active co-transformation of the local in-step with the global; Marginalization categorizes partial engagement with local and also

---

<sup>36</sup> In *Simians, Cyborgs, and Women: The Reinvention of Nature* (United Kingdom: Routledge, 1990), Donna Haraway conveys how human identities fuse with their applied technologies to form cyborgs: the new species of human which is part organic, part machine. As identities encode and propel ideas across cyberspace, representations fracture and disperse, leaving human presence at any given moment flickering and partial.



global culture in response to feelings of estrangement from the former, paired with lack of accessibility to the latter.<sup>37</sup>

As Donna Haraway suggests in *Simians, Cyborgs, and Women: The Reinvention of Nature* (1990), technologically-mediated realities increasingly construct human identities, and so the prospects of separation from global culture seems increasingly fanciful. Even in Lembata, now that cellphone technologies and the installment of computers percolate in school systems, many would argue that full separation from global culture is impossible. In Lembata, such a rift might result in mass illness or natural disasters, as those faithful to Lamaholot ontologies hold that humans' failure to *ingat*, or remember, non-human persons through ritual practice invite negative repercussions for all island inhabitants. According to Arnett, Jensen, and McKenzie, balanced identity requires volition and autonomy, not easily upheld for anyone struggling to meet fast-paced, perfectionist, Euro-centric standards of personal and community development. As will be discussed in my later section entitled "Theories Pt. 4" my female collaborators fulfill each of the categories: Ibu Ida (Assimilation), Ibu Bertha and Leny (Integration), and Ibu Maria (Separation/Marginalization). My collaborators and I explore how local healing knowledge might work alongside the global distribution of techno-scientific knowledge. Our goal is to integrate different notions of the possible so that individuals and communities might maintain social harmony with nonhuman persons in their environment, while at the same time enjoying possibilities provided by modern biomedical technologies.

---

<sup>37</sup> Lene Arnett Jensen, Jeffreu Jensen Arnett, Jessica McKenzie, 291-295.

## Intention and Methodologies

Using health and healing as translation terms for procedures which guide humans towards better equilibrium with their environments, I explore how some customary healers' interpersonal relationships with nonhuman agents (such as *nitu* or nature/guardian beings and *leluhur* or ancestral souls) fit into this discussion. My intent is to invite inclusive discourse on how local kinship remains central to discussions of well-being not only in Lembata, but among all readers interested in sustained health founded in balance and human-environmental reciprocity. Healers stand at the precipice between being and not being. They not only curate agents in their immediate environments to facilitate human transformations, but they mediate and restore equilibrium between agents of aggression and restoration.

One might wonder how anyone from outside Lembata's Lamaholot community, especially a Catholic-Jewish Italian from suburban Chicago, might learn about Lamaholot healing knowledge systems to any significant depth when placed alongside the perspectives offered by long-term local researchers. Many of Lembata's existing historians, as native to the Lamaholot region of East Flores and surrounding islands, demonstrate critical familiarity with clan-specific idioms, ritual phrases, and definitions of local cosmological structures: a familiarity I cannot lay claim to at this time.<sup>38</sup> However, my fluency in Indonesian, my outsider-close relationship to my collaborators, and also my renounced loyalty to any one particular form of knowledge helps me embark with some degree of reflexivity in seeking a wide array of voices on

---

<sup>38</sup> The Lamaholot Empire, prior to the 16th century infiltration of Portuguese and Dutch traders in the Solor Archipelago, once operated under a kingship centralized in Larantuka. With the help of Portuguese alliance, Lamaholot influence spread to enforce greater unity (of language and ontology) on the islands of Flores, Adonara, Lembata, and Solor.

healing and transformation.<sup>39</sup> I admit that I am, like everyone, blind to many of my own biases, and much of my data comes from the testimonies of one family of healers whose lives are very much entwined with mine. My status as a woman helps me access intimate and gendered spaces where I try, and often fail, to find belonging as a pupil, friend, and increasingly, colleague. No matter how far I gain traction in this exploratory analysis, the stories and analysis provided in these papers were inspired more from the relationships I built than the information I sought.

Adhering to Lila Abu-Lughod's campaign to dismiss reductionist projections of "other cultures" and Carlo Ginzburg's appeal to embrace atypical narratives, I present four case studies which each contribute a lens on how local healers transfer knowledge systems to those who seek to inherit them.<sup>40</sup> As alluded to in earlier sections, the number of youths seeking to learn historic healing knowledge grows increasingly slim. I have focused my research pool to platform interlocutors who experienced adulthood before the rapid technological transformations of the last decade. For this reason, collaborators below their mid-thirties are intentionally left out of this study. Local healing knowledge remains the crux of holistic well-being in Lembata, and holds principles which might help us recognize how our social engagements impact physical spaces and our practices within them. Through a micro-analysis of the case studies of four healers, I explore my hypothesis that the longevity of local healing knowledge depends on how locals a) maintain practices for remembering past identities, b) adapt to adjacent knowledge systems

---

<sup>39</sup> Lamaholot residents of Lembata often differentiate themselves from the people of Kedang, who also populate the East region of Lembata and stand linguistically and ontologically distinct. I focus exclusively on Lamaholot narratives, for while Lamaholot customs differ across the Solor archipelago, most groups maintain fidelity to ancestral practices which venerate Tana Ekan and Lera Wulan (Mother Earth and Father Sky), and uphold similar mnemonic objects and practices for strengthening kinship and identity. For reference to bodies of tradition specific to Kedang lineage, please refer to the work of R.H. Barnes.

<sup>40</sup> Lila Abu Lughod, "Chapter 8: Writing Against Culture" in *Recapturing Anthropology: Working in the Present* (School of American Research Press, 1991) and Carlo Ginzburg, "Microhistory: Two or Three Things That I Know about It." *Critical Inquiry*, 20.1 (1993): 10-35.

without being overpowered by contending epistemologies, and c) contribute new or pertinent notions of the possible.

Both Lila Abu Lughod (1991) and Carlo Ginzburg (1993) emphasize personal narratives as points of embarkation for examining larger histories. In “Recapturing Anthropology,” Lila Abu Lughod problematizes trends in ethnographic interpretation which reduce heterogeneous expressions of culture into linear arrangements. As a solution, Lughod proposes “ethnographies of the particular,” and prompts ethnographers to evaluate social transformation using narratives which emphasize intersubjectivity rather than objectivity. As other narrative theory scholars such as Hayden White deftly expose, historians too often narrate top-down arrangements of historic events through false veils of objectivity which posit what is or what happened as universally verifiable. Lughod probes researchers to reflect on their own social situatedness within their fields of study, a reflexivity which would lend particular insight into documented experience and which helps limit sweeping generalizations on landscape. By emphasizing the situatedness (and thus limited perception) of researchers, Lughod strengthens her reasoning that all ethnographies, far from serving as bird-eye explicators of “what is”, offer only “positioned truths.”<sup>41</sup> Lughod concludes that overemphasized coherence of ethnographic interpretation of a culture essentializes the individuals within that culture as “other,” and masks complexity of a landscape populated by nuance. As a solution, Lughod proposes “ethnographies of the particular”, and prompts ethnographers to evaluate social transformation using narratives which emphasize intersubjectivity rather than objectivity. Singular narratives or “ethnographies of the particular”, Lughod argues, lend particularly well to anthropologists’ incentives to complicate their data

---

<sup>41</sup> Lughod, 142.

narratives. As praised writers such as Kirin Naryan, Michael Jackson, Anna Tsing, and Gloria Wekker demonstrate in their works, a single data narrative might provide a wealth of information on societal trends without emphasizing these trends as categorizable, ubiquitous or static.

While Lughod's "ethnographies of the particular" lend critical insight into how ethnographers might hybridize cultural narratives to suit complexities of a landscape, Lughod's approach evades culturally-specific concerns which might prioritize collective over singular narratives. When living with an Atadei family in Lembata, I recorded numerous speeches by elders who insisted that clan histories served more fitting as representations of self and society than personal histories. In other words, communal histories reflecting contemporary clan consensus on *adat* (customary practices) demanded more urgent recognition than singular narratives. Amidst new distractions from contemporary technologies, community elders find that collective memory rather than individual memory risks rapid erasure. In fact this newly-emergent culture of individualism endangers the continuation of local knowledge. As an oral historian, I regularly articulate to my mentors in Lembata that, until I remain on-site long enough to hold forums among elders who wish to tell and co-edit communal narratives along with me, I cannot complete what now seems an impossible request: to archive an anthology of island histories. For the time being, as a new initiate to Lembata's norms, I can only document the personal and particular.

I reiterate that I work with a particular family of healers and their trusted acquaintances: hardly an all-encompassing vantage point. This research might only seem a precursor to what dangles as a more worthwhile long-term project for my collaborators. The consensus-based history book so desired by my collaborators will intentionally reduce nuances in ways Lughod

reasonably would find reductive. The reduction might codify essential elements of communal self which arguably require flattening in order to be taught. That flattening is not my objective, at least not here and now. For the time being, I delve into what I have learned from my particular experiences with a particular family, whose friends share similar yet singular visions. My responsibility, as far as this paper is concerned, is to do what Lughod proposes: to flesh out complexity with particular narratives through the employment of tactical humanism and, ideally in doing so, “constitute others as less other.”<sup>42</sup>

Carlo Ginzburg, like Lila Abu Lughod, challenges ethnocentrism in favor of intersubjectivity. He reasons that reductionist histories not only disservice communities in collaboration with historians, but also readers who would benefit from polyvalent reflections on the past. Ginzburg insinuates that peripheral narratives, those incapable of being serialized, prove critical to the cognitive advancement of society. He reasons that reductionist histories not only disservice communities in collaboration with historians, but also readers who would benefit from polyvalent reflections on the past. In his essay “Microhistory: Two or Three Things I know About It” (1993), Ginzburg recounts a brief history of Italian Microhistoria, an approach to History whose founders embraced the virtues of “micro” over “macro” long before American and English archivists. In advancing Microhistory as a practice essential for English-speaking historians, Ginzburg identifies how ethnocentrism underserves endeavors at cultural literacy. Ginzburg critiques trend-seeking historians who undermine complex histories in seeking qualitative data which only supports linear trends in the grand narratives they set out to construct. General historians prioritize ease of documentation over breadth of perception, to everyone’s

---

<sup>42</sup> Lughod, 148.

bereft: “To select a cognitive object only what is repetitive, and therefore capable of being serialized, signifies paying a very high price in cognitive terms.”<sup>43</sup> Here Ginzburg insists that peripheral narratives, those incapable of being serialized, prove critical to the cognitive advancement of society. Like Lughod, Ginzburg identifies the gaps in knowledge production resulting from generalized (or macro) accounts of culture; however, more so than Lughod, he demands accountability from ethnographers and historians. He insists that an active departure from normative historical accounts and embrace of heterogeneity remains the only noble approach for future scholarship: “this heterogeneity, the implications of which we are just beginning to perceive, constitutes both the greatest difficulty and the greatest potential benefit of microhistory.”<sup>44</sup> Implicated within Ginzburg’s theory on Microhistory is the message that narratives which challenge monolithic histories advance the greatest motions for change. In my own work, which will feature atypical narrative accounts from Lembata’s women healers, I intend to isolate atypical details among my collaborators to better distinguish trends as they arise.

According to several interviews with local leaders in the Atadei regions of Lembata, clan conceptions of reality command relevance over individual ruminations and experiences. In an interview with my residing family’s close acquaintance, Pak Yoseph Tokan (son of an Atadei clan leader), accompanied by two prominent Atadei healers, Pak Boli Nunang and his son, Ado Nunang (my field guide), noted that the hierarchy of knowledge systems among the Atadei of Lembata ripple outward in the following order: 1) clan, 2) self, 3) district, 4) island, 5) language 6) region 7) nation, 8) globe.<sup>45</sup> As previously noted, in documenting oral histories of individuals,

---

<sup>43</sup> Carlo Ginzburg, "Microhistory: Two or Three Things That I Know about It." *Critical Inquiry* 20.1 (1993), 21.

<sup>44</sup> Ginzburg, 33.

<sup>45</sup> The Atadei people remain the most populous sub-group of the Lamaholot people on the island of Lembata. Most of my collaborators identify as part of the Atadei community, but I have chosen to bring in interlocutors from multiple Lamaholot regions to reflect a breadth of representation.

I at best access and transfer second-tier knowledge.<sup>46</sup> Yet I find second-tier knowledge in the form of micro-narratives best demonstrates how locals diversely render a shared landscape. As a result of honest conversations in the field about this time-sensitive exploration of healing and non-human persons, my collaborators have agreed to delay narratives which speak for their clan or community “as a people.” Through the case studies ensuing, Ibu Bertha, Ibu Leny, Mama Maria, and Ibu Ida each convey their testimonies surrounding healing which, for now, must suffice. To conserve their integrity as well-rounded, agentive healers rather than mere informants, I have reserved a separate chapter for these womens’ microhistories as far from the theoretical as I can afford, nearest my conclusion.<sup>47</sup>

I have provided a brief history of the region where I work. Next, I delve into theory on the sociology of knowledge which substantiates knowledge not as a universal movement grounded in empirical “truth”, but rather a debatable set of temporally and geographically situated social practices. I then narrow in on how situated healing practices in Lembata contend with Western technoscientific healing practices increasingly lauded as “legitimate” and universal. I conclude my chapter of definitions by demonstrating how our globe’s diverse assemblages of practices, specific to time and place, prevent any one system of healing knowledge from standing as superior to those adjacent. Next, I will dissect the three themes of my thesis proposal, presenting the platforms of Memory, Adaptation, and Contribution as basic frames for interpreting how Lamaholot healers daily engage in negotiations, not only with

---

<sup>46</sup> Pak Yoseph Tokan, Pak Boli Nunang, and Pak Ado Nunang (Natives to Atadei regions of Lerek and Dulir) in discussion with the author, August 9, 2019. As I will explain in the “Theories, Pt. 3” portion of my essay, I came to know Pak Yoseph, Pak Boli, and Pak Ado through a network of friendly acquaintances established during my stay in the region one year before my research began.

<sup>47</sup> I attempt to appeal to Lughod’s conception of “tactical humanism” (Lughod 138) by fleshing out, to the best of my ability, the individuals I encounter in the field. The choice for verbatim oral histories becomes not only a tool for analysis, but a moral ethic.



nonhuman persons, but with global discourse on reality and possibility. Within the last section, my four case studies each lend particular insights into how local healers transfer knowledge across time and space. Each case study also forecasts the transmission of Lamaholot healing knowledge in response to new government health laws. While just wading into public policy, I attempt to reflect on new public health laws from the perspective of these four women.

## History of Healing Knowledge in Lembata

While sources vary in documenting the exact length of time Lamaholot communities have occupied Lembata, most recent Lembata historians agree that the majority of Lemabata's inhabitants hail from two islands called Lepad and Batang. These islands now rest beneath the surface of the Sawu Sea. Historical accounts of the island, however varied, provide insight into how communications between humans, *nitu*, and *leluhur* serve the holistic health of Lembata's residents.

Whether a volcanic eruption or a massive flood caused geographic disruption and subsequent displacement, local historians agree that refugees from the islands Lepad and Batang brought healing knowledge with them when they escaped to Lembata. Historians debate about whether residents moved from Lepad and Batang to Lembata 11,000 or 3,000 years ago, respectively when a volcano erupted (11,000 years ago) or when a mass flood overlapped the land mass (3,000 years ago).<sup>48</sup> Pak Leo Boli Ladjar, a respected scholar and officiator of ceremonies in the mountain town of Lerek, insists that even before Lembata's ancestors arrived on the island, they maintained a system of remembering collective identity similar to the Lamaholot worldview currently in place.<sup>49</sup> The Lamaholot worldview prioritized trust in *Lera Wulan* and *Tanah Ekan* (Father Sky and Mother Earth), *nuba nara* (the sacred rocks which mark situated belongings for each clan), and *kain tenun* (weaving according to specific clan motifs,

---

<sup>48</sup>Oral histories conveyed through song provide clues to ancestry in the region, attesting to prehistorical residency in the North-Eastern Maluku and Sulawesi regions further to the North and East (the ancestors of the insulated Lamaholot community, Lamalera, were thought to descend from Sulawesi seafarers, whereas the majority of Lamaholot clans from the highlands descended from Maluku farmers and fishermen. When the clans united on the island of Lembata, they built solidarity through marriage rites, shared labor, and ritual practices. Local songs of Lerek speak of a great flood. French Ethnomusicologist Dana Rappaport's historical analysis of sonic communal restoration practices and oral histories ("Abo Muar") suggests that ancient populations of Lembata likely came from Ambon and Halmahera.

<sup>49</sup> Pak Leo Boli Ladjar as featured in Tomas Atlajar's book, *Lame Luse Lako* (Jakarta Press: 2018).

which when worn remained central to paying respect to ancestors and summoning divine power). These cultural/clan adhesives, as insinuated by Pak Leo Boli Ladjar, survived centuries of transfer through the conservation of mnemonic objects and practices. Continuation of knowledge and tradition served as reminders of reciprocal responsibility between humans, land, sky, animals, spirits, and ancestors.<sup>50</sup> Pak Leo Boli Ladjar's testimony suggests that foundations for local healing, kinship, and knowledge emerged before the land itself.<sup>51</sup> Whether it was a volcanic eruption or a massive flood which caused geographic disruption and displacement, local histories suggest that the ancestors of Lembata have maintained advanced strategies of knowledge transfer for at least five thousand years.<sup>52</sup>

Lamaholot clans, especially since the 13th century, adapted their local healing knowledge to accommodate the laws of influential external powers. During the 13th century, the Muslim Majapahit Empire from Java brought trade and Islam to Indonesia's Eastern Islands. New trade routes prompted more frequent communication between shoreline communities of the Solor Archipelago. The sandalwood trade blossomed in Maluku/Malakas in the 16th Century and spread south across the Banda sea to where they established a new secure base on the island of Solor. Portuguese colonial powers orchestrated the cultivation of sandalwood in Solor, Alor, Adonara, Flores, and to a lesser degree Lembata, often with mediating oversight by seamen from

---

<sup>50</sup> Lajar surmises that during the era of habitation on Lapan and Batang, Lembata's ancestors wove motifs belonging only to their clan, as these motifs determined the boundaries of clan kinship. If a weaver took license to "steal" a motif from a neighboring clan, disaster would come to plague that weaver's community.

<sup>51</sup> Local Scholar Patrisius Witin proposes that people closer to the coast have stronger handle on Lamaholot tongue (as they were in most frequent communication with traders and officials from mainland flores); meanwhile, the mountain folks (such as the Atadei of Lerek, the ancestors of my collaborators) developed their own local dialect recognizable but reasonably distinguishable from "pure" Lamaholot dialogue. Few scholars can reasonably speculate on whether Lamaholot language was used in inter-clan communication before the flood, but it would later serve as the paramount language for communicating needs to visible and invisible agents within a diverse ecology.

<sup>52</sup> Atlajar, 21.

Makassar.<sup>53</sup> During the centuries of Portuguese colonization, local leaders freely governed their own clans, but Lamaholot-Portuguese colonies grew economically dependent on the presence of their Portuguese guests, who determined hierarchies of labor at the service of their own crown. Development efforts by the Portuguese docilized local farmers and fishermen working to build a reasonable living off demands of colonial rule. The systemic spread of Catholicism, which, in permitting veneration of local ancestry, proved palatable enough for local clans who saw no choice but to accommodate the evangelizing missions of their imperial guests.

The Dutch East India Trading Company invaded the Sawu Sea in the 17th century. Conflict over the spice trade evolved into what is now commonly referred to as “the Spice Wars” (1601-1663). In 1613, after declaring control first of the Malaccas in 1647, the Dutch overcame the Portuguese castle on the island of Solor. Portuguese settlers escaped to the city of Larantuka on the neighboring island of Flores. While the Dutch tried to impose Protestant Christianity on local clan leaders, Catholicism had already won the fidelity of locals who saw their ancestors in the visions of the saints. The ancestors had a place in the Portuguese Catholic Church. The Sultanate of Larantuka converted to Catholicism in 1645. Solidarity with the Portuguese settlers against Dutch invaders grew as war tensions increased.<sup>54</sup> In 1660, the Dutch conquered Makassar, Sulawesi, so that Portuguese traders and clergymen took refuge in Larantuka.<sup>55</sup> Larantuka became a haven for Catholic clergymen living in the East Indies, and Catholicism itself became a symbol of resistance against the less-welcome Dutch. The Kings of Larantuka continued to channel Portuguese military might to force clans from surrounding islands under

---

<sup>53</sup> It is thought that, before the Portuguese came in the 16th century, Sandalwood brought sailors and traders from Malaysia, Arab world, India, and China (where sandalwood was used in perfumes).

<sup>54</sup> Karl Heinz-Kohl, *Raran Tonu Wujo: Aspek-aspek Inti sebuah Budaya Lokal di Flores Timur* (Maumere: Ladalero, 2009), 35.

<sup>55</sup> Kohl 35.

their rule. With the help of the Portuguese, the local Lamahalot kingship of Larantuka expanded their territory into Solor, Adonara, Alor, and Lembata. Larantuka's Lamaholot dialect spread inland. The Portuguese and Lamaholot kingship succeeded in dominating the entire Solor Archipelago apart from five small villages, labeled as "Paji". These five Paji villages defended their right to practice Islam with the help of the Muslim kingship from Ternate, Maluku.<sup>56</sup> These Muslim villages were called "Raja Lima Pantai" or "Five Royal Beaches", and included Adonara, Terong, Lamahala, Lawajong and Lamakera.<sup>57</sup> None of these villages are located on the island of Lembata (which is 97% Catholic), but the entire Lamaholot region witnessed bloodshed between Paji and Demon clans for three centuries.

While the Dutch continued to fight the Portuguese for dominance, the Dutch gained full control in 1859. Upon threat of ongoing resistance from local populations, The Dutch agreed to allow Lamaholot regions to maintain Catholicism (rather than Protestant Christianity) as their religion. In 1937, the wealth of Catholic leadership in Flores led to the erection of the region's first school of higher education: The High Seminary of Ladalero. The high seminary recruited Catholic educators from across East Indonesia, enabling powerful relationships between Roman-Catholic orders in Rome and local seminarians in the Lamaholot region. Economic resources flowed in. The Lamaholot region's colonial history sedimented East Flores and Lembata as the mecca for Indonesian Catholics, and also secured a lasting legacy of Catholic clergymen as the primary resources for cultural capital and academic opportunity in the region.

---

<sup>56</sup> Kohl 35.

<sup>57</sup> For centuries, the clans of the Solor archipelago were divided into one of two warring lineages: Paji and Demon. Colonial presence fueled these warring factions by supporting opposing sides; the Dutch supported the lineage known as Paji (who primarily adhered to Islam), whereas the Portuguese supported the Demon clans upholding Catholicism under the kingship of Larantuka (Kohl, 36).

The Japanese occupied the Lamaholot region in 1942. The Japanese aimed to take control from the Dutch, and so for the first time in centuries the Dutch language was barred from speech. For the large part, the Japanese allied with Paji civilians, who were most adamantly against the Dutch.<sup>58</sup> Protestant Christians were thought to side with the Dutch, and so Protestants were ordered to stop their operations. The Catholics, however, proceeded in their practices. Leading regional scholar Karl Heinz-Kohl, notes that, unlike in Sumatra and Java, the Catholic Church went largely untouched by Japanese military presence.<sup>59</sup> The Japanese exploited local labor and natural resources, and they expressed little interest in cultural imperialism.<sup>60</sup> Karl Heinz-Kohl notes that local recollections of Japanese occupation were ones of lasting trauma; despite the short-lived occupation of the Japanese in the Lamaholot region of Lembata, abuse performed by the Japanese against the Lamaholot people surpassed the centuries of offenses committed by Dutch and Portuguese colonial powers.<sup>61</sup> While Japanese occupation might not have drastically impacted the tenets of Lamaholot ontologies, it did result in the further division between the small number of Muslim clans who supported Japanese colonial powers and the Catholic clans which suffered more violent oppression. Inter-religious and inter-clan conflict was quelled only in the decades after colonial powers left.

As a response to the Communist Massacre (1965-1966) which inspired nation-wide fear of atheism, the Indonesian government instituted a law which required all residents in Lembata to register as adherents to one of six official religions: Confucianism, Buddhism, Catholicism, Christianity, Islam, or Hinduism. This ousted local knowledge systems from considerations of

---

<sup>58</sup> Kohl, 73.

<sup>59</sup> Kohl, 74.

<sup>60</sup> “The signs of evil military in the villages, the force of residents to perform labor, who stole food and beat the villagers so they could continue their rule” (Kohl, 54).

<sup>61</sup> Kohl 75.

legitimacy, and scripted “belief” as a monotheistic construct which might be nationally regulated and translated globally.<sup>62</sup> While most of the Communist Massacres occurred in regions where agents of the political coup could most easily distribute their propaganda (residents of Central and West Indonesia living in 1965-1966 saw the worst slaughter, at 80,000), the hate movement ultimately arrived on Lembata’s shores in 1966. That year, residents fearful of being suspected Communist embraced more visible demonstrations of fidelity to official religion. Indonesia historian Geoffrey Robinson, author of *The Killing Season: A History of the Indonesian Massacres* (2018), sheds light on this sparsely documented yet tragic phase in Lembata’s history. Using archived letters exchanged between Catholic clergymen in Flores and Lembata from 1966, Robinson collages a history which supports his claim that the clergy in Lembata supported the anti-Communist movement. Anti-Communist sentiment enabled church officials to launch stricter policies on church attendance, and these policies worked. Heinz-Kohl affirms that in 1967, church involvement became much more stringent because it was required by law.<sup>63</sup> Today, over 97% of Lembata identifies as Catholic, and the church remains central to the fabric of village life.<sup>64</sup> Muslims continue to practice peacefully alongside Catholics, and largely prioritizing *adat* over religion, joining their Catholic neighbors in festivals and rituals.

Today, Priests of the Church, supervised by the saints (among the *leluhur*) and God (*Lera Wulan, Tana Ekan*) are thought to “perfect” energetic transactions facilitated by local healers.

---

<sup>62</sup> Until today, all residents of Indonesia must register their religion when registering for drivers licenses, hospital admission, and school registration. Only recently in 2018 did Indonesia’s government provide freedom for Indonesian citizens to choose “kepercayaan” (a general term for the word “belief”) as an alternative to specific faiths such as Christianity, Islam, Catholicism, Buddhism, Confucianism, and Hinduism. The general definition of the word “kepercayaan” appeals to many indigenous communities, but registration under this category comes with social repercussions as it labels non-religious-conformists as “other.”

<sup>63</sup> Kohl, 82.

<sup>64</sup> Geoffrey Robinson, *The Killing Season: A History of the Indonesian Massacres, 1965-66* (Princeton University Press: 2018).

Priests in Lembata, especially those local to the island, officiate marriages, funerals, and spirit exorcisms as paralel services to those offered by *molan*, *dukun*, and *pendoa*. Catholic Religion lends a stable roof under which Lamaholot peoples might satisfy the national law for adherence to “recognized religion” while simultaneously incorporating their local ontologies and healing practices as priests see appropriate. Fortunately, as natives, most priests validate the power of local healing knowledge. Since the 1960s, healing practices among the Lamaholot began to incorporate Catholic iconography. *Molan*, *pendoa*, and *dukun* actively facilitate communications with local agents, and the priest serves as God’s delegate. God gives ultimatums of approval for legwork conducted by mediums of sub-divine agents. When I joke with my collaborators that the Chicago suburban vein of Catholicism “has no meat”, we laugh and turn to the same analogy: like a skeleton fleshed out with tissue, the Catholic church in Lembata politically stabilizes bodies of local knowledge so long as they don't challenge the overarching teachings of The Faith.<sup>65</sup>

Long-held traditions of weaving, transferral of oral (clan) histories, and plant knowledge all compete for attention alongside flashy new diversions: cell-phones, computers, and televisions. While not exclusive to these factors, it seems that clan-specific ritual practices and inherited plant knowledge remain critical to the continuation of local healing knowledge. New laws set out by the government prohibit specialists in naturopathic/traditional medicine from also specializing in clinical medicine. All bureaucratic decisions in healing now fall in the hands of the clinical practitioners, which sends a message to Lembata’s emerging generations: that if they

---

<sup>65</sup> Bernardus Boli Ujian notes how almost all clan figures have converted to Catholicism, customary law still remains paramount to the practice of everyday life (15). Perhaps too optimistically, he notes that pastors and dioceses were the ones who went into villages and spearheaded development; without Catholic intervention, funding for schools and extracurricular programs would remain tethered to the Javanese government, which today fails to allocate sustainable economic resources to its Eastern populations.



wish to pursue healing as a profession, they would best pursue the clinical path, where their voices are heard and social networks would wield more impact. Overemphasis on clinical medicine can lead aspiring healers to seek training outside Lembata, as no higher medical degree program exists in the region. The closest reputable institution for studying medicine is in Kupang, 250 km from the island. Local healing practices transform at an exponentially higher speed now in response to biomedicine than they did in response to the rise of Catholicism, which from its onset invited syncretism of knowledge and transmission.

Technology and imposition of Western scientification bring younger populations to a point of vacillation in their appreciation of local approaches to health and healing. Patrisius Dua Witin, author of *Orang Ataili: rekonstruksi jejak-jejak yang tercecer* (2014), laments in his introduction that “people [in Lembata] increasingly lose sight of their traditions.”<sup>66</sup> Witin stresses that failure to revive interest in values central to environmental balance could result in lasting consequences, such as natural disasters, crop failure, or sweeping illnesses. More profoundly, there could be a visceral loss: loss of local kinship and secure identity. Alternatively, as suggested by contemporary psychologists who prioritize integration over assimilation, better balance between local and global knowledges in Lembata might lead to better confidence in global participation.

---

<sup>66</sup> Dua Witin, 2.

## Theories Pt. 1: Parameters of Local Knowledge

Now that I have addressed how local healing knowledge has come to be situated in its particular landscape, I will move into addressing how all knowledge is particular to local ecology and history, and how for this reason no knowledge should be impressed upon another without careful consideration of the power structures which spawned the “preferred” systems being adopted. Western modes of knowledge production, monumentalized through university education and laboratory testing, increasingly dominate Indonesian modes of knowledge production. In Lembata, especially, such a rapid shift towards technoscience diminishes the agency of indigeneous intellectual and healers. As Indonesia trudges to demonstrate progress in UN Sustainable Development goals alongside other economically developing nations, quality of healthcare and education remain sticking points for UN statisticians looking to assess national progress. Indonesia’s current life expectancy is age sixty-seven and rising, and yet its lack of control over malaria-related deaths (over 2,000 each year) broadcasts lack of basic clinical services outside Indonesia’s central and urban areas.<sup>67</sup> Over the past decades, as the government has enabled distribution of medicine to outer islands, discouraging civilians from relying on Indigenous medicine when they would better be treated by what the Indonesian government calls “conventional” medicine.

Marginalizing traditional medicine provides a simple solution for clinics compromising with traditional healers, but government laws surrounding local healing practices too often create unnecessary friction between parties working simultaneously for the greater good. Local clinicians in Lembata such as Ibu Ida (see “Theories, Pt. 3”) advise their patients to avoid

---

<sup>67</sup> <https://www.cdc.gov/globalhealth/countries/indonesia/default.htm>

indigenous healers altogether, suspecting traditional healers will prevent their patients from seeking medical solutions in clinics even when their traditional solutions fail. I have yet to see this suspicion confirmed. All the traditional healers I interviewed profess regular referral of their patients to medical clinics as a supplement to traditional treatment. Clinical institutions' invented dichotomy between traditional and clinical healing harmfully foments the division between community and hospital. Embracing plant medicine should not be a political choice; nor should a well-tested synthetic cure. While increased efforts by the Indonesian government brings more widespread public interest to complementary medicine as a holistic companion to synthetic drugs, laws for implementing this union negatively transform the very nature of traditional medicine, not only in Lembata but across the country. Constitutional laws requiring university education for traditional health facilitators and requiring stand-alone "griya sehat" ("health houses" supplied with high-class provisions, run by outside overseers) diminishes the dynamic network of interdependent social relationships that make traditional medicine work.

Recognizing the limitations of Western technoscientific modes of knowledge production is the first step to proposing more equitable means of evaluating qualifications of local healers in Lembata. Indigenous modes of knowledge production have emerged from and for the environment which bore them, and are calcified in a set of ritual practices which served communities for centuries. Western languages and technologies might successfully adapt to local Lembata's notions of "what is," but they should not occlude Indigenous ways of knowing which have sustained clan health for over 5,000 years.

To sharpen focus on the limited nature of technoscientific models of healing and moderating, I draw on the scholars Thomas Kuhn, Clifford Geertz, Michel de Certeau, and Pierre

Bourdieu to explore how “knowledge spaces” inform identity formation and knowledge production, and how power systems in our constrained political networks delude us into myopic versions of “common sense.” While applied definitions of the aforementioned terms draw from Western theorists, the definitions used by these theorists serve useful as epistemological devices for engaging transnational discourse on that problematic notion of “West is Best”, and towards more holistic notions of “health” and “healing” which invite indigenous modes of evaluation. Limited as the following English lexical definitions may be in non-English-speaking contexts, without these classifications we risk losing communicative frameworks for discussing the crucial contribution of alternative logics.

I will discuss how humans strategically stabilize and thus limit their perceptions of these ecological networks through imposed order and consensus on the laws of reality. While phenomenologists such as Maurice Merleau-Ponty (1945) validate individuated knowledges arising from embodied experience, political powers strategically work to reduce (and thus limit) individuated knowledges using self-serving classifications. These classifications unite a populus to make people easier to control. Ordered classifications of our experiences help us communicate “what’s what”, but prevent us from seeing the wide scope of phenomena that is possibly latent in our respective networks. Merleau-Ponty contends that only by abandoning our empirically-driven determinations to look for a particular truth—only when we are “ignorant of what we are looking for”—can we perceive possibilities currently beyond our conceptions. Merleau-Ponty does not conceive of an all-encompassing consciousness brought about by willed “ignorance”; he merely insists that a more attentive and inclusive consciousness comes when we are open to finding things we are not looking for. While I align with Merleau-Ponty’s

commitment to a more inclusive consciousness, his reflections serve more as a reminder of human sensory limitations than a guide to exploring new possibilities. Our societies function largely on systems of labor and exchange which rely on agreed-upon realities. Consensus-based realities are our foundations for building robust societies, but also limit us from remaining “open” to agents in our periphery beyond the parameters of our trained senses. Increased attention to the periphery comes not when we throw categories to the air, but when we reach for alternate logics which diversify categories already in place.

A devout reader of Merleau-Ponty, Claude Levi-Strauss in *The Savage Mind* (1962) uses a structuralist approach to demonstrate how all human societies use linguistic classifications for the advancement of culturally specific cognitive systems. Levi-Strauss proposes that all cultures host site-specific classification systems used to organize realities. He demonstrates how both the indigenous bricoleur and Western scientist make use of categorical distinctions of objects in one’s environment (marked verbally through language) to systematize boundaries of perception.

<sup>68</sup> While Levi-Strauss’s universalization of what he calls “totemic classifications” has long been critiqued for being culturally reductive, and he neglects non-linguistic modes of classifying subjects and objects in one’s environment (performances, daily behaviors, symbolic objects), Levi-Strauss’ conception of the “bricoleur” compellingly identifies how humans of multiple societies organize and thus limit their exposure to reality through the linguistic classifications already accessible.

---

<sup>68</sup> Levi-Strauss strategically, as a man of his time, sets up a dichotomy between the “primitive” bricoleur and the modern scientist, the latter who seeks particular objects beyond her immediate field intently to affirm or refute a hypothesis. As the bricoleur does not go out looking for the objects that will fulfill a premeditated theory or prophecy, the bricoleur remains open to revelation inaccessible to the scientist. Levi-Strauss insists that even as the bricoleur’s concrete materials for knowledge production remain limited, their classification system demonstrates sophistication in cognitive reasoning.

Similarly challenging Modernization Theory which emerged in the 1950s, Thomas Kuhn brought reflexive questioning to the supposed “advancement” of Western science. In his most groundbreaking work, *The Making of Scientific Revolutions* (1962), Thomas Kuhn demonstrates how knowledge cumulatively limits the parameters on perceived reality by building on what political institutions deem right, reliable, and urgent. Parameters exist in Western knowledge systems, as it is with any other. Kuhn’s instrumentation of the “paradigm” (“an agreed reduction of rules”) serves as a useful means for understanding knowledge as tried-and-true structure confined to the parameters of local politics. Kuhn’s definition of a paradigm as a “reduction” elucidates that paradigms of “what is” reflect only what is widely taught and historically agreed upon. Adherence to a scientific paradigm is therefore a commitment to a set of simplified viewpoints, with “facts” reflecting constructs absent of objective foundation.<sup>69</sup> By providing examples of how paradigms are built on established reductions made by thinkers riding on past political movements, Kuhn provides a convincing claim for why all knowledge paradigms should be treated as products of history which change only when agents of political disruption introduce rules promising better futures.<sup>70</sup> So long as the same demographic of intellectuals stay in power, unquestioned, it is hard for other potentially beneficial knowledges to shift sidelong into the picture.

Clifford Geertz accessibly sums up the limitations of knowledge system through his definitions of “of-courseness” and “common sense”. In *Interpretations of Culture* (1973) and later *Local Knowledge: Further Essays in Interpretive Anthropology* (1983) Clifford Geertz provides bases for discussions on situated knowledges which can be “read” or interpreted but

---

<sup>69</sup>Thomas S. Kuhn, *The Structure of Scientific Revolutions*, 2nd edition (University of Chicago Press: 1970), 39.

<sup>70</sup> Kuhn, 44.

never wholly defined. By illuminating the constructed laws behind “common sense,” Geertz demonstrates how customary manners of perception lead to consensus-based productions of “of course-ness”. Common sense dictates law, and law stabilizes “fact.” Ultimately societies tend to forget that facts are specific to a social ecology, and are not universal. In short, one cannot or should not make grand judgments on a foreign culture based on one’s own logic of “of courseness.” Rather, knowledge should always be “read” in the context of the cultural system which stabilizes it. The “of-courseness” of free speech in the United States, for example, is far from universal. Indonesia’s laws tend to prioritize collective contentment over individual expression; therefore “common sense” laws prohibit civilians from speaking publicly against one’s government, city, or community, even to complain about trends in bad restaurants. Such a governmental restriction seems ridiculous, even oppressive, for many Americans; then again, not all assemblages or social systems classify “freedom” in the American way; nor do all humans see individualistic visions of “freedom” as synchronous with health and happiness.

I use Geertz’ conception of “of-courseness” to help unify arguments throughout the remainder of my thesis on the limitations of techno-scientific knowledge when evaluating indigenous knowledge. Eighty years after Merleau-Ponty wrote *Origins of Perception* and a century since the Age of Imperialism supposedly ended, policymakers in Europe and the Americas still disseminate supremacist notions on technoscientific logics across the globe. Energetic and plant medicine, while possibly leading to more sustainable solutions than those provided by doctors promoting synthetic medicines, challenges “common sense” notions dominant in colonial nations. Imported “common sense” notions increasingly infiltrate Indonesian institutions. Such impressions of “common sense” preach that “sophisticated”

solutions are the most immediate ones. Meanwhile, traditional healers draw upon plant medicine which, despite being “inconvenient”, conceivably reap more lasting recovery and reduced dependence on the health industry. “Sophistication” in the form of convenient medicine has come to mean reliance on drugs. Technoscientific medicine and the logics which bore them might contribute to non-Indo-European systems, but they should not monopolize them. Instead, biomedical researchers in Lembata should invite diversity among its policymakers to ensure that indigenous voices—critical in promoting mental, spiritual, and social health—are not erased.



## Theories Pt. 2: Traveling Knowledge Systems

I aimed above to apply theory to dismantle the universal “of-courseness” of Western knowledge so I might more equitably bring them into dialogue with local knowledge. I also sought to demonstrate how languages and practices specific to semi-contained ecosystems directly relate to the limited way each organism uses her training to “take in” and navigate her environment. I hint at the chapter’s conclusion what can be gained by welcoming parts of ecosystems into another, as diversity of ideas and perspectives inevitably lead to more versatile and adaptable societies. The strategic sharing of two semi-contained knowledge systems as parallel forces for sustainable development—so long as they share on equitable terms—mutually enrich both systems.

The question is how, in light of two seemingly contending systems of “of-courseness” both might adapt to coexist. Local knowledge can travel only when all knowledge systems acknowledge the partial and limited natures of their inherited ways of knowing, and contemporaneously agree to adapt according to preferences of “the other”. A knowledge system which interfaces with another might be considered a system which “travels.” Before discussing how local knowledge travels across time and space among women healers in Lembata, I will specify how the notion of “assemblage” stands central to the discussion of comparative knowledge systems.

### *Knowledge as Assemblage*

In *A Thousand Plateaus*, Gilles Deleuze and Felix Guattari emphasize the nature of all beings and objects as assemblages of innumerable elements. “Links”, according to Deleuze and

Guattari, are generated by social strategies, technical devices, cultural practices and products, and values. Links might include organizations of power, semiotic means of communication, and socio-cultural practices, all of which create networks between beings and structures in society.<sup>71</sup> In order to convey the nature of all beings as a “multiplicity” or “assemblage” of links (in other words, a composition of moveable relations rather than singular objects), Deleuze and Guattari use the term “rhizome”: a botanical term for the main stem of a plant. A rhizome holds the capacity to sprout far-reaching subterranean roots. In addition to expanding laterally, the rhizome grows upward-reaching shoots. As the primary storage organ for plant nutrients, the rhizome also spawns new roots where it is transplanted.<sup>72</sup> The “plateaus” which define our conceptual topography, and thus frontiers of possibility, shelter limbs for expansion through these decentered branches of growth. Within the context of cultural research, elements of a culture must expand its links outward to connect with other assemblages or knowledge systems.

In describing all things material and conceptual as rhizomatic, Deleuze and Guattari lay the foundation for later sociologists’ presentation of knowledge as a traveling assemblage. Knowledge in this formation is an offshoot of “secondary roots” or “lines”: never one thing, but rather a combination of multiple environmental factors (ritual, ontology, biological networks). Assemblages are not fixed in a particular time or territory, but are transformative and *transforming* as they expand their “lines” across time and space.<sup>73</sup> In this sense, traveling knowledge systems generate more expansive schemas of the possible by branching outward.

---

<sup>71</sup>I equate these “links” with dispositions in what sociologist Pierre Bourdieu will later call the “habitus”, alongside objects and practices which strengthen these dispositions. Gilles Deleuze and Felix Guattari, *A Thousand Plateaus: Capitalism and Schizophrenia* (University of Minnesota: Minneapolis, 1987), 7.

<sup>72</sup> Rhizome. Oxford Reference. Retrieved 10 Jun. 2019, from <https://www.oxfordreference.com/view/10.1093/oi/authority.20110919111808348>.

<sup>73</sup> Deleuze and Guattari, 8.

Components of knowledge systems spread. In doing so, these knowledge systems enjoy a higher likelihood of recognition. They also stand subject to change.

Deleuze and Guattari's theory of assemblages remains a core component of emergent theories of evolutionary biology as well as ontology. Within the past three decades, a segment of geography focusing on ecological networks conjectures about the social behaviors of imposing species which shape biodiversity in various regions.<sup>74</sup> The term "ecological networks," once defined by concrete needs, now invites qualitative studies on complex living behaviors which influence conservation and migration. Until the 1990s, scholars monitored transforming ecologies almost entirely based on food webs. Within the past three decades, a segment of geography focusing on ecological networks conjectures about the social behaviors of imposing species which shape biodiversity in various regions.<sup>75</sup> The term "ecological networks," once perceived unilaterally by scientists through exclusive attention to concrete needs, now invites qualitative studies on complex living behaviors which influence conservation and migration. These behaviors inspire an agent to move from one ecological assemblage to another. They include predation, parasitism, competition, and mutualism. As implied in earlier sections through discussions of globalization and identity and in later sections describing Lembata's ecosystems, behaviors of predation, parasitism, competition and mutualism also motivate transferral of knowledge systems to new places and times.

---

<sup>74</sup>Paulo R. Guimarães Jr., "Ecological Networks". *Oxford Bibliographies* (06 May 2016), DOI: 10.1093/OBO/9780199830060-0091). Retrieved from <https://www.oxfordbibliographies.com/view/document/obo-9780199830060/obo-9780199830060-0091.xml?rskey=Ov0G4E&result=1&q=ecological+networks#firstMatch>.

<sup>75</sup>Paulo R. Guimarães Jr., "Ecological Networks". *Oxford Bibliographies* (06 May 2016), DOI: 10.1093/OBO/9780199830060-0091). Retrieved from <https://www.oxfordbibliographies.com/view/document/obo-9780199830060/obo-9780199830060-0091.xml?rskey=Ov0G4E&result=1&q=ecological+networks#firstMatch>.

Changes in our ecological systems demand observation of diverse influences happening synchronously in ways which affect our natural resources, and in effect our knowledge systems. Multi-disciplinary use of the term “assemblage” provokes questions on why the institutional disciplines of Ecology and Ethnography rarely collaborate outside the fields of Indigenous Studies and Geography. Separation of institutional disciplines might explain why natural and social scientists to date share little research on the crucial roles of social networks within our globe’s ecologies. Evaluations of social behaviors in ecological assemblages require field methodologies indigenous populations have applied for years: synchronic methods of accumulating knowledge rather than diachronic.<sup>76</sup> Synchronous studies help identify how feedback loops and “rhizomatic” connections inform transforming ecological and behavioral networks. Even if these semi-contained ecologies remain highly and sometimes dangerously permeable to outside influences, these networks remain “robust” for survival so long as they maintain old habits alongside their establishment of new ones.

A “robust” assemblage, what I will call a knowledge system, might be defined as a network-based social network of subjects and objects enclosed enough so that the many elements within that assemblage can familiarize the features in their environment, fulfill their needs safely, and builds habits that ensure promising futures. Within this paper, I address how rhizomatic conceptions of knowledge, coined as “motley” by David Turnbull, might be applied to how social networks operate in Lembata, and how these networks might also be used to understand the extent to which contending knowledge systems can co-adapt while remaining robust.<sup>77</sup> I am interested in how local conceptions of logic surrounding healing might manifest as “links” which

---

<sup>76</sup> Fikret Berkes, *Sacred Ecology* (Routledge: New York, NY, 1999), 10.

<sup>77</sup> David Turnbull, *Masons, Tricksters, and Cartographers* (Taylor and Francis: 2000).

connect and enrich mutually robust knowledge systems in adjacent locations. I am concerned with how humans can be more mindful in noticing the paramount elements of our neighborhood assemblages: how do they limit us, and how do they stabilize us in times of need? In the case of cultural shifts, this might look like local communities pooling together to agree on what critical parts of the self/society can be negotiated, and which are the elements of the local assemblage which—if they fail to travel to a new era—result in failure of that system to survive?

As social theorists increasingly attest, knowledge is “local” not only in its attachment to unique social circles, but ecologically as a series of laws and behaviors which are collectively known and which allow local actants to safely navigate day-to-day life. Scientists, phenomenologists, and new materialists direct attention to how human and nonhuman objects acquire subjectivity through interdependence.<sup>78</sup> Rather than observing cause-effect as a link between two objects, contemporary ecologists and physicists note innumerable networks of relations which motivate and make up a subject. A tree’s relationship to other trees might determine the movement of insects and animals around that tree’s particular mass, and the tree’s proximity to sources of air pollution might affect how that tree respirates and houses other living creatures. Space-specific assemblages of flora and fauna choreograph the laws, habits, behaviors of those who navigate a landscape. None of these combinations and networks are exactly the same between one place and another, nor from moment to moment.

New materialists see all actants in an ecosystem as assemblages of moving molecules, genes, air, water, memories, muscle mass, limbs, clothing, convictions.<sup>79</sup> As Merleau Ponty points out in *Phenomenology of Perception* (1945), none of these elements which make up

---

<sup>78</sup> Jane Bennett, *Vibrant Matter: A Political Ecology of Things* (Duke University Press, 2010).

<sup>79</sup>Bennett, 10.

subjects and objects are ever fully legible, as the innumerability of elements affecting a subject at any given moment eludes a human's limited capacity to perceive. Law-based and "objective" convictions about people and environment are approximations; there are always factors affecting our environment and the people within it that escape the perceptive capacities of a human's limited sensory repertoire. This leads to the question: where can we lay our convictions? Convictions lay not in isolated facts, but in the strength of social networks which validate our limited perceptions.

Perhaps two of the most influential scholars who speak to the power of social networks are Pierre Bourdieu and Michel de Certeau; both who expose the matrix of assembled human actions and objects which make our societies robust. In Bourdieu's 1977 volume, *Outline of a Theory of Practice*, Bourdieu uses the concept of "habitus" to identify, in essence, an assemblage: an acquired repertoire of bodies of wisdom, rituals of interaction, ethical norms, etiquette, and manners of speech which serve as cultural unifiers and which, once inculcated and "taken for granted," stabilize each individual's internal convictions of what is right, true, and possible. What is right and true is informed by the matrix of events and people to which we are regularly exposed. Michel de-Certeau in *The Practice of Everyday Life* (1984) clarifies that bodily action, and more importantly a network of bodily practices explored, repeated, communicated, scripted, then forgotten, creates stable relationships within and between people and places. As a vector-network of innumerable human behaviors and pathways which all intersect, albeit within a certain proximity, "spaces" are an assemblage of actions and objects: what a finite group of people *make* of places. Agentive relationships in the local social ecology and the laws which guide them also determine the parameters of movement by agents within that

system, and subsequently these law-based relationships mark the parameters of individuated thought. Bourdieu and Michel de-Certeau illuminate that our knowledge systems are assemblages of the many cultural nuances which make up who we are and how we “thoughtlessly” navigate our daily lives.

Which parts of the local assemblage system, space, or habitus, can be negotiated or “left behind” without the robustness of that system falling apart? What does an actant or migrant community need to carry with them in order to survive in a new place or a new era? These are the sorts of questions David Turnbull considers in his foundational essay “Local Knowledge and Comparative Scientific Traditions” (1997). Turnbull convincingly argues that a knowledge system can travel as much as all the objects and subjects linked to a knowledge space can move, together, without breaking apart the matrix of complex elements that makes that system robust and singular. Movement without transformation is impossible. One cannot travel with a whole ecosystem in one’s repertoire. Knowledge systems must adapt where they land, and so inevitably cannot travel without a partial reassembling. Knowledge cannot travel without transformation.

To what extent can parts of a knowledge system, a sort of *habitus*, “travel” to another place and time to transform a new knowledge space? David Turnbull extends Bourdieu, De Certeau’s, and Geertz’s claims on local knowledge as socially-constructed, site-specific and relativistic by presenting local knowledge as specific in the geopolitical sense: situated not only within a culture, but within conceptions of space and time.<sup>80</sup> Local knowledge systems are internalized through one’s participation in local systems of labor and/or co-participation. Turnbull’s alliance with Deleuze and Guattari’s theories on assemblage allow him to convey the

---

<sup>80</sup> Clifford Geertz, *Local Knowledge: Further Essays in Interpretive Anthropology* (Basic Books Classics, 1985).

extent to which knowledge systems travel as a matrix of parts which are each potential actants that can be socialized. In order for parts of this assemblage to successfully “travel”, hosting knowledge systems must adopt these traveling assemblages as potential intellectual and cultural assets.

David Turnbull effectively structures his theories on traveling knowledge systems on Deleuze and Guattari’s theory of the “assemblage”, but calls knowledge assemblage a “motley.” Turnbull argues that the “motley” nature of knowledge assemblages as multivocal, polysemous, and unfixed allows interpretive flexibility as these knowledge structures adapt to new spaces. A person, or any living creature for that matter, represents a motley of norms and features, all of which make up that person’s subjectivity. Ecosystems, people, communities, are all open wholes comprised by a dynamic “motley” of actants which might come and go. Importantly, consistency makes these motleys robust. Local vernaculars, rules of etiquette, common healing practices, instruments of ritual or measurement, culinary practices, modes of dance and play, economic exchange, gossip, processing of dreams, memories, laws, and labor systems all compose a motley which, only when combined and regulated into the social system, sustain a system unique and self-sustaining. Again a local knowledge system can be individual and/or communal.

James Clifford, in his book *Routes*, clarifies some questions prompted by David Turnbull’s theories of traveling knowledge systems by exploring definitions of “travel” and “dwelling” within the context of human geography. Clifford spends a significant portion of his introduction explaining the history of the word “travel” in relation to other terms related to movement or exploration. Clifford delves into how the term “travel”, often conflated with “tourism”, still carries connotations of security and privilege. Without denying the troubled



gendered, racial, and class history associated with the term “travel”, Clifford wades the term into a new field of discourse by exploring potentials of the term “travel” as movement between spaces rather than places. In this conception the term “travel” might be used to define departure from one’s social network rather than a departure from a concrete place. Subjects and objects without privileges for overland travel might travel in place by entering a new social circle; or the reverse is implied: an object or person who refuses to socialize in a new environment, different as that *place* might be, fails to travel successfully. According to Clifford, “travel” differs from “physical displacement” in that travel is voluntary, whereas displacement is not. Displacement implies longing for a place of familiarity, with “longing” being the key term; meanwhile, a subject or object travels in search of adventure, opportunity, wisdom, power, adventure. A knowledge system willfully travels to contribute and gain from heterogeneity, but need not necessarily be socio-economically privileged to do so.<sup>81</sup>

In considering components of a habitus which might transcend its station of “dwelling”, Clifford invites discussion on what elements of a *habitus* or knowledge system might be capable of transcending its social situatedness. In other words, what moves to contact zones at the frontiers of formerly disparate knowledge systems? Clifford provokes his readers to see broader networks where the supposed “kernel” of identity is presumed to lie, inferring that identity might be polythetic: “something more like a habitus, a set of practices and dispositions, parts of which could be remembered, articulated in specific contexts,”<sup>82</sup> Travel which conserves the many parts of a knowledge system helps maintain the integrity of that knowledge. By defining “travel” as an action which involves voluntary departure of a familiar habitus in search of

---

<sup>81</sup> Clifford, 84.

<sup>82</sup> Clifford, 45.

encounter with a neighboring one, he propels the interpretation of “travel” as less a voyeuristic expedition than “search of difference.” Traveling elements of Lembata’s landscape such as their traditions, actions, artifacts, or commodities need not travel geographically in order to expand its “links” across a new social or temporal frontier. “Traveling” to a new generation or adjacent neighborhood is hard enough.

As an anecdote for how a knowledge system might “travel” across short distances, my host and colleague, Pak Dominikus, uses his knowledge system of agentive landscapes to investigate island spaces perceived as *anker* or “haunted” by *daemon* (demonic spirits, either the angry dead or malicious nitu). Years ago, he was called upon by the leader of a neighboring village to investigate a portion of a shoreline historically guarded by *daemon*. Knowing this area as potentially dangerous, locals for generations avoided socializing or fishing on the shoreline. Upon hearing of the energetic capacities of Pak Dominikus, the leader of the local village invited the charismatic healer Pak Dominikus to check in on the status of the shoreline. Pak Dominikus slept on the shoreline for two nights, experiencing no disturbances or troubling dreams as his previous knowledge taught him to expect. Ultimately Pak Dominikus determined that the shoreline was safe for pedestrian use.

Pak Dominikus’s conclusions were validated when pedestrians began to use the shoreline and were not assaulted by demons as their ancestors foretold. Pak Dominikus singularly brought his knowledge and dispositions to a new space and, as his ideas were legitimized by consensus, Pak Dominikus’s knowledge system was not only able to exist in a neighboring network but to *transform* that space. Villagers gained new conceptions of the possible: ancestral knowledge could be “tested” through local logics of experimentation. As it turned out, not all inconvenient

ancestral convictions need be true. We might say Pak Dominikus's knowledge system successfully "traveled" in traversing time and space. He needed only a motorbike, to traverse three kilometers of broken road, a few long nights in the sand, and a ritual language the spirits of this neighboring town could understand.

### **Theories Pt. 3: Memory, Adaptation, and Foundations of the Possible**

Pak Dominikus could not have proven useful had he forgotten his inherited system of knowledge during the course of travel; nor had his knowledge had been negated upon his arrival in the neighboring village. The longevity of local healing knowledge depends on how locals a) maintain practices for remembering past identities, b) adapt to adjacent knowledge systems without being overpowered by contending epistemologies, and c) contribute new or pertinent notions of the possible. I might summarise this succinctly as Memory-Adaptation-Contribution. To better deconstruct the means by which a body of knowledge might pass along these three stages, I draw upon the fields of Art History, Material Anthropology, Sociology, Oral History, Phenomenology, and Indigenous Studies to identify how memory, adaptation, and site-specific foundations of the possible help determine the longevity of a knowledge system in the face of globalization.

In his book *Routes*, James Clifford investigates which elements from a site-specific knowledge system might be selected for “travel.” Clifford clarifies that the elements of a knowledge system ideal for travel are not only the ones which help one establish connections and equivalencies in a new landscape, but also objects and practices in a knowledge assemblage which stabilize a sound system of identity. Ultimately, Clifford determines that knowledge effectively travels if it brings with it an assemblage of identity markers which are portable (objects, practices), and which stabilize subjectivity.<sup>83</sup> Clifford suggests Bourdieu's “habitus” as a useful conceptual framework for imagining “a set of practices and dispositions, parts of which could be remembered, articulated in specific contexts.” In sharing his concern with how a local

---

<sup>83</sup> James Clifford, *Routes* (Boston: Harvard University Press, 1997).

knowledge system, far from its place of origin, might uproot its most essential qualities and sustain robustness amidst transformation, he insists that memory stands central to maintaining the “integrity” of that knowledge system. Integrity, maintained through transportable mnemonic objects and practices, provides stable foundations for participation and contribution in a new landscape.<sup>84</sup>

### *Memory and Stability*

I provide theoretical foundation in memory studies to demonstrate why the Integration model rather than Assimilation (from Arnett, Jensen, and McKenzie) appeals to my colleagues in Lembata in navigating the island’s futures. Some global citizens aspiring to assimilate rather than integrate often aim to forget tradition, suspecting that it hinders their forward momentum in the global economy; meanwhile, Integration recognizes the past as an asset, if not as a device for honing secure intellectual features which add singular insights to environments which welcome diversity and innovation. Groundedness in a past identity, psychologists tell us, stabilize individuals in spaces where their culture is not the one dominant. Critical to remembering the former self is the conscious incorporation of memory. Residents of Lembata who choose integration over assimilation regularly discuss amongst their clans which norms of etiquette, art forms, linguistic expressions, forms of worship offer most stability as communities contend with technoscientific ways of knowing. These kernels of memory might not encompass an entire “knowledge space”, but critically seemingly evoke a stabilizing function for many of Lembata’s residents in building confidence to design their own futures.

---

<sup>84</sup> Clifford, 45.

I use the phenomenology concept of “homing devices” to address the importance of memory in stabilizing identity. In *Queer Phenomenology* (2006), Sarah Ahmed conceives of subjectivity as a process of continual bodily positioning towards objects. We turn toward or away from objects in our proximity when we want to affect and be affected by them. Objects we consistently turn toward are what Ahmed calls “homing devices.” Shared “homing devices” (objects we see and use in our daily lives - objects of technology, household and food items, clothing, and other seemingly mundane items we consider ‘necessities’) allow people to develop consistent means for developing a sense of “of courseness” (Geertz) and fielding means for co-participation. Ahmed suggests that should one wish to maintain one’s subjectivity as one traverses time and space, “homing devices” lend grounding features which reorient us toward the safe or known network we come from.<sup>85</sup> Poignantly, she concludes that the very act of “turning toward” objects we inherit (everything from cars to clothing) is an act of remembering. “Homing devices” in the forms of objects (sayings, phrases, values) orient us in the direction of where we think we belong. Imbued with agency, they narrate our movement from “here” to “there”.

Across the Lamaholot landscape in East Indonesia, “homing devices” take various forms. oral histories perpetuate social networks of interdependence between older generations and the young, and also guarantee a reciprocal system of listening between human and non-human beings (*leluhur, nitu, Lera Wulan, Tanah Ekan*). Clan well-being is contingent upon certain figures in the community remembering how to communicate with the invisible agents in their environment. In her article “While they (still) sing stories? Singing narratives in Tanjung Bunga,” Dana Rappaport describes the transmission of sung oral narratives as central to the

---

<sup>85</sup> Assman, 111.

moral order of a community, and to the consequent ecological well-being of an environment. Ancestors, fellow humans, God, and land orient themselves towards one another through narratives passed down through generations.<sup>86</sup> “Homing devices” in the form of objects might be ritual and religious objects, as well as food items, man-made fixtures such as homes and labor tools, musical instruments, plants in nature, and increasingly modern technologies such as cellphones and laptops. A child who inherits a gift of healing might, decades ago, have defaulted to turning towards plants and tactile forms of entertainment. That child today might turn away from plants and nature and turn instead towards processed foods, cellphones, television. Ahmedian considerations of subjectivity formation encourages us to think carefully of what we gain and lose by turning away from objects accessible in our environment.

While Ahmed places emphasis on objects, an expanded conception of “objects” would allow us to see that “homing devices” take the form of objects as well as practices. Jeffrey K. Olick specifies that memory materializes as a diverse collection of what he calls “mnemonic products and practices” which, together, form the matrix of memory. First, I will discuss how mnemonic products remain integral to the construction of selfhood. Next, I will explore theory on how individual and communal mnemonic practices, as David Shorter suggests, “inscribe” and stabilize critical senses of belonging which calcify ways of knowing. As suggested by the example of *Abo Moar* in the Lamaholot region of Indonesia (Rappaport), the objects and practices to which we familiarize ourselves through memory determine our modes of access to our immediate environments, which my collaborators theorize impacts our holistic health.

---

<sup>86</sup> Rappaport 169.

## *Mnemonic Objects*

Homing devices in the form of objects, while seemingly “fixed”, can provide concrete reminders of one’s origins while simultaneously allowing flexible and adaptive interpretations suitable for “travel”. As elements of a “motley” or grand assemblage, these mnemonic objects (sites, rituals, books, statues, presentations) co-participate in creating a subjectivity in ways largely unperceived. Each familiar object we use and witness is reflective of a particular place and space, and takes part in shaping our sense of belonging among others who share orientation toward similar objects in the same way. In *Audacities of Memory* (1996), Polly Nooter Roberts and Allen Roberts identify memory as a dynamic process of invention loosely regulated by objects. Objects serve to unify mass groups of people by mapping and authorizing dynamic processes of memory. According to Roberts and Roberts, objects serve to “engender, provoke, and promote” memory by providing “proof” that one’s social structures are endowed with cause and meaning.<sup>87</sup> Roberts and Roberts expose how mnemonic objects stabilize one’s pre-existing knowledge system. Roberts and Roberts provide a thorough analysis of Luba memory boards or *Lukasa* (from what is now the Democratic Republic of the Congo) to demonstrate how shared uses of these culturally-specific artifacts stabilize notions that one’s memories are real and true. Mnemonic objects that belong to the community bring conviction behind local systems of knowing. Roberts and Roberts’ material analysis suggests that what is right and true earns validation precisely because an object’s referents are legible. So long as those mnemonic objects are used in ritual, they can be used to orient oneself in relation to one’s community and

---

<sup>87</sup> Mary Nooter Roberts; Allen F. Roberts, “Audacities of Memory” in *Memory: Luba Art and the Making of History* (Prestel Verlag, 1996).



environment, even as styles of implementation of these objects might vary over time and distances.

Mnemonic objects work as “homing devices” because, to a certain extent, they reign in the individual imagination. Physical objects mark the parameters of a mythical “center” among communities who coexist apart in a political cluster. Roberts and Roberts employ the term “constellation” to illustrate how communities might independently generate inventions of memory while co-participating within a larger interrelated structure. Identification with a political “center” lends the means for legitimizing knowledge on the periphery.

Differently-practicing communities equally faithful to a “mythical center” are more likely to share a place and space. In Lembata, mnemonic objects tend to include traditional food, shrines, local homes, sacred rocks, heirlooms, fishing and farming equipment. While practices surrounding these objects vary from clan to clan, and while the objects themselves might themselves slightly vary between adjacent communities, the vague resemblance between symbolic objects presents a unifying function which ensures social cohesion between objects, people, ancestors who instilled knowledge of the object, resources the objects came from, who it was gifted to. In Lembata, residents who travel to other islands for work or education almost invariably receive *kain* or traditional cloth as a parting gift. Visitors, also, are traditionally given material gifts from host families to ensure ongoing social connection. The exchange of *kain* literally weaves a constellation of human and non-human persons in the region of Nusa Tenggara Timur. Particularly in Lemata, *kain* colors of maroon and black demarcate allegiance to clan identity for as long as this *kain* is held in one’s possession.

## *Mnemonic Practices*

Mnemonic practices work as homing devices by creating opportunities for visceral connection with environment and history. Jeffrey K. Olick suggests that Mnemonic practices might be both individual and social, and only reproduce meaning as they are interpreted, performed, used, or changed.<sup>88</sup> A person orients themselves and defines their identity according to local expectations. A subject's orientation and identity is determined by which culturally-constructed narratives are forgotten, remembered, and known.<sup>89</sup> Psychologist Siegfried J. Schmidt, author of “Memory and Remembrance: A Constructivist Approach” suggests that subjectivity and identity can be self-curated according to how well one aligns with the narratives of a surrounding community. One’s performance of a culturally-embedded narrative, “steered” by emotions, needs, norms, and aims, determines the extent to which a person wishes to maintain access to a particular society. To refuse the “homing device of taking part in oral history; rather, to choose a written history irrelevant to the elders in the community, would be to refuse social belonging.

In Lembata, as hinted earlier, the act of dancing *tari sole* or *Abu Moar*—a sonic, material, and embodied practice—enables community members to reproduce local knowledge systems unique to place and space. Danced histories are told only by people who the community deems gifted as transmitters. Exact phrasing used to while “singing” danced histories might change from telling to telling, but rhythms underlying the stories and overlying messages of

---

<sup>88</sup> Jeffrey K. Olick, “From Collective Memory to the Sociology of Mnemonic Practices and Products” in *A Companion to Cultural Memory Studies*, Astrid Erll and Ansgar Nünning (Eds.) (De Gruyter: New York, 2010), 158.

<sup>89</sup> Siegfried J. Schmidt, “Memory and Remembrance: A Constructivist Approach” in *A Companion to Cultural Memory Studies*, Astrid Erll and Ansgar Nünning (Eds.) (De Gruyter: New York, 2010), 194.

moral responsibilities for the large part remain the same. Rather than looking back, memory is a means of learning and thus accessing the social networks within one's landscape, and so is motivated not by the myth of sameness, but rather the prospect belonging. Arguably without access to our surrounding social fabric, we face detachment potentially counteractive to holistic health.

I use David Shorter's conception of performance as writing to show how adaptable performance, like mnemonic objects, help document conceptions of self and belonging in ways which serve more stable futures. Phenomenologists and Indigenous Studies scholars clearly articulate how dynamic embodied practices effectively resist threats of identity erasure. Edward Casey describes the body as "the vehicle through which the intimate relationship between memory and place is realized."<sup>90</sup> Indigenous scholars emphasize how practices more than objects conserve the vitality of communities in ways which endow people with stable conceptions of belonging. Practices permit adaptability and agency, while mnemonic objects provide concrete stability. Together these diverse authors give mnemonic practices meaning and relevance.

David Shorter's book *We Will Dance our Truth*, Shorter conveys how embodied demonstrations of history such as dance, ritual, and storytelling not only perform identity; they theorize, map, inscribe, and document individual and communal navigations of selfhood.<sup>91</sup> Shorter provides thorough examples of how spaces are mapped with stories, illustrating how communities employ mnemonic practices to secure human-non-human relationships and place-specific knowledge. Shorter does not privilege mnemonic practices over textual writing and concrete objects, but rather notes how textual writings and performed writings serve to

---

<sup>90</sup> Olik, 41.

<sup>91</sup> Shorter, 12.

supplement one other for the advancement of a community's aims.<sup>92</sup> He employs Derrida's concept of "arche-writing" to convey how practices, performances, and rituals (like material scripts), sophisticatedly "inscribe" connections to land and community. Facets of performed history (what I have thus far referred to as "mnemonic practices") serve to "mark" distinctions between subjects in a landscape. Performances not only record; they contrast and communicate distinctions in one's environment to stabilize classifications of thought.<sup>93</sup> Returning once more to Lembata's dance history tradition of *Abo Moar*, to stomp one's foot is to mark one's connection with the local landscape and the community which stewards it. To turn away from stomping is to deny social responsibility: an act of forgetting which results in dire consequences for the ecosystem and all agents within it.

### *Adaptation*

"Homing devices" in the form of performance and material memory provide grounds for stability amidst adaptation. David Turnbull insists that only communities who craft strategies and techniques for adapting to alternate knowledge systems can travel. Rapid economic and landscape transformations turn familiar landscapes into foreign spaces. I argue that in these times of unprecedented rapid change, knowledge systems must integrate to survive. Turnbull effectively argues that effective strategies for adaptive knowledge systems "create equivalencies and connections" between the traveling knowledge system and new spaces so that these local knowledges are not dismissed as other, inferior, or irrelevant.<sup>94</sup> In describing peoples throughout

---

<sup>92</sup> Shorter, 97.

<sup>93</sup> Shorter, 209.

<sup>94</sup> David Turnbull, "Local Knowledge and Comparative Scientific Traditions" in *Knowledge and Policy* (Fall/Winter 1993-1994), 30.

history who successfully transferred their local knowledge systems across vast landscapes and eras, Turnbull successfully illustrates the variances in components of knowledge systems which travel. Turnbull provides the example of Anasazi (North American) Indians, whose craft, ideology, and invention stood as paramount components of a traveling knowledge system. The knowledge system of Anasazi Indians successfully traveled across vast lands populated by diverse people through the objects and performances it carried alongside its ideology: the Anasazi calendar, as well as rituals, myths, poetry, and architecture delivered strategically to make connections with ideologies already in place.<sup>95</sup> The objects and practices brought alongside the Anasazi knowledge system were structured enough to stabilize cognitive frameworks borne from a place, distributable to other places. Elements of Anasazi assemblages were socialized strategically in other communities so that groups in surrounding lands could see these rituals, myths, poetry, and architecture as serviceable in their own lives. The transfer of the Anasazi knowledge system wasn't sterile or enclosed; it was rhizomatic, impactful.

Questions of how local knowledge systems travel invoke questions of whether or not one can truly forget one's past. No matter how one might attempt to assimilate to one's vision of the future, the past always follows. In Susan Ossman's book *Moving Matters* (2013), Ossman surveys the experiences of individuals traveling across geographic distances to demonstrate how remembering one's past proves critical in adapting to new landscapes. She provides compelling case studies to prove that one has to know oneself in order to propel oneself in a new space:

One takes an inventory of one's possessions to decide what to take along and checks out possibilities for housing. But there is also a process of projecting oneself into an

---

<sup>95</sup> Turnbull, 40.

unknown place that draws on what one has accomplished in the past. The experience of a first migration is important in gaining the confidence to move a second time.<sup>96</sup>

Ossman challenges Victor Turner's conception of "liminality", using field-based analysis to prove that the migrant's transition is not a state of free mingling symbols as Turner proposed. Ossman compellingly argues that the migrating subject or knowledge system does not fragment as it lands in a new space; rather, to various degrees it remains sedimented by its past, leading to a hyphenated identity. Ossman's case studies lend foundation for her fruitful analysis on how remembering ones roots proves crucial in navigating social participation: "Often, retracing one's steps becomes an important element in escaping the sometimes confusing process of accumulating accounts of oneself and enables one to develop a clearer sense of one's own truth."

<sup>97</sup> Key are the phrases Ossman associates with a secure hyphenated identity: "retracing one's steps and "clearer sense of one's own truth", which in combination hint that through retracing/remembering one finds momentum in adaptation. Developing the life story and ways of recounting it to oneself is perhaps especially important for people who make themselves of several homelands.<sup>98</sup> To "turn away" from homing devices would not be to abandon one's past (impossible, according to Ossman), but rather to suppress it: deny the hyphen in the name, resulting in psychological turbulence which might very well undo the steps one uses to press forward.

### *Contributing Notions of the Possible*

---

<sup>96</sup> Susan Ossman, *Moving Matters: Paths of Serial Migration* (Berkeley: Stanford University Press, 2013), 65.

<sup>97</sup> Ossman, 93.

<sup>98</sup> Ossman, 107.

While David Turnbull analyzes whether local knowledge systems can survive in new spatio-temporal landscapes by establishing connections or equivalencies, I propose a generative outlook on the capabilities of site-specific knowledge systems. I suggest that not only can a traveling knowledge system potentially survive in an alternate knowledge space by “making connections” but it can also positively transform adjacent knowledge systems by contributing new or relevant notions of the possible. The primary difference between Turnbull’s inquiry and mine is that I am not only interested in observing how these knowledge systems survive as refugees, immigrants, frontiersmen, and settlers, but in how these knowledge systems serve to rupture and expand pre-existing paradigms. Turnbull’s writings linger on survivalist rhetoric than the instructive capacities of traveling knowledge systems. I, meanwhile, aim to demonstrate how migrating knowledge systems contribute actively toward capacious understandings of reality. Turnbull uses examples of traveling knowledge systems which historically contributed notions of the possibility of landscapes of expansion or migration. When elements of a knowledge system travel and are adopted by a new knowledge system (ex. the conquered of the Incan Empire adopt the quipus and cheques), they not only “provide connections for a diverse set of knowledge” and “establish equivalencies between disparate practices and contexts over a very large area”, but they also extend the horizon of possibility for individuals in the communities they enter.

### *Quiet Contributions vs. quick revisions*

We now come to the question of whether Lembata’s community addresses memory-adaptation-contribution through political revision or grassroots revival. To explore a knowledge spaces’ pace of adaptation-contribution, I draw on the work of Thomas Kuhn, who

comprehensively identifies how local politics can assist or impede intellectual transition. In *The Structure of Scientific Revolutions* (1962), Thomas Kuhn suggests that traveling knowledge systems might only gain recognition from host knowledge systems by stepping into pre-established circles of knowledge production. Problematically, these circles are designed to make assimilation difficult for contributors lacking social capital. Kuhn perceptively notes how communities which hold the power to control institutionalized knowledge production—licensed physicists, chemists, astronomers, zoologists, [lawyers, medical professionals, politicians, psychologists, university scholars]—are pre-established, and incremental change only arises when new bodies of knowledge are welcomed into “circles” where paradigms are made:

When paradigms enter, as they must, into a debate about paradigm choice, their role is necessarily circular. Each group uses its own paradigm to argue in that paradigm’s defense. Yet whatever is at force, the status of the circular argument is only that of persuasion. It cannot be made logically or even probabilistically compelling for those who refuse to step into the circle (Kuhn, 94).

According to Kuhn’s interpretation, a democratic paradigm shift requires institutions of knowledge production to first offer up spaces at decision-making tables for voices of alternative knowledge. Only when agents of contending knowledges self-advocate as equals can changes to the paradigm be made. In the case of Lembata and healing, this means that local healers must be included and consulted in the law-devising process. The reality in Lembata is that policy making usually occurs in far away Java. Clinical administrators at Lembata’s main hospital frequently attend conferences and trainings in Kupang. Meanwhile, most of Lembata’s traditional healers have neither the money nor the clout to participate. While an increasing number of Lembata’s



youth seek higher education in other regions of the country, few go on to earn positions in the Indonesian government's ministries of health and education. The government must make a conscious effort to share power beyond its ordinary social and intellectual demographic.

#### **Theories Pt. 4: Lembata's Women Healers/Theorists**

I have in prior chapters weighed conjectures by Indo-European theorists on limitations of knowledge systems and their potentials to “travel” across time and space. Now I reach the critical junction in my thesis where I place theories from Indo-European knowledge spaces in dialogue with theories from knowledge spaces in East Indonesia. Women healers—respected theorists where they operate—hold site-specific wisdoms on how knowledge in Lembata travels. Like the American and European theorists discussed in earlier chapters, these women healers/theorists speak from an inherited canon of “of-courseness” which directs them towards particular convictions on what is right, real, and possible. These convictions I document through transcribed oral narratives and data interviews, which I will pair with analysis.

I introduce the featured women/theorists, Ibu Bertha, Ibu Leny, Ibu Maria, and Ibu Ida, through the form of narrative with the intent of giving these women depth as they “speak” on a page. I allocate narrative to this section not to diminish the American and European theorists discussed previously, but to more adeptly “flesh out” these women theorists in ways which might grant them more impacting influence on readers allied with techno-scientific thought. It is my hope that the emphasis on the individual character of each theorist will compel readers to see the forthcoming theories as less “other”.

I apply analysis at the conclusion of each woman's character study to loop these four microhistories into a macro-narrative of globalization. While not seeking to reduce the individuated nature of each woman/theorist's experiences, I suggest that Ibu Bertha, Ibu Leny, Ibu Maria, and Ibu Ida reflect the various stages of Assimilation, Integration, Separation, and Marginalization as presented in Jennet's, Arnett, and Mckenzie's study of global assimilation. As

Separation no longer represents a real option for Lembata's healers, I have compressed the categories of Separation and Marginalization into one category. These following stories reflect the choices made by local healers to alternatively remember local identities and adapt to challenges brought on by globalization. To respect the privacy of the individuals collaborating in the case-study (with whom my contact has been limited since the onset of covid-19 lockdown measures), I have decided to change the names of some of my collaborators. While I in some cases have altered the structure of our conversation to make the flow of information more accessible to readers, I did my best to translate these theorists' vitality of speech and gestures which lend texture to their testimonies.

### **Background/Context**

*Needing a vacation from my teaching position at the high school seminary in Flores, Indonesia, I got aboard a slow ferry and escaped to the neighboring island of Lembata. There, I met Kak Ayu, a baptee of the headmaster priest who was employing me at the time. As a fellow champion of community arts who took pride in being a career woman; as a lover of travel who devoured philosophy of religion like cake and who dreamed of one day visiting the grave of Mary Magdalene so she could back-pat her status as the concubine's plump Javanese avatar, Kak Ayu quickly became a friend and idol. Only six years my senior, she was my sole female friend that first month I lived beside the Sawu Sea. It seemed our fast pact was mutually won.*

*"Ternyata kita sama, ya?" she said often. "It turns out we're the same."*

*Kak Ayu worked at the island's main hospital, and wanted to cement friendly relations with the administrators at the local clinic in Loang. Months went by without follow-up on her demand for data on local Malaria cases. As a peace offering, she volunteered my time as a teacher to the head of the Loang clinic, Pak Dennis. It was rare that a native English speaker came to the island, and, as the Lamaholot region of Indonesia was increasingly looking like my PhD dissertation research site, Kak Etik baited Pak Dennis into thinking I might come back for a longer period of time to teach in his home community. Pak Dennis's resistance to supply her with Malaria testing documents proved (Kak Ayu thought) Pak Dennis was resistant to following orders from an "outsider" born in Java, and also that he didn't like women with authority. Kak Ayu frothed with rage over our meals of fish-off-the-bone and fried tempeh. I was sympathetic, and agreed to cut my culture trip at the island's whaling village in half in order to win her some*

edge. As it turned out, Pak Dennis wasn't such a bad guy, and my agreement to stay as a favor for two days in the town of Loang would change my life forever.

Pak Dennis was the founder of a turtle sanctuary non-profit which trained kids to rescue baby turtles from dogs and poachers. On the side he co-managed a reading garden, a sort of after-school refuge in the form of a seaside pagoda. It was really just a sandbox with a termite-eaten bookshelf under shelter near the pagoda's hind pillars. Each day it brought over a dozen neighborhood kids under shade, donated books sprawled out on combed sand, adolescent chins resting on school-age shoulders as words were read aloud. Pak Dennis knew that the coming generation had the most potential to restore Lembata to its appreciation for an incredibly bio-rich natural landscape. He also knew the schools were training the youth to be docile. The kids had to get out and get educated with local and colonial knowledge. That knowledge had to show them what wonders of the world were at stake.

Local knowledge came from men like Pak Dominikus. Pak Dominikus was Pak Dennis's right hand man. He was also the lead tracker and community organizer for Pak Dennis's non-profit, and so he was the one assigned to pick me up from the whaling village of Lamalera. We traveled at night. Pak Dominikus was a master of roads, who plunged us into patches of forest like a skate-bug over water. Meanwhile the surrounding forest encircled us. Even as he navigated his motorbike over that broken, lampless path to Loang, he threw expressive arm gestures into his orations on public education and political corruption with such vivacity that I wondered how we didn't both fall.

Pak Dominikus himself was a high-school dropout. "I went to nature school," he said, chuckling to himself as we swerved around another hump in the road. When we reached Pak Dominikus's house at nine o'clock, it was Pak Dominikus's son, David, who greeted us first on the front porch. A wide set woman named Bertha followed him, shuffling in her bath sandals into the lamplight. Ibu Bertha wore the downturned lips of a woman who had toughed out a few decades.

"Come sit down," she said, gesturing to the front stoop. I threw my bag down, untied my scarf from around my head, and placed my shoes near the front pillar next to Pak Dominikus's sandals. Ibu Bertha went inside the house, came back with cups of sweet tea for me and Pak Dominikus. Then she nodded at David.

"He wouldn't sleep; can't go long without his father." It was at this instant I realized that Ibu Bertha and Pak Dominikus were married. "It's past the boy's bed time," she said. David, about five, small for his age, lay in Pak Dominikus's lap. Pak Dominikus for the first time swept back the hood of his sweatshirt. He sighed and stretched out his legs on the front porch tile, combing his son's hair with his fingers. Pak Dominikus, due to his crisp energy and handlebar mustache, looked no older than early thirties. I later learned that, despite Bertha being a good five to seven years older than Dominikus, the couple shared a connection clearly cosmic, maybe centuries deep. The pair would be my primary mentors and hosts during my first stay in Loang, and today guide my research.

*The first morning I woke up in Loang, Ibu Bertha filled me with coconut bread. Pak Dominikus must have told Ibu Bertha my interests in local religion and traditional healing, because she said “Pak Dominikus is going to go help a neighbor. People around here say he has a certain ‘charisma.’ He’s going to the neighbor’s house now. Would you like to join?”*

*I had come to perform a teaching gig in exchange for free shelter and maybe a sighting of some turtle eggs (four of six species came to rest on that one island!), but here I was in the home of a spirit medium. I was thrilled; not only because I had accidentally landed in a great place with potential for research, but because the man I wanted to learn from had a great sense of humor (part of his healing repertoire?) and seemed to like having me around. Where I was employed at the time, in the high school seminary in the hills of neighboring Flores, I heard tell by priests that there were “molán” (healers) or “suanggi” (contending sorcerers) humming mantras over leaves and candles all over East Flores and the neighboring islands. The priests grew used to me asking questions about the world of local spirits and answered my questions with patience.*

*Molán and suanggi both could channel unseen forces in the surrounding ecosystem (ancestors, plant, air, water frequencies, nature spirits) to guarantee village justice was done intrusively, invisibly. Human bodies were canvases for the ecosystem’s tab on local justice. If a person or group of people suffered chronic illness, some social, physical, and ancestral connection had been violated and the entire community would suffer until conditions were set right. You didn’t need a doctor for that; you needed a traditional healer. It seemed that the positive energy bestowed by the molán and the evil energy borne by the suanggi were both like pathogens that worked away at you like age: after a while it became your most forthcoming feature. I had never seen these community leaders at work. Like most terrible wonders among Catholics, spirits in the seminary were tightly hidden under robes. Here, with Pak Dominikus, was something ancient and out in the open. I knew I wanted to spend a lifetime studying traditional healing because I knew I was too dumb in my own five senses to ever practice it myself.*

*I wanted “proof” that the environmentally-connected ways worked. I saw the rise of depression, violence, dietary illnesses, and bigotry in my communities in the US, and wanted to experience a place where opportunism wasn’t the norm. I knew that not only did the secret to community wellness lie beyond the values of capitalism, but in trust outside a health system that had little sense of its limitations.*

*Pak Dominikus’s neighbor lived less than a two minute walk away. When Pak Dominikus and I arrived, at least a dozen people gathered outside the little wooden house beside the main road. Walking beside Pak Dominikus, I asked, “Your neighbor—why is she sick?”*

*“This Ibu recently had a stroke,” he said. “The medical clinic couldn’t help her, so the family called me to help.”*

*When we arrived at the neighbor’s house, chickens scattered in distress. Children tossed around a soccer ball in the dust. Pak Dominikus and I entered the household, passing a kitchen*

store-room full of women with mixed expressions of exhaustion and concern. When Pak Dominikus and I entered the bedroom of the ailing woman, everyone outside the door filed in and crowded around the periphery of the room, and those who couldn't fit inside hovered at the door. A nurse sat on the corner of the bed holding the wrist of an elderly woman in her nightgown. She was primly dressed in a nurse's uniform, and professed to Pak Dominikus that she was the one who called him. She spoke softly and solemnly to Pak Dominikus, as if she were already sitting vigil. "This Ibu, she won't eat, drink, walk, or talk."

The patient's frail body was drowned in wrinkled cotton. The woman's bones seemed to loosen from one another as I watched. She shifted from side to side on the mattress. I could see that she had wet the bed. Pak Dominikus asked one of the women for a glass of water. When the water was passed to him, he took the glass to a corner shelf which had been made into a shrine. On it was a statue of the cross, a faded photo of the patient's dead husband. Pak Dominikus kept his hand on the glass of water and bowed his head. Then he threw his head up to the sky and thrust a flat palm straight up, as if to reach past the ceiling. Bringing the hand back down, his whole arm shook as if straining against an elastic force. If he chose to give up and recoil, I knew the energy built in him would force him to collapse, or otherwise fling him into another dimension.

Pak Dominikus' clenched hand was empty. Or wasn't it? I looked around me at the others in the room, whose eyes were also riveted to Pak Dominikus's seemingly empty hand. Was he holding a chunk of God in the form of light, and we lay-people weren't gifted enough to see or retrieve it? Whatever Pak Dominikus plucked from the sky he dropped into the glass of holy water. He repeated the gesture several times before turning to his patient on the bed. He sat on the mattress's edge and prayed over the water for half a minute. The room went still as Pak Dominikus traveled deep inside himself.

He stood, taking a wide stance over the bedridden woman as if he prepared to block high tide, Pak Dominikus took his free hand and scooped energy from within the woman's body, tugging invisible weeds out by the roots and tossing it to the side of the bed. Head, torso, feet, throwing whatever harmful content collected in his hand to the ground. Scoop, throw. Scoop, throw. Scoop, throw. Whatever spiritual blockage clogged this woman's right to live, it was the weight and texture of wet cement. After scooping out the invisible toxins of the woman's body, Pak Dominikus spoonfed the holy water into the afflicted woman's mouth.

I was amazed that I was invited to take pictures. Now, still, I can't look back at those images without feeling the anticipation in the room; the trust in this man whose energy was so palpably pure that no one, myself included, doubted Pak Dominikus's capacity to alter forces of reality.

Before Pak Dominikus and I left the house, the nurse thanked Pak Dominikus. She was a transplant from Lamalera, but had worked as a nurse in the area for years.

"What just happened?" I asked her, wanting to know how someone clinically trained perceived the work of healers like Pak Dominikus.

*“Her medications from the hospital wouldn’t work,” said the nurse. “Sometimes we need to call upon men like Pak Dominikus to clear the body of, you know, obstacles in the way of the body’s passages. Spiritual obstacles. Sometimes we need to make our insides flow before medicine can work.” This made sense to me; that we had individual hangups within us that generic medicines wouldn’t account for. But come on: these gestures from Pak Dominikus were just theatrics, right? No; if they were, the workings of Pak Dominikus had proved their worth many times before. As the newcomer, I was the only one who hadn’t yet seen proof in the workings of the old ways, and I had no reason to doubt.*

*Pak Dominikus and I left the house. A day later, I heard that the woman could eat and speak a little; not an overwhelming recovery, but an improvement. Of course I was skeptical in believing it, but there it was: I had finally met a man who could challenge the predictions of medical quacks and their square logics. Logic fell flat here.*

*Logic, in being confined to the human senses, was anti-local, anti-organic. Logic was antisocial, anti-what-if, anti-story, anti-surrender, anti-wait-and-see. Pak Dominikus had supplied a “yes” where a day before recovery had seemed impossible. This, I thought was the beauty of Indigenous healing: it taught people that healing was about the invisible factors in our environment and the people in the room as much as it was the pill and the dose. The West once nurtured those systems, crushed them for the advancement of “modernization.” We had a lot to learn from Indigenous systems, if Western scientists would stop defining the global healthcare system gluttonously on its own terms, they gave me joy I had never experienced when teaching kids elsewhere: not Java, not Ohio, in Chicago, not in Java.*

*I started to look at Pak Dominikus as a great spiritual teacher whose power stemmed from being an agent of good. I wondered how and if I could continue to work alongside him, hoped that somehow his restorative energy would somehow radiate into me. But first I had a few days of teaching to prove my worth to the community. For those few during my first visit to Loang, I went to the pagoda which served as the after-school reading garden and organized English lessons for children around the sea-life they were being trained to conserve. The kids ranged from ages 5 to 15. Curious and eager to learn, with hope in the institutions that sheltered them.*

*A few days of teaching English at Sahabat Penyu’s seaside reading garden helped me earn some trust among the activists and thinkers of Loang. It turned out Kak Ayu’s prediction conveyed to Pak Dennis that I would stay long for research in Loang, was an accurate forecast. I promised myself and my new network in the town that I would return, this time with the explicit goal to record stories. I knew that, in this place, I would find a broadening network of inspiring people eager to share stories, speak to the validity of indigenous knowledge. Yet upon going home, I noticed an enormous gap in my transcribed interviews. I kicked myself for following the most obvious path to learning about indigenous healing. This path was led by the loudest members of Lembata’s intersecting communities, and they puppeteered a very particular truth. All the healers in the Lamaholot region of East Indonesia were men.*

*Surely there were plenty of women with healing powers like Pak Dominikus's, even if they weren't broadcasted with the same public acknowledgement. The following year, I stayed with Ibu Bertha and Pak Dominikus for a month's worth of oral history research, this time deliberate in my intentions to speak with women. Due to my status as a paying guest, I never quite earned the level of friendship I had hoped with Ibu Bertha, the book-keeper and steward of the house. I recall with gratitude the way Bertha slowly revealed her strengths and concerns as a former migrant-worker, wife, adoptive mother, host, daughter, healer, all of which informed her rounded outlook on how health and healing practices informed the social fabric in Lembata.*

## **Ibu Bertha**

*Bertha is iconic in the sense that she is a woman whose critical role in her community might elude the eye of an outside researcher. Non-local and non-clergy researchers have been few and far between in Lembata; often, they look for the sensational. That first time I came to Lembata and stayed at Bertha and Pak Dominikus' home, I had no idea that Ibu Bertha worked alongside her husband in any other way besides parenting and keeping house. Why didn't I ask about Bertha's extra-domestic societal roles during my first visit? Perhaps it was because it was Ibu Bertha who made the tea, cooked the food, cleaned the home, took care of the village children and of guests, and I had fallen into the trap that most scholars and researchers did when they first entered a field: I noticed where the immediate action was. Domestic roles were defined by gender, but what of it? I "saw" her by how she appeared to me at immediate face value, and this was a mistake. While a homebody, Bertha did travel outside the home for health visits and, I would learn with time, often tended to patients alongside Pak Dominikus. She was more than a wife, mother, community member; she was this and healer. Bertha transformed not only what my opinion of what healing looked like, but awakened me to blind spots in my research which undoubtedly still, and will always, prevent me from seeing the full scope of magic in Lembata. Health and healing in Lembata, I began to realize, largely relies on women who facilitate social harmony not through demonstrative action, but through sacrificing, distributing, gifting.*

*Ibu Bertha shared a deeply complex history with her father-in-law, and told me the story of how she saved the life of the man who once hated her:*

“There was a time we thought Pak Dominikus' father was going to die. We all gathered at his deathbed, the whole family. Bapak been nearly dead for a few days, and we thought we were only waiting it out before he died. We took turns watching over him, in case he needed anything. One time, when I was on watch, Pak Dominikus' father woke up. At the time I was dozing off, and this surprised me. I came close to him. I asked how he could have such energy, kan, we all had lost hope. Pak Dominikus' father said, ‘An ancestor  
has



come to me in a dream and pointed out the plant I need [to cure me]. I need to find that plant.” He got restless then, made as if he prepared to get up. But he was too weak. I told him I would get the plants if he could describe the dream. He told me exactly how the plant looked in his dream, how his ancestor in the dream taught him how to use the plant to make medicine and apply it to his body. The hour was nine at night when I set out.

I walked for miles and miles, didn’t stop. Finally I found the plant, brought it back. I applied the leaves and roots in the way described to Pak Boli in his dream, and he quickly healed. My husband, he was very angry! He told me ‘You’re crazy to go out there at night! Something could have happened to you!’ He cried. “Better lose my father, who was old enough, than have something happen to you.” But I said “We have our parents and must take care of them. How he treated me is in the past. We have to move forward.” After I cured him, Pak Dominikus’ father had more respect for me.”

*While the majority of people who come to the Nunang household visit Pak Dominikus, Ibu Bertha and Pak Dominikus often work together in diagnosing, if not curing their patients. One day Pak Dominikus and Ibu Bertha started talking about the ways they work together as healers, and I took out my phone to record. As it was morning and Pak Ado was still picking off fried bananas from the centre plate, it was mostly Ibu Bertha who spoke:*

Bertha: “Pak Dominikus and I usually work together to cure patients. If our patient is a woman, the patient usually communicates with me first. With me, she can be more open about the symptoms of her illness which might be embarrassing to express to a man.”

Me: “After consultations with your patients, then what happens?”

Bertha: “After female patients have consultations with me, Pak Dominikus and I together search for leaves and roots in the forest that will cure the ailment specific to the patient. We each come from a family of healers, and sometimes we draw on each others’ plant knowledge when our own is lacking.”

Me: “For the large part, what kind of ailments do you cure?”

Bertha: “Ailments that we tend to cure are the ones with symptoms of *panas dalam* (body fever), *sesak nafas* (breathing difficulties), and *sakit perut* (stomach pain).”

Me: “Is this the way it always happens, with you doing the consulting before you share healing responsibilities, or do you and Pak Dominikus sometimes work alone? I notice that most people who come to the house to be healed often ask for Pak Dominikus...”

Bertha: “Sometimes, the patient is taken care of right away by Pak Dominikus and healed with the strength of his inner energy. This energy is transferred to the body of the patient through prayer or massage. When I hear of a woman who is having issues [with the womb], Pak Ado has me talk to the women, get them comfortable and ready. I rub the afflicted area until I sense a revelation of what is wrong. Whether it is Pak Dominikus curing the patient or us curing the patient together, we always tell the patient to rest after a healing session. After two or three hours of rest, the patient will definitely note a change.”

Me: “Are you the only married couple working together as healers?”

Bertha (surprised at the question): “No. We’re not the only ones; there are other couples who heal in pairs. Healers often don’t take on all the responsibility for themselves; often one healer will point a patient to another with different strengths.”<sup>99</sup>

Analysis: Bertha as an Integrative Model

*Because Ibu Bertha combines her curiosity in global resources with her deep entrenchment in communal values, Ibu Bertha reflects an Integrative model as proposed by Jennet Andnes and Mckenzie. Such a balanced identity allows Ibu Bertha to maintain a seemingly fluid balance between remembering local identity, adapting her inherited knowledge system to a society increasingly steered toward technology and regulation. She contributes notions of the possible by modeling how traditional and clinical health systems can work alongside one another. Key in striking this balance is to equally weigh the limitations and potentials of both traditional ways of life and clinical advancements. She uses traditional healing methods, primarily herbs and massage, for healing; but upon recognizing her limitations she refers to the expertise of other traditional healers (including her husband) when she feels her patients need more specialized care.*

Memory:

*Ibu Bertha’s strength in healing is predicated on her fulfillment of responsibility to her family and community: a relational logic which requires prioritizing her kin over herself. Although Regina practices exclusively customary forms of healing, she actively advocates for the advancement of standardized education and institutional healthcare in Lembata. She emphasizes that while clinical healers and customary healers command contrasting fields of expertise, both are necessary. Healers can work in concert with the medical system, and also with one another. She has employed mnemonic objects and practices (lighting candles to ancestors during semi-frequent returns to her hometown of Lerek), cooking traditional meals and serving them in*

---

<sup>99</sup>Ibu Bertha in Conversation with the author, Lerek, Lembata, 7 August 2019.

*traditional fashion, praying in local dialect) in conserving a robust foundation of identity, even as she and her loved ones have navigated conditions of displacement and transformation.*

*As a transplant from a neighboring town who has also experienced half a decade living and working overseas, Regina's "homing devices", or means for grounding her subjectivity within her community, manifest more as practices than they do as material objects. Unlike most of her neighbors, Regina spent years sweeping homes of the wealthy overseas in Singapore. She hopes to furnish her home with a modern touch: cushioned couches in the guest hall, a decent washing machine. She doesn't have an ancestral shrine in her home, and concerns herself with building a "modern" lifestyle; however, she mirrors healers of the previous generation by relying on herbs for treatment before she directs one of her patients to clinical care. She does not chew betel nut, drink tuak (palm wine), nor keep cotton (used often for prayer healing); nor does Catholic iconography adorn the walls. The above-mentioned objects might be considered "essential" home items for many of Regina's neighbors, but Regina gives herself permission to incorporate aesthetics from the world "outside."*

*Ibu Bertha belongs to her sister Ibu Fiona's weaving collective in the neighborhood of Loang. While she can work a loom, she chooses not to devote much time to this ancestral craft. A generation ago, weaving "kain" was considered mandatory among all women--indeed a prerequisite for marriage. Instead of weaving, Ibu Bertha devotes herself to catering meals for business meetings at local schools and town halls, cooking for her family, and chaperoning village children. She cooks with natural ingredients (doesn't buy packaged food from outside) but grows Singaporean curry leaves in the backyard and welcomes foreign recipes from visitors. In watching over the children of the village, she assumes her role not only as guardian of her own child but guardian of her whole community; she disciplines and watches as a step-in mother for the twenty or more children who frequent Loang's reading garden, knowing that keeping the peace in her own family is reliant upon ensuring that safety for all families is secure.*

New Foundations of the Possible:

*Ibu Bertha illuminates how sacrifice for kinship harmony (maintained through duties in one's community) brings rejeki or "fortune". As a healer who works alongside her husband, Ibu Bertha also contributes foundations of the possible by noting how two healers can work as a unit, supplementing one for the other's limitations. In sharing healing responsibilities with her husband, Ibu Bertha challenges the notion that healing must be facilitated by an individual. Instead, her stories prove that diagnosing ecological and internal/personal imbalance and restoring harmony is rarely, if ever, a one-person job.*

Obstacles:

*Ibu Bertha and Pak Dominikus do not readily admit their services as healers. As opposed to applying for the SITP or the SITK, they choose to avoid unwanted attention from political and medical health authorities who are not receptive to traditional healing methods. Perhaps they are smart to do so, because in a few years independent practice of complementary medicine will suffer even tighter reins. In 2023, according to Constitution item 15 passed in 2018, regional governments will outlaw independent practitioners like Ibu Bertha and Pak Dominikus from*

*administering healing inside private homes. Instead traditional healers must conduct all inspections and treatment inside a “Griya Sehat” or “Health House” which would be monitored by the government.<sup>100</sup> Ibu Bertha and Pak Dominikus have neither the time nor the money to uproot their livelihoods to pursue college careers and construct a public house, and find more fulfillment in tending to needs spontaneously presented by their neighbors using the resources they’ve trained and inherited.*

*A “Griya Sehat” requires significant funds to maintain, especially since it must be staffed by three higher educated health administrators. Molan in the Lamaholot region of Lembata (Pak Dominkus and Ibu Bertha have insisted this many-a-time) traditionally cannot ask money for their services, lest they lose their charisma. Any service exchanged with money cheapens it, and the ancestors have the choice to revoke the blessings and energetic capacities they passed down. To transform traditional complementary medicine into a business, then, would be to reduce the quality of care itself. The requirement that these Griya Sehat need to be staffed by college-educated experts concentrates all emphasis and power in standardized education and ease of surveillance: none in traditional means of knowledge transfer. Pak Dominikus and Ibu Bertha, due to their familial duties and their priorities toward making a living in Loang, have likely brought them to the point where they have given up on college degrees; however, their combined expertise brings concerned locals to their doorstep almost daily.*

#### Solutions:

*So long as traditional healers undergo the process of getting an STRTKT (Surat Tanda Registrasi Tenaga Kesehatan Tradisional) and SIPTKT (Surat Izin Praktik Tenaga Kesehatan Tradisional), the local governments should allow at-home treatments by “tenaga kesehatan” or facilitators of traditional medicine. The majority of traditional healers East of Bali suffer difficulty filing paperwork necessary for certification without the help of widely distributed printers, laptops, and helpful administrators at local clinics. If convinced that the SITPTK and STRTKT acquisition process would be unoppressive on their work schedules and more informative than punitive, I’m sure Pak Dominkus and Ibu Bertha would face little objection to attending clinical workshops leading to the acquisition of those required documents.*

*As it stands, however, local clinics are tasked with designing training workshops in fields of expertise they are not expert in. Especially when considering Pak Dominikus’s skill in prayer/energetic healing and Ibu Bertha’s skills in herbal healing, Lembata’s clinics stand ill-equipped for designing tests which can “empirically” capture strengths in fields the test administrators themselves are unfamiliar with. The government recognizes that traditional*

---

<sup>100</sup> *The expectations of “Griya Sehat” are described as follows: “Griya Sehat...takes the form of a traditional health service facility employed at minimum by a) Two Traditional Healers of “professional” status, and b) One Traditional Healers of Vocational Status” (Constitution Item 15, Article 13). Traditional Healers and Vocational Healers require at least some years of education at a higher education institution; The Griya Sehat must have a “berbadan usaha” or a “body of business” and must have a waiting room, administrative room, consultation room, bathroom, room for traditional medicine, air installation, electricity (Constitution item 15, Article 17).*

healers might apply “olah pikir” or way of thought as means for healing patients suffering from holistic health struggles, but gives no explanation for how “skills” for thought intervention could possibly be tested/evaluated “secara kaidah-kaidah ilmiah” or according to the laws of science.

101

*Local clinics in Lembata should devise and distribute petition forms for local healers dealing regularly with residents who want to seek at-home care. Before administering a procedure, traditional healers should require their patients to sign a waiver which authorizes uncertificated healers such as Pak Dominikus and Ibu Bertha to practice personalized treatment. These waivers would warn patients of the potential dangers behind using uncertified medicine so that traditional care would be an informed choice. This way, liability would be partially removed from the government. Supplying waivers to local families choosing traditional care would align with Article 5 of Item 6 in the Indonesian Constitution, which lists finding one’s own healthcare as a right.*<sup>102</sup>

## **Ibu Leny**

*I wouldn’t have met Ibu Leny had it not been for Ibu Fenti, and Ibu Fenti, like Pak Dennis, was a work relation of Kak Etik. My host, Ibu Fenti, was my age at 28. We were both teachers, and yet Ibu Fenti had already entered a mature stage of life in which she and her husband, Kak Etik’s colleague and our temporary host, often expressed desperation for a child of their own. Ibu Fenti’s husband worked as the point-person for monitoring infectious diseases in Karangora, and once Kak Etik had all her paperwork, Kak Etik told me she would have to return to the main city of Lewoleba. I would be left in the care of her colleague and his wife for the coming two days, until Ibu Bertha came through on a pick-up truck heading to the mountain town of Lerek.*

*Most of my walks through the town were accompanied by Fenti’s youngest niece, who had just learned to take toddler steps. Fenti’s younger sister had just given birth to her third child and was trying to wean her baby off breastfeeding, and so left her with her older sister. It was tradition that the baby had to stay for three weeks out of the hands of her mother. Fenti and her husband coddled the baby as if it were their own; the longing for a child was nothing short of theatrical, a bliss that enveloped the couple and which I knew would invite anxiety once the niece was back with her mom. As Ibu Fenti suffered a limp in her right leg, she used her pain as a rare excuse to take off work. Once she knew my interest in learning more about local healing*

---

<sup>101</sup> In Article 7 of Constitution item 15 (2018), the government defines energetic therapy as “: Terapi olah pikir sebagaimana dimaksud dalam Pasal 6 ayat (2) huruf c merupakan teknik perawatan/pengobatan yang bertujuan memanfaatkan kemampuan pikiran untuk memperbaiki fungsi tubuh.

<sup>102</sup> Article 5 of Item 36 (2009) of the Indonesian constitution states that “Everyone person has the right to determine treatment his/herself”. If after 2023 all the treatment comes from the same authorities trained in Western medicine, the traditional medicine is treated like a branch of Clinical medicine, not a legitimate practice unto itself.

knowledge, offered to escort me from place to place so I might chat with the local healers she knew.

The first night's interview with the shaman, Pak Petrus, left me with sparse notes. I attributed that more to my alinear questions and technical distractions, not to mention the fact that I was a stranger who came unannounced sporting a recording device the size of a dinner plate. I wasn't scheduled to interview anyone else, and the morning after meeting Pak Petrus I planned to say goodbye. Ibu Bertha would be on the public bus which would traverse the single major road that ran around the mountain. She and I, along with her son David, would arrive together in Lerek to celebrate one of the biggest town events of the year: the Church of Lerek's biannual first communion mass.

The bus from Lewoleba to Lerek traveled particularly slow that day in July, so I enjoyed a long interview with Ibu Leny. Ibu Leny was vibrant, glad to have a visitor, and I was clearly just another face visiting a well-worn porch. On the benches there were two women cradling babies in their laps, the younger one young holding twins. My phone had entirely lost battery as I entered Ibu Leny's gate, and I partially regret not recording Ibu Leny's voice or taking a photograph. However, something softened in my interviewing style when I came as myself, relieved of my apparatus. I sat not to capture, but to listen and take note. Without my phone to hold me to my "mission," I loosened up and let Ibu Leny guide the interview. I recorded Ibu Leny's stories with copious fieldnotes, in which I documented her voice, character, and narrative as faithfully as I could.

Ibu Leny could inspire confidence in a pregnant woman just by rubbing her belly once or twice, and she often offered massages for these expectant mothers so their babies wouldn't be let out upside down. She'd been trained for years in the neighboring village, but now that training is no longer valid, she tends to women regardless of what the hospital rules. Her favorite snack is fried banana. Her special talent is removing the placenta. Dressed in a blue plaid wrap, teeth straight but packed in with red stucco, magenta blouse with white embroidery around the neckline which fed into a broad body typical of an older woman who ate healthy portions of cassava.

Since she was a young woman, Ibu Leny worked as a midwife. In the year 1987, there was a person named Hiro Fernandez who came from Larantuka to "melatih" or train midwives using plastic dolls. At that time, Ibu Leny was forty years old, and had already had two decades of experience working as a midwife. People in Karangora, where she lived and was raised, acknowledged Ibu Leny had a "talent". Two people from every kampung in the Atadei region of Lembata were sent to Kaliskasa to join the workshop for midwives that was taught by Hiro Fernandez. Ibu Leny was one of the dukun nominated. Out of 18 people who joined the class, it was Ibu Leny who scored top marks in all the exams.

Armed with credentials, Ibu Leny worked in Lembatas clinics from 1988 until 2007. "Saya ikut sama pus-pus," she told me, which is like saying "I joined the industry." For one to three years she worked with BKB (Bina Keluarga dan Balita), a government program instituted

*in villages throughout Indonesia to educate families on integrative care for their children (physical, mental, emotional). For many years she worked alongside the government program, Usaha Peningkatan Gizi Keluarga (UPGK), which educates women and families about the importance of providing adequate nutrition to children for the first 1,000 days of life . She became the head of the island's organization for birth control, Pelaksanaan Kegiatan Keluarga Berencana), which made the birth control pill accessible as a preventative health measure for women who wanted to limit delivery complications and control their number of children. This was in an area where basic resources were harder to come by.*

*After healing 234 babies, she is now 72 years old. She has used her clinical experience to embolden her practice and broaden her clinical knowledge on plants and childbearing. But that didn't mean she was totally sold on Western Medicine. There were some things that Western Medicine couldn't fix; like, for example, the foul intervention of malevolent spirits or nitu. Increasingly the public health services on the island of Lembata restricted the rights of midwives to interfere with women's bodies. In 2009, the law prohibited midwives from visiting homes of expecting mothers, or even of visiting most hospitals. Since then, Ibu Leny has toed the line, or mostly.*

*Ibu Leny told me the story of an expecting mother she helped who had given up on the hospital, but then was saved by prayer:*

“A woman in the village became pregnant with a child less than a year after she had a cesarean. Very dangerous. The midwives in the hospital, they were concerned they couldn't help the prospective mother. Having a child so soon after a uterine surgery could cause birthing complications, and they weren't sure if they could deal with those complications when the time came. Fearing that her unborn child was in danger, the expectant mother came to me to ask for help. I am a woman of clinical training. But I know clinical cures work only with the help of God and a pure spirit. I started my healing work through prayer. Kissing a statue of the Mother Mary, patron of mothers, I called upon God and my ancestors. My ancestors were also gifted with healing charisma, as I am. They oversee everything I do.

After praying, I gave my patient herbs to help the health of the child inside the womb. I counseled the expectant mother in maintaining cosmic harmony, advising her to continue attending Church. I told her to keep practicing good deeds, and to keep praying regularly to her own ancestors who had the ability to protect her if she remembered them. When it came time for the young mother to give birth, I paid a house visit. Before the mother's splayed legs, I prayed: “Bunda Maria, pegang tangan saya, ambil bayi itu dari rahim.” “Mother Mary, hold my hand, take this baby from the womb!”

In the end, the baby was born naturally, and the clinical care professionals received the healthy mother for a perfunctory exam. By that time, the new mother's pangs had settled and the newborn was swaddled in clean cloth. The clinical care professionals were amazed; the practicing midwife performed a miracle beyond explanation!

Me: "How Long ago was this?"

Teresia: "Fifteen Years ago."

*Ibu Leny told me another story of a woman who came to her after her son received consistently failed treatments for his epilepsy:*

"Not so many years before our interview, there was a child with epilepsy who regularly was brought to the nearest hospital. Rumah Sakit Benkoang couldn't cure the epilepsy as the doctors promised, and the child grew into childhood with increasingly frequent seizures. The child's mother ultimately had enough disappointment with hospital care and came here to the house for my help. I knew a remedy that has long been used in this region. I mixed white onion (bawang putih) with daun kentut ("fart leaf") inside warm water, and instructed the mother to serve her child the mixture to drink multiple times a day. Over time drinking this medicine, the child was cured, and managed to live a relatively normal life."

*At the end of the interview, Ibu Leny left me with three takeaways for how she approaches spiritual intervention:*

- "If there are daemon/setan spirits who disrupt the birthing process, I rotate a small rock inside salt water. Next, I attach candles inside the house (the corner farthest from the sun) to the shrine. That's where I regularly give tribute to my ancestors. Finally I perform the sign of the cross and ask for help from God. With this I alongside God can heal the woman whose womb is occupied by daemon.
- If there is a disturbance in the process of giving birth (if, for example, the baby moves quickly back and forth inside the womb), I know that spirits from dunia gaib<sup>103</sup> have entered. In this condition, I will chew betel nut and cotton, then spit the chewed mixture to the ground."
- This is a common enhancement measure passed down through generations: to increase the strength of an infant still inside the womb, I give the expecting mother a liquid

---

<sup>103</sup> (the ethereal world)



mixture of hot water and bidara leaves. The leaves must always be added to the water in an odd number.

## Analysis: Ibu Leny as an Integrative Model

### Memory

*Ibu Leny fuses her clinical and local healing knowledge, demonstrating how both veins of medicine can serve the residents of the Lamaholot landscape. Perhaps more so than Ibu Bertha, Ibu Leny reflects material habits of an older generation. She compulsively chews betel nut (sirih pinang) and uses shrines, candles, cotton, and Catholic iconography within her healing methods. Unlike Ibu Bertha, Ibu Leny dresses exclusively in traditional cloth from the waist down. Like Ibu Bertha, she clings to herbs she learned from her ancestors as the foundational tools for her medical practice, and yet recognizes leluhur (ancestral spirits) and nitu (nature spirits) as effective in treating patients with psycho-social as well as physical concerns.*

### Adaptation

*Ibu Leny's successful adaptation to institutional regulatory impositions on healing practices is aided by her confidence in her own gift as a natural-born healer trained and blessed by her predecessors. This confidence, ensconced in material and performative memory, helps Ibu Leny gain social and intellectual traction as she adapts to incoming clinical logics. She succeeds in adapting to the new "space" of Karangora, Lembata, which increasingly witnesses transformation due to an influx of technology. Unlike many women who privilege natural and herbal medicine, Ibu Leny is also an advocate for factory-made pills coming from "dunia Barat" or "the World of the West." Educated with outside knowledge from continuing education programs facilitated by Lembata's clinics, Ibu Leny uses new knowledge to enhance her ongoing services to her community. She does not exchange her ancestral knowledge for that imposed from outside sources.*

### Contribution

*Ibu Leny contributes new notions of the possible through her recollections of her midwifing experiences in which (for decades) she had to call on both clinical expertise and energetic healing to properly care for her patients. Despite her enrollment in clinical healing training workshops (to which many integrative healers are resistant), Ibu Leny used these years of alliance with the clinical health industry to expand her existing practice rather than let these practices occlude or diminish her pre-existing methods. Whether it was the clinical training itself or her own revelations which allowed her to see both clinical and inherited knowledge as means for restoring health in her patients, she hopes that future restrictions on health will not inhibit her from helping in cases when biomedicine falls through.*

### Problems and Forecasts:

*Ibu Leny is trained both clinically and traditionally, and is one of few local healers I met who has (thus far) managed to reconcile both trainings within her own practice--first at clinics and now at home. Now Ibu Leny is retired, and yet she still is called upon daily by women who need social, spiritual, and/or physical support. As with Ibu Bertha and Pak Dominikus, multiple*

*obstacles would arise should Ibu Leny be required to erect a “Griya Sehat” to serve her neighbor’s health concerns; the village of Karangora struggles enough to acquire electricity for its residents, let alone erect well-equipped shelters for unconventional healers.*

*Ibu Leny’s experience also points out another obstacle to the Indonesian Government’s goal for fusing traditional and clinical health services: the government’s unwillingness to recognize the potential of clinical doctors/health advisors to be trained coterminously in traditional and naturopathic medicine. Indonesian Constitution item 103, Article 30, states that “In the case of traditional healers as intended in paragraph (2) are traditional health workers, they must give up their profession as health workers,”<sup>104</sup> This law rules that those who are in the clinical care profession but also want to practice traditional medicine must give up their positions in conventional clinics. The presumption that alternate knowledge in naturopathic medicine reduces qualifications to perform clinical medicine evokes puritan conceptions of what clinical medicine looks like in the conceptions of Indonesian policymakers. Despite being trained in both clinical health fields and traditional medicine, Ibu Leny presents a crossroads for the Indonesian Ministry of Health. The government must decide whether or not it should allow local healers to straddle two knowledge systems: that of traditional medicine and that of biomedical science. Article 30, Item 103 brings up a false and highly problematic opposition between clinical and indigenous modes of healing.*

*Ibu Leny recognizes that limitations on her services stand restricted because younger midwives “need work”. Meanwhile, the semi-retired Ibu Leny still helps with blood spotting, high fever, and chasing away Satan: all which can cause babies to advance, retreat, and shrivel into weak states within the womb. There are times of emergency when she facilitates the pregnancy of village women without the help of the hospital. In these cases she holds the hand, foot, or buttox of the pregnant woman, channels the mother of Jesus and her own ancestors, and calls for the child until it is safely free. Then she sends the new mother to the hospital for the slicing of the umbilical cord, so the facilities can feel they have some use.*

**Solution:**

*In reference to Constitution item 103, Article 30, interest and proficiency in traditional medicine should not cancel one’s proficiency in clinical expertise. The fact that clinical professionals default to manufactured pills due to lack of training in natural/herbal treatment is a failure in American and European healthcare system which should not be replicated elsewhere. A better solution would be to install more traditional health programs in East Indonesia’s universities so that traditional healing is “legitimized” as a verifiable (while not empirical) mode of knowledge production, and East Indonesia’s rising generation--should they pursue the field of public health--would learn the potential merits of mastering two comparable approaches to healing at once.*

**Mama Maria**

---

<sup>104</sup> “Dalam hal penyehat tradisional sebagaimana dimaksud pada ayat (2) merupakan tenaga kesehatan, harus melepaskan profesi sebagai tenaga kesehatan” (11).

*I had heard a great deal about Ibu Bertha's mother over meals in Loang. In fact I had heard so much about Mama Maria from Pak Dominikus and Ibu Bertha that this 76-year-old woman seemed more myth than reality. Legendary healer and midwife. A damn good lute player with a biting sense of humor. I was introduced to Mama Maria eating freshly baked bundt cake, leaning back with the chair against the gray wall with the rest of her family sprawled on the floor, one pregnant woman peeling off a lobster. I was asked to introduce myself but exhaustion overwhelmed me with such ferocity that my words fell incoherently into the static of the living room like bad breath. I fixated on the dormant oven, blanketed water container, Mama Maria's vulture-like expression. I said nothing, as many people might when faced shoved in front of a major celebrity.*

*The next day the words came as I was invited to her little hut beside her domestic home, where she worked: a run-down shack not asking for repair. Pumpkins sat above and beneath an old wooden table. This would be the place where, in the course of a conversation which lasted over three hours, I developed a profound affection for this woman. Whenever I listen to recordings of that one afternoon, I can remember her speaking to me all over again. I can remember what once seemed impossible materialize as part poem, part textbook. Listening to her testimonies felt straight forward and correct, still does, even as they shake up my logic.*

*Mama Maria is so fierce she could slap miscarried babies back into life, and has done so at least three times. She can crack open a whole basket of kemiri nuts by sacking the hard shells between two rocks next to her pumpkins. Despite being devoutly Catholic, she plays the gambus like a Malaysian Mullah, so that when younger generations listen to the old woman play they wonder what other wonders among their elders are lost. She gave birth to all her eight children by herself, cutting away their umbilical cords on her own so that, upon the right season, her husband was not surprised if he came home at sundown to find his formerly pregnant wife cradling a clean newborn infant, with no one to claim witness. Earlier, when she was a child and the Japanese occupied the mountains, she was sent into the woods and ordered to disappear with the other girls so the Japanese soldiers wouldn't come and rape her. Now she has a way of dancing that looks like she was tossing dandelion tufts in the air, and hardly changes out of her favorite pink shirt.*

*Mama Maria, Ibu Bertha, Pak Dominikus and I had an interview in the few hours before First Communion festivities began all over Lerek. Mama Maria spoke half in Bahasa Lerek, half in Indonesian. When she reverted to her mother tongue, Pak Dominikus would repeat her words back to me in Indonesian so I would understand:*

Me: What do you think about work in hospitals? Do you think that hospitals and dukun currently work alongside each other?

Mama Maria: “If called, people don’t understand. The medical world doesn’t work together [with local healers].

Ibu Bertha: Institutions in contemporary society or the world right now prohibit help from dukun. People in the hospital publicise in a harsh way that leaves can make children become crippled and disabled and can also get in the way of birthing processes. Because of this perspective from the institution, there are a lot of dukun bersalin in Lembata that are reluctant to help people. Dukun feels afraid, if they disobey the laws of the government and help people, they will be arrested. Despite this, there are still a lot of people in Lembata that still believe in dukun, and the people often ask for help from local healers like Mama Maria.

Me: Who most frequently seeks you for help?

Ibu Bertha: Usually the people who ask for help from Mama Luthor are the women who are in dire conditions or emergencies, like if they want to give birth in the street because the journey between their home and the hospital is too far the best hospitals are in Kalikasan and Lewoleba; you’ve seen the roads, not everyone can get there. These mothers need help as fast as they can get it. Mama Luthok is sometimes still picked up from her home and brought to the village to smoothen the birthing process.

Mama Maria: Also tested at the hospital. After I help with the process of birthing, I always require the patient to go to the hospital so she can be examined officially.

Me: Do you always provide personalized care? Or, like laboratory medicine, can you send your herbs to other places?

Ibu Bertha: Mama Maria often sends traditional medicine to women in other areas in Lembata, to the extent that there are women who are outside the island who also ask for help. The ramuan can be used and lightens the body, if there is a person who can look for descendants (mencari keturunan), the mother has to come directly to Mama Maria to ask for specific treatment.

Me: And how about religion? I see you draw upon the mother Mary for healing. Do people need to be of the same religion for you to heal them?

Mama Maria: “Walk straight. Sit straight. So you can give birth straight. Our name is human, we help one another.” She pauses. “The point is, if they have conviction that Mama can heal, I can surely do it.”

Me: What are some of the more common issues you face?

Mama Maria: I can cure many illnesses, such as 1) if a child come outside of the womb feet-first, Mama Maria can shift the position of the baby with massage.

2) If there is a spiritual problem, if for example wrongdoing has been done to destroy family harmony between the mother and father, the result can be the child's or mother's death, or at the very least the excess spillage of blood. Mama Maria can conduct a ritual to stop the blood flow; 3) If the baby's heart stops bleeding inside the womb, Mama Maria can expel the child from the womb using natural herbs.

Me: "When you encounter emergencies in childbearing, is the problem always medical or is it sometimes spiritual?"

Mama Maria: "We say, kah. There's a problem. From the father kah or the mother kah."

Pak Dominikus: "For example, a couple is married, but one of them commits an act of *kesalahan* (wrongdoing) outside the marriage."

Mama Maria: "It's there. One or both of them get a *sasaran*\* (a warning sign/mark)."

Pak Dominikus: "If it's Mama Maria handling the situation [the birth of a child when either the father or mother has committed *kesalahan*], Mama Luthok's first step will definitely be to order the father to admit his act of wrongdoing. For example, father or mother, let's be open, yeah, have an affair. The cheating person has to admit his or her sins to Mama Luthok before the baby can be freed from the womb."

Mama Maria: "So we can free the self so we can get the child, kah. Like that."

Me: How would you say agents of dunia gaib (the ethereal world) usually communicate with humankind?

Mama Maria: Alam gaib answers humans through signs.

Me: I've heard that some healers in Lembata assign certain healing privileges to women or men. Do you think this is true?

Ibu Bertha: There are some [healers] like this, some not.

Mama Maria: There is Haram (dos and don'ts)

Me: Depends on the dukun?

Pak Dominikus: Iya, depends on the dukun.

Ibu Bertha: Talk of Mama, everything she can do. Want roots, want, leaves, want branches, everything she can do.

Pak Dominikus: “If there’s an ordinary person who tries to take herbs [and heal with them], they won’t be able to do anything with them. Plants have to be taken by the dukun her/him-self. We have to give permission of trust to another person to take [a medicinal plant]. We dukun have to trust that person to take the herbs. There isn’t a possibility another person can take.”

Ibu Bertha: “Talk of me, I had a father. He couldn’t heal people directly, but through Mama. Mama was the one busy helping patients and so Mama could order my father to look for roots and leaves.”

Pak Dominikus: But Ferni, the [sister of Bertha] you met from Watuwawer. Her husband is a man from Kedang. Ferni went to the mountain, picked roots without Mama’s permission.

Mama Maria: “Until she was smacked from here to there!”

Pak Dominikus: “The ancestors hadn’t yet offered her permission to pick the plants on the mountain. I can, as a dukun myself. Mama, if she gives medicine to women in the village, it’s because of blessing.”

Ibu Bertha: “It’s the ancestors pointing to Mama.”

Mama Maria: “So wait for my permission to take [my blessed plants], then take.”

Ibu Bertha: “In the mountain in the area of Kedang, my little sister Ferni saw a kind of tree is truly owned by mother, Mama Maria, so she can cure people. Ferni went to the mountain, and she saw a kind of tree owned by Mama. Next, she to her heart’s desire took leaves and roots from the tree to give to another person.

Pak Dominikus: “A pregnant woman Mama Luthok never met.”

Ibu Berth: On the same evening, Ferni had a dream. In that dream, Ferni saw Mama Maria. Mama Maria took a spear and stabbed Ferni in the back. Because of that Ferni

became sick.

Pak Dominikus: “The ancestors were angry.”

Ibu Bertha: “The ancestors were angry because it;s supposed to be that Mama asks for permission from God first before she takes; not her child who takes without permission.”

*Mama Maria and Pak Dominikus added pointed commentary on the power of dreams in facilitating local methods of healing:*

Pak Dominikus: “If we’re sleeping soundly [Mama Maria and I], our spirit travels. In my dreams I sleep, I see there are old people (spirits of dead ancestors) in the house. In our sleep, if the spirit leaves it means that it departs from our physical body, which sleeps alone and never realizes when its spirit is gone. Only when our spirit returns do we become self-aware. Same with meditation as with dreaming: a person might be sitting in meditation but he is actually at the seventh tier of reality. He can concentrate, sitting regularly. In sleep or in seated meditation, we can release our spirit. The spirit can travel and can see conditions conditions of a family,” he uses his hand to demonstrate a being in flight, then points down to show one might point something out at a higher elevation, “see here [from above] where the problems are”

*Pak Dominikus pauses, nods at Mama Maria.*

“Now Mama, on the other hand: If there is a person who has a problem she knows right away. There are people whose situations she knows even before they call on her. She gets a sign, and [by reading that sign] she can know [what problems a patient will bring with them].”

Mama Maria: “There is a guest or there is a sick person. There is a bird. I get a sign.”

Pak Dominikus: “Example: Mama when she is in the field, she gets a sign which means that momentarily there will be a visit from a family member of a sick person. There will be a patient visiting. When Mama sleeps at night she will definitely get a point. The point will say the patient has this kind of problem because of this or this isn’t a problem so the patient can be assured to have a good journey. Surely it will be pointed.”

Analysis: Analysis: Mama Maria as a Separation/Marginalization Model

Memory

*More than the other women healers I collaborated with in this study, Mama Maria clings most tightly to the assemblage she was born into: that of the mountain town in Lerek, where she was inculturated to remember her situated identity through norms specific to the region. Her*

*knowledge system functions on her mnemonic objects and practices, which revolve primarily around her home altar for the dead, her large collection of traditional cloth (woven by her daughter, Fiona), drinking tuak, chewing betel nut, socializing almost exclusively in local dialect, working the loom and tending the fields with traditional tools. While Catholic, her Catholicism serves to protect her adherence to indigenous ontology rather than diminish or obscure it. She is not entirely “separate” from modernity, as when her children were of eligible age to marry, she encouraged her daughters to find husbands who earned government salaries even though she didn’t agree with government protocols. Additionally, Mama Maria sees hope in the coming generation’s ability to embrace both technology and traditional religion; however, she doesn’t see herself in this vision.*

#### Adaptation

*Mama Maria doesn’t own a cellphone and refuses to acknowledge clinical workshops which welcome traditional healers to the hospital for training certifications. While Mama Maria does her best to maintain separation from technoscientific institutions which restrict local healing practices, she recognizes that the new generation of healers will have to work harder to navigate laws which undermine local practices. Mama Maria refrains from visiting patients’ homes in times other than emergency because she fears being arrested. At age 74, she emphasizes her lack of interest in attending clinical training facilitated by “inexperienced hospital attendants”.*

#### Contributions;

*Mama Maria teaches that healers must learn to protect the ecosystem before they exploit plant leaves, trees, and roots for human gain. Mama Luthok contributes notions of the possible through her oral histories which prove the power of intention in transforming matter, breath, heat, speed, intuition, foresight, and human-non-human reconciliation. Mama Maria’s healing methods tend to elude technoscientific testing because they suggest individuated relationships between plants and humans: a relationship at the fledgling stage of scientific testing, but thus far unverified through laboratory methods. Mama Luthok’s insistence on the importance of personalized (rather than mass/manufactured) medicine suggests that factory-made herbal remedies--such as those the government hopes to manufacture in regulated labs--are not the end-all-be-all solution to Indonesia’s goal for promoting holistic health. Herbal remedies are not only assemblages of the ingredients within them, but immeasurable products of agentive relationships (between plants, humans, land, and ancestry) that allow a seemingly simple tonic to come together as an effective product.*

#### Problems and Forecasts:

*Of the many laws being initiated to prevent traditional healers from “false” practice, perhaps the most crippling for women like Mama Maria is the law which requires licensed traditional healers to hold higher education certifications from medical institutions. The most recent law on traditional health administration, passed in 2018, requires that the only kinds of healers permitted to administer healing outside the grounds of local clinics and hospitals are “professional” or “vocational” traditional healers who have at least an associate’s degree in traditional health medicine. The law is listed as follows:*

Article 8 under Item constitution 15 (2018) requires: “Based on education qualifications,



Traditional health Administrators are defined as a) Professional Traditional Health Administrators and b. Vocational Traditional Health Administrators. Professional Traditional Health Administrators must finish at least three years of higher education in the field of Traditional Medicine, and must abide by all laws according to the Constitution.”

*If Mama Maria were to adhere to law, Mama Maria, at 76 and after four decades of hands-on success in her field, should travel great distances to attend college. There she would finish her associate's degree before installing her own well-equipped health facility in a place with flaky electricity and no internet. I'm being facetious here, as I imagine suggestions such as these seem comical to Mama Maria. Such laws should be modified in cases of traditional healers shouldering decades of successful experience in the field, and where higher education resources remain (as they do for many in Lembata) far out of reach.*

Solution:

*People who test local midwives should be trained as traditional healers themselves, and should be aligned with the cause of conserving traditional medicine rather than its opposition. Mama Maria should be able to acquire some sort of certificate that attests to her 40+ years as a midwife, a certificate which might serve as an honorary degree. Laws which restrict trusted healers like Mama Maria also restrict laypeoples' rights to “accessible” healthcare. Women who call on Mama Maria do so when they collapse in the middle of the road, sometimes in the middle of the night on the way to the nearest hospital (which, due to poor road quality, is always far away for mountain families). Villagers in Lembata call upon traditional healers because traditional healers not only inherit generations of techniques and plant knowledge, but they have the added perk of being community members who cater to patient needs for free. While it is unlikely that Mama Maria will be able to gain clinical training as a midwife in compliance with new enforcements, an honorary degree system would support Mama Maria in administering emergency care. In the future, the government should invite more traditional healers to be clinically trained by offering scholarships for these healers to attend institutions outside Lembata. Alternatively, the regional government could help by instituting specialized programs on the island. Additionally, the regional government should set about fixing Lembata's broken roads so that less breakdowns occur on patients' journeys to qualified hospitals.*

## **Ibu Ida**

*The evening before I made my way back to the United States, I stayed with the founder of Sahabat Penyu, Loang, who recently moved to the city of Lewoleba after years at the turtle conservation site. As Pak Dennis makes brave leaps to share the cultural richness of lembata to the island and to the outside world, he has been one of my most supportive collaborators in bringing me to people who can educate me about local epistemologies. During that last visit, I told him I wanted to hear perspectives on local health and healing from individuals working in institutionalized health systems, particularly those who might have a word or two to say about*

*the kinds of wisdom I learned from Ibu Bertha and Mama Maria. Pak Dennis brought me to Ibu Ida, once a midwife, now head of the Central Hospital's Centre for Infectious Diseases.*

*My opportunity to speak with Ibu Ida came on an evening when the hospital staff women's volleyball team had just finished playing a set in an ongoing tournament. The team had just advanced to the next round, and those who showed their support gathered in a courtyard near the playing field. Twenty or so women ate green bean porridge marinated in palm sugar. I took a plate and sat with the group. Day turned to evening and the young mothers returned their plates and headed home. Pak Polikarpus requested that Ibu Rose hang around for a short while to chat with me about her concerns about the state of health resources in Lembata. Ibu Ida commanded a broad presence from her seat of plastic lawn chair beneath a lemon tree, and I shifted beside her to listen.*

*Of all the health officials in Lembata's urban Lewoleba, Ibu Ida is the most convinced that reliance on traditional medicine would not only pollute the clinical wisdom coming from the West, but delude the public into thinking sprigs of leaf and a prayer could save the desperate from physical contagions and socio-economic doom. She herself once wanted to believe in the healing methods upheld by her ancestors. She visits adherents of the old ways in the mountains but wrestles with the fact that she has seen the old ways fail—and harm.*

Once, over a decade ago when Ibu Ida still worked as a clinical midwife, a dukun entered the hospital, as they did freely in those days. Ibu Ida was there to facilitate the childbearing of a long-term patient who insisted that the good doctor step out of the way during the last pushes. The expecting mother wailed on the delivery table under the sculpting hands of the dukun, which tried to massage the unborn baby into alignment. The patient crowned out a hand instead of a head, and the baby wagged its little limb from inside that throbbing canal like a plug off a chain. The dukun stood. Blood covered her hands, and she at last told the doctor at last she was confused. The medical professionals rushed in to push the dukun out of the way and give the poor expecting mother a cesarean. After that, Ibu Ida never trusted dukuns. Even in the olden days they trained one another to know the faculties of the body, they had lost their touch.

Ibu Ida doesn't really believe that dukuns can serve Lembata's residents as well as clinically trained professionals, whatever the age or lived experience. She believes, however, that people can be possessed. Ibu Ida has seen evidence of possession herself. A friend of hers in her office often suffers from spirit possession. The moment her friend is possessed, Ibu Ida can see that a spirit entering the body is the soul of a human who has passed away.

Ibu Ida acknowledges that there are certain people who can communicate with spirits inside the body of a possessed person. The dead person will respond to questioning. She thinks that a person who has this talent has a unique charisma. They are known as "molán"; not

“dukun.” She takes care to differentiate the two terms, as she trusts in the variability of one over the other.

J: What are you wary of?

I: In Lembata, there are many people that don't want to be treated by medical services from government health services and prefer to go to a dukun. When they go to the dukun and are given ramuan, they don't know what the contents of the medicine truly are. In addition to this, there aren't people that know if the ingredients in the ruaman will be effective or dangerous. The hospital and medical clinics in Lembata often accept patients that have fatal conditions because they're given false medicine. Because of this, I believe that the successes arising from dukun are smaller than those of clinical medicine. I and my medical team at the Dinas Kesehatan Lembata encourage the public to find medical solutions from their local clinics before they look for local solutions.

J: Do all doctors resist local means of healing?

R: There is a section of Dinas Kesehatan that counsels/cultivates dukuns who use traditional medicine. Medicine (ramuan) of the dukun, like imported pharmacy medicine, has to be proven through laboratory testing (Bidan Pengawas Obat dan Makanan). If the medicines have been tested by BPOM, the medicine can be recognized by the dinas kesehatan. If dunkuns use leaves in a way that is “wild” (without surveillance), Health Services can't monitor the effect of the medicine. These medicines are ruled as dangerous and illegal.

J: I've spoken to many in Lembata who have seen positive results from healing...

R: I feel grateful that there are people that can be cured by the ramuan of a dukun; but there are many people whose illnesses become *more* severe after they visit dukuns. If compared to doctors in the hospital, dukuns take their time in providing care to their patients. This is problematic to the extent that patients experience health emergencies and can even die as they wait for these dukuns to cure them.

J: What about in cases when spiritual illnesses affect your patients? Do you feel there are spiritual illnesses as well as physical?

R: I don't believe that [spiritual illnesses] really exist.

J: Not at all?

R: Not unless we're talking about spirit possession. [Spirit possession] I believe in because I have personally witnessed spirit possession a great number of times. A friend from my office at the hospital, for example, is frequently possessed.

J: Can you tell me some details about how you know your friend is possessed, and what happens surrounding her episodes of spirit possession?

R: The moments my friend becomes possessed, I can see that a spirit has entered my friend and it is the spirit of a dead human. I admit that there are certain kinds of people who can communicate with lingering spirits of the dead who inhabit the bodies of living people. These dead spirits will respond to the questions of these mediators. I think that mediators who have this talent [to communicate between the living and the dead] have a unique charisma. They are known as ‘molán’, not ‘dukun.’

J: Ok, so what I hear you saying is that ‘dukun’ and ‘molán’ are not the same [lingering on this as we both acknowledge that in Lembata these terms, more often than not, are conflated] and that you trust molán more than dukun?

I: [nods]

J: Is there anything you might trust dukuns with outside supervision of the health system?

I: I along with Health services don’t see a problem if dukuns use prayers and oils (usually mixed with ramuan) because prayer offers a psychological cure and oils only impact outer surfaces of the body [unlike pills or injections, which actively shake up the interior]. Through surface-level oils, patients of dukuns can be cured of surface-level illnesses through prayer and the rubbing oils the dukuns suggest.

J: Do you ever use local medicine?

R: Not really. I rarely use traditional means to find solutions of health for body problems, and also advise my family to stay away from dukun.

Analysis: Analysis: Ibu Ida as an Assimilation Model

Memory:

*Ibu Ida rejects non-clinical objects altogether. While Ibu Ida regularly visits her family in her home village, she does not adhere to the ancestral practices of her friends and neighbors from her mountain village of Ile Ape.*

Adaptation:

*Ibu Ida, as a clinical care professional well-assimilated into contemporary “spaces” of technoscience and biomedicine, demonstrates how local knowledge might fail to travel due to inadequate communication between the clinical care system and customary healers. Lembata’s*

*hospitals, as a safety measure, work to propel clinical logics over traditional healing because its staff has no means to document medical procedures which cannot be verified through scientific experimentation. While Ibu Ida recognizes that some of Lembata's doctors allow counseling from traditional healers, she herself does not support such a collaboration.*

### Contribution

*Ibu Ida contributes notions of the possible through her demonstration of how the influence of technoscientific medicine reduces receptivity not only to customary practices, but the people who uphold them. Through her lack of faith in the union between traditional and clinical medicine, Ibu Ida demonstrates how recognition of holistic health problems within the clinical care system might result in better reception of alternative modes of healing. Before programs in Lembata's (already) strained facilities begin, holistic health must be acknowledged as a legitimate subject of concern, and traditional medicine must be marketed as an attractive solution. Affirmation must first come from policy.*

*Ibu Ida represents the height of assimilation as a woman highly educated and clinical in her perspective. She believes that restoration of cosmic harmony, as indigenous ontology would have it, occurs not through "keyakinan" but "kebukitan" or proof. Ibu Ida succeeds in creating public programs which enable people in Lembata's villages to recognize the capacity of clinical medicine to compensate for limitations in traditional medicine, and under her watch conditions are improving. Landscapes change, repertoire of healing might not be as great as it was before the age of technology and distraction; therefore it is pertinent more now than ever that clinical models not fall outside the realm of palatability for locals in Lembata seeking urgent care.*

### Problem/Forecast:

*Ibu Ida is an official under the thumb of the Indonesian government, and her visions more or less align with those of the World Health Organization. How to monitor traditional healers who don't want to receive training, and whose ketrampilan and "ramuan" can't be verified? Ida has seen many people suffer due to the opposition between traditional medicine and clinical care, and this causes her to embrace the training she knows.*

### Solution:

*Despite being largely dismissive of traditional healing knowledge, Ibu Ida recognizes the role traditional healing methods might play in conserving social fabric. Ibu Ida also trusts in the power of visual testimony in testifying to environmental influences which transcend logic (as proven through her story of her friend who suffers spirit possession, and the molan who frequently comes to heal her). I wonder if Ibu Ida would agree to recognizing petitions, designed by clinics but signed by locals, in granting honorary degrees for local healers who have practiced successfully for decades. These healers would work alongside local clinics to check in annually about new medical concerns. Should SITKT and SIPTK be awarded, these healers would be trusted to practice duties at home. Home visitations have for thousands of years been central to healing practices. Local knowledge indicates that ancestors occupy the space of their blood relations and, so long as they are "remembered", offer protection. It is the WHO's idea to*

*make healthcare more accessible; why not make institutional training more inviting and accessible to local healers by putting more local healers in power in policy decisions? In this scenario, I imagine Ibu Ida would encourage traditional healers to pursue higher education; otherwise, she and her staff at Lembata's leading hospital will be unlikely to support significant reforms.*

## **Wrap-up**

I have proposed the Memory-Contribution model as a way of conceptualizing Lembata's approach to adapting its traditional healing methods to contemporary changes. While Lembata's healers continually work to adapt its means of transmitting local knowledge to local youth, survival of this knowledge system requires the support of the regional and national governments. The government must recognize its limitations in trying to monitor non-Indo-European intellectual traditions, and take care to not solely promote technoscientific schemas imposed by the West. Instead, local and regional governments should invite indigenous healers into policy discussions concerning new health policies, as these legal policies critically dictate the trajectory of local knowledge in East Indonesia, as well as indigenous communities across the country.

## Conclusion

Throughout the course of this thesis, I have explained that the Indonesian government increasingly builds its laws concerning protection, safety, and quality of public healthcare around Indo-European technoscientific models of knowledge production which do not squarely fit into Lembata's socio-historical context. Lembata's holistic healing knowledge, transferred across generations for over 5,000 years, derives its strength from its attention to site-specific spiritual, mental, and social factors which impact residents' everyday participation in society. To best capture the ways in which local healing knowledge contributes to Lembata's social fabric, I have shared the wisdoms and concerns of four women healers in Lembata whose theories of what is "right", "true" and "possible" demand consideration from healthcare officials working in federal and regional branches of government.

Article 103 of the Indonesian Constitution "On Traditional Health Administration" (2014) reflects the government's desire to create a verified healthcare system which would, by the year 2023, welcome traditional healers to work in/alongside clinical healthcare facilities. Unfortunately, the government's empirical modes for creating an inclusive healthcare plan has led to little or no traction; only harsher restrictions on traditional healers who—for reasons presented in "Theories Part 4"—find difficulty meeting legal standards informed by imported technoscientific logics. If all laws surrounding healing continue to privilege "testable" treatments, then the government will fail to address the spiritual, mental, and social health aspects paramount to the well-being of Indonesia's tradition-oriented communities. The reason traditional healing remains excluded from healthcare reform is easy to comprehend, but hard to

rectify: traditional healers, particularly women, have no voice in negotiating standardizing measures which will supposedly allow them inclusion in a biomedical system.

My collaborators and mentors in Lembata continually remind me that they must act fast in advocating for the legitimacy of local knowledge before coming generations see knowledges of “core countries” as the end-all-be-all guides to the future. I have not yet spent enough time in the Lamaholot region of Indonesia to gain a robust survey of local concerns behind globalization, nor of healing methods used by indigenous women in Lembata. However, through the process of researching and writing this thesis, I have scaffolded a substantial set of questions to take with me upon returning to the field. In the meantime, I find wisdom and guidance in theories from Lembata’s healers which insist that remembering one’s past identity, tied to mindfulness of one’s footprint in the natural ecosystem as well as appreciation for the dead, must come before launching into global participation. As seems to be evidenced by high depression rates in “advanced” countries such as the United States, Korea, and Japan, global capitalism may impose psycho-social stress for those struggling with a sense of “self.”

I realize in writing this thesis how poorly I myself reflect the knowledge systems of holistic healing for which I advocate. My own Indo-European sense of “of-courseness” drives me to workaholism and a desire to leave a legacy far from my inner circle; meanwhile I have yet to care for plants in my own garden, and regularly oppress my creative impulses to comply with traditional expectations set by the US higher academic system (my immediate mentors aside). I hardly represent the vision of holistic health, and yet I learn from Lembata’s women healers that holistic health relies on co-responsibility within the local ecosystem first; the global, second. For



this reason, I end my thesis with a statement of profound gratitude and a promise for future commitment.

I feel enormously privileged to work with healers in Lembata and academic counselors at UCLA who consistently challenge me to note the limitations of my own knowledge. Upon completion of this thesis, I intend to have this document translated and sent to Samsul Maarif (Indonesian religious scholar, Indigenous rights activist, and my former employer), who for the past decade has been at the forefront of co-authoring policy proposals which combat cultural erasure. I also plan to send a translated version of this document to the Indonesian Ministry of Health to solicit their feedback on logistical challenges which might complicate reform. As this project is ongoing, I hope that an annual conference might be instituted in Lembata which might invite both clinicians and traditional healers to speak as panelists. Such a conference would increase the likelihood that lasting, site-specific solutions might be made to complete the visions proposed by the Indonesian government and the W.H.O. Ideally, Indonesian traditional healers might transform their local healing knowledge systems *alongside* globalization in ways which command relevance for generations to come.

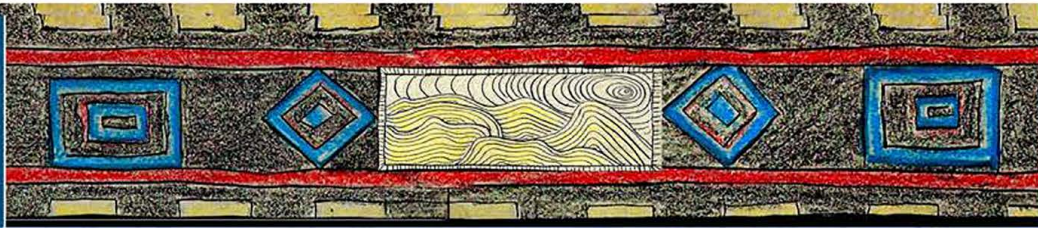
In alignment with my collaborators' hope that I might reach audiences beyond academia. I've created an art book which reflects the research collected for my scholarly thesis. I hope to expand, improve, and expound upon this language of documentation and storytelling for my dissertation.

# WE HAVE A NAME

Wisdom from Women Healers  
in Lembata, Indonesia



By Julie Gaynes  
in collaboration with  
Sahabat Penyu Loang

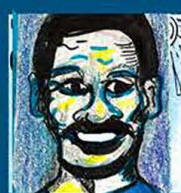
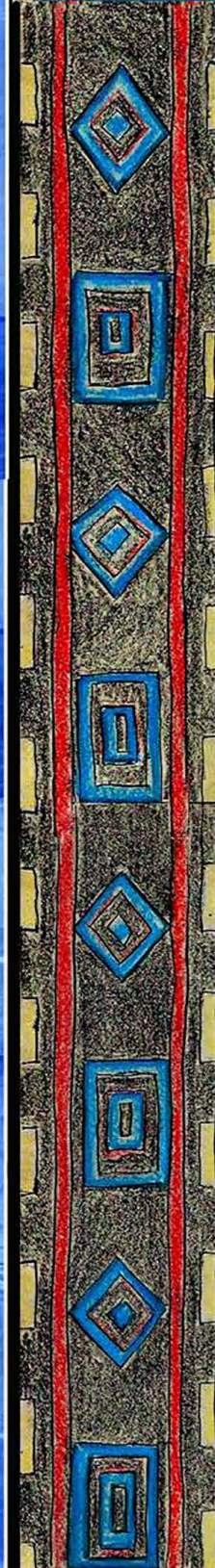


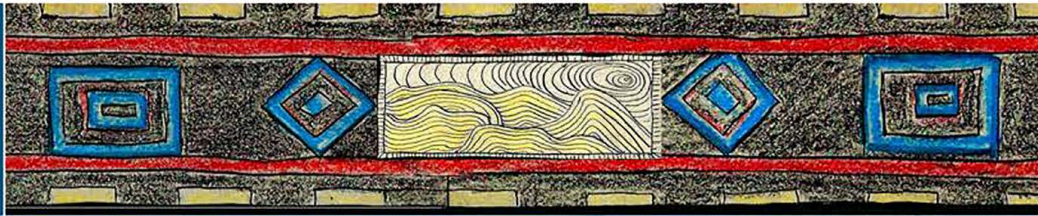
P  
R  
E  
F  
A  
C  
E

Needing a vacation from my teaching position at the high school seminary in Flores, Indonesia, I got aboard a slow ferry and escaped to the neighboring island of Lembata. There, I met Kak Ayu, a baptee of the headmaster priest who was employing me at the time. As a fellow champion of community arts who took pride in being a career woman; as a lover of travel who devoured philosophy of religion like cake and who dreamed of one day visiting the grave of Mary Magdalene so she could back-pat her status as the concubine's plump Javanese avatar, Kak Ayu quickly became a friend and idol. Only six years my senior, she was my sole female friend that first month I lived beside the Sawu Sea. It seemed our fast pact was mutually won.

"Ternyata kita sama, ya?" she said often. "It turns out we're the same."

Kak Ayu worked at the island's main hospital, and wanted to cement friendly relations with the administrators at the local clinic in Loang. Months went by without follow-up on her demand for data on local Malaria cases. As a peace offering, she volunteered my time as a teacher to the head of the Loang clinic, Pak Dennis. It was rare that a native English speaker came to the island, and, as the Lamaholot region of Indonesia was increasingly looking like my PhD dissertation research site, Kak Etik baited Pak Dennis into thinking I might come back for a longer period of time to teach in his home community. Pak Dennis's resistance to supply her with Malaria testing documents proved (Kak Ayu thought) Pak Dennis was resistant to following orders from an "outsider" born in Java, and also that he didn't like women with authority. Kak Ayu frothed with rage over our meals of fish-off-the-bone and fried tempeh. I was sympathetic, and agreed to cut my culture trip at the island's whaling village in half in order to win her some edge. As it turned out, Pak Dennis wasn't such a bad guy, and my agreement to stay as a favor for two days in the town of Loang would change my life forever.





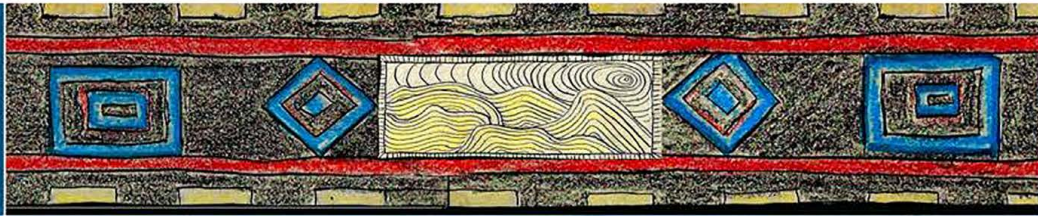
P  
R  
E  
F  
A  
C  
E

Pak Dennis was the founder of a turtle sanctuary non-profit which trained kids to rescue baby turtles from dogs and poachers. On the side he co-managed a reading garden, a sort of after-school refuge in the form of a seaside pagoda. It was really just a sandbox with a termite-eaten bookshelf near the pagoda's hind pillars. Each day that pagoda brought over a dozen neighborhood kids under shade, donated books sprawled out on combed sand, adolescent chins resting on school-age shoulders as words were read aloud. Pak Dennis knew that the coming generation had the most potential to restore Lembata to its appreciation for an incredibly bio-rich natural landscape. He also knew the schools were training the youth to be docile. The kids had to get out and get educated with local knowledge. That knowledge had to show them what wonders of the world were at stake.

Local knowledge came from men like Pak Dominikus. Pak Dominikus was Pak Dennis's right hand man. He was also the lead tracker and community organizer for Pak Dennis's non-profit, and so he was the one assigned to pick me up from the whaling village of Lamalera. Pak Dennis and I traveled at night. Pak Dominikus was a master of roads. He plunged us into patches of forest like a skate-bug over water. Meanwhile the surrounding forest encircled us like a big womb. Even as he navigated his motorbike over that broken, lampless path to Loang, Pak Dennis threw expressive arm gestures into his orations on public education and political corruption with such vivacity that I wondered how we didn't both fall.

Pak Dominikus himself was a high-school dropout. "I went to nature school," he said, chuckling to himself as we swerved around another hump in the road. "Better than being cut off from everything," I replied.





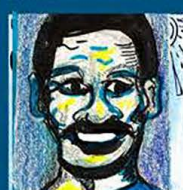
P  
R  
E  
F  
A  
C  
E

When we reached Pak Dominikus's house at nine o'clock, it was Pak Dominikus's son, David, who greeted us first on the front porch. A wide set woman named Bertha followed him, shuffling in her bath sandals into the lamplight. Ibu Bertha wore the downturned lips of a woman who had toughed out a few decades.

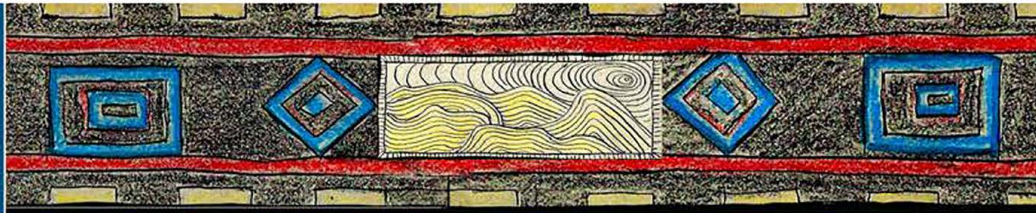
"Come sit down," she said, gesturing to the front stoop. I threw my bag down, untied my scarf from around my head, and placed my shoes near the front pillar next to Pak Dominikus's sandals. Ibu Bertha went inside the house, came back with cups of sweet tea for me and Pak Dominikus. Then she nodded at David.

"He wouldn't sleep; can't go long without his father." It was at this instant I realized that Ibu Bertha and Pak Dominikus were wife and husband. "It's past the boy's bed time," she said. David, about five, small for his age, lay in Pak Dominikus's lap. Pak Dominikus for the first time swept back the hood of his sweatshirt. He sighed and stretched out his legs on the front porch tile, combing his son's hair with his fingers. Pak Dominikus, due to his crisp energy and handlebar mustache, looked no older than early thirties. I later learned that, despite Bertha being a good five to seven years older than Dominikus, the couple shared a connection clearly cosmic, maybe centuries deep. The pair would be my primary mentors and hosts during my first stay in Loang, and later guides for my research.

The first morning I woke up in Loang, Ibu Bertha filled me with coconut bread. Pak Dominikus must have told Ibu Bertha my interests in local religion and traditional healing, because she said "Pak Dominikus is going to go help a neighbor. People around here say he has a certain 'charisma.' He's going to the neighbor's house now. Would you like to join?"



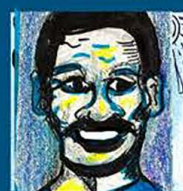
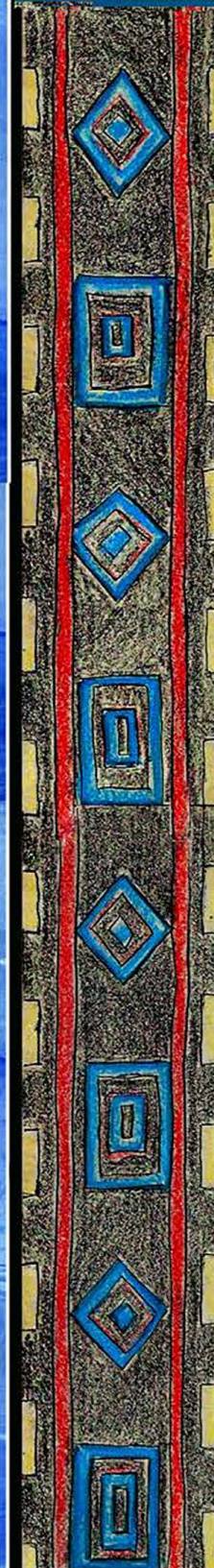
í  
í  
í

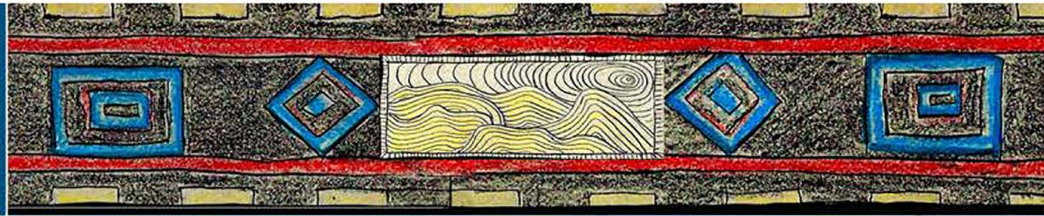


P  
R  
E  
F  
A  
C  
E

I had come to perform a teaching gig in exchange for free shelter and maybe a sighting of some turtle eggs (four of six species came to rest on that one island!), but here I was in the home of a spirit medium. I was thrilled; not only because I had accidentally landed in a great place with potential for research, but because the man I wanted to learn from had a great sense of humor (part of his healing repertoire?) and seemed to like having me around. Where I was employed at the time, in the high school seminary in the hills of neighboring Flores, I heard tell by priests that there were “molán” (healers) or “suanggi” (contending sorcerers) humming mantras over leaves and candles all over East Flores and the neighboring islands. The priests grew used to me asking questions about the world of local spirits and answered my questions with patience.

Molán and suanggi both could channel unseen forces in the surrounding ecosystem (ancestors, plant, air, water frequencies, nature spirits) to guarantee village justice was done intrusively, invisibly. Human bodies were canvases for the ecosystem’s tab on local justice. If a person or group of people suffered chronic illness, some social, physical, and ancestral connection had been violated and the entire community would suffer until conditions were set right. You didn’t need a doctor for that; you needed a traditional healer. It seemed that the positive energy bestowed by the molán and the evil energy borne by the suanggi were both like pathogens that worked away at you like age: after a while it became your most forthcoming feature. I had never seen these community leaders at work. Like most terrible wonders among Catholics, spirits in the seminary were tightly hidden under robes. Here, with Pak Dominikus, was something ancient and out in the open. I knew I wanted to spend a lifetime studying traditional healing because I knew I was too dumb in my own five senses to ever practice it myself.





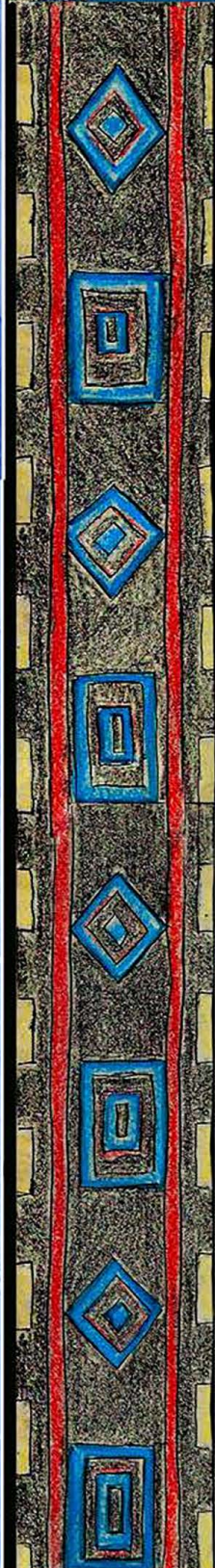
P  
R  
E  
F  
A  
C  
E

I wanted “proof” that the environmentally connected ways worked. I saw the rise of depression, violence, dietary illnesses, and bigotry in my communities in the US, and wanted to experience a place where opportunism wasn’t the norm. I knew that not only did the secret to community wellness lie beyond the values of capitalism, but in trust outside a health system that had little sense of its limitations.

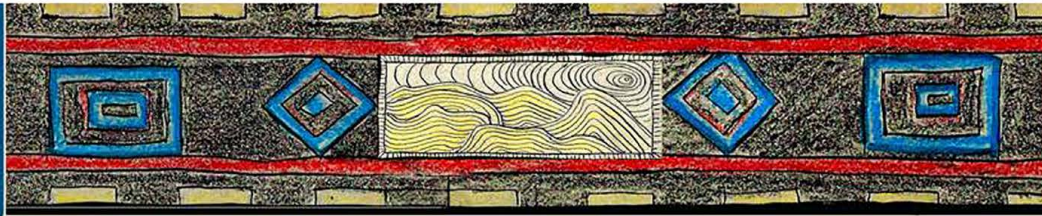
Pak Dominikus’s neighbor lived less than a two minute walk away. When Pak Dominikus and I arrived, at least a dozen people gathered outside the little wooden house beside the main road. Walking beside Pak Dominikus, I asked, “Your neighbor—why is she sick?”

“This Ibu recently had a stroke,” he said. “The medical clinic couldn’t help her, so the family called me to help.”

When we arrived at the neighbor’s house, chickens scattered in distress. Children tossed around a soccer ball in the dust. Pak Dominikus and I entered the household, passing a kitchen store-room full of women with mixed expressions of exhaustion and concern. When Pak Dominikus and I entered the bedroom of the ailing woman, everyone outside the door filed in and crowded around the periphery of the room, and those who couldn’t fit inside hovered at the door. A nurse sat on the corner of the bed holding the wrist of an elderly woman in her nightgown. She was primly dressed in a nurse’s uniform, and professed to Pak Dominikus that she was the one who called him. She spoke softly and solemnly to Pak Dominikus, as if she were already sitting vigil. “This Ibu, she won’t eat, drink, walk, or talk.”



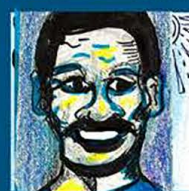


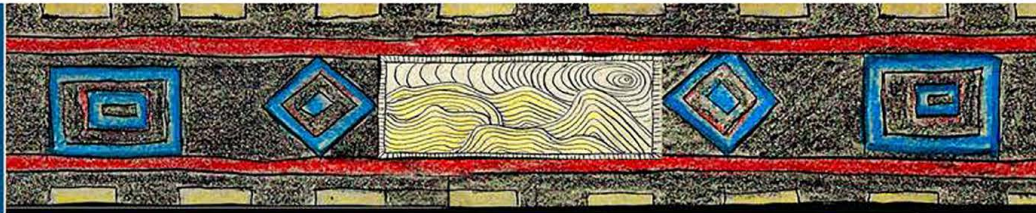


P  
R  
E  
F  
A  
C  
E

The patient's frail body was drowned in wrinkled cotton. The woman's bones seemed to loosen from one another as I watched. She shifted from side to side on the mattress. I could see that she had wet the bed. Pak Dominikus asked one of the women for a glass of water. When the water was passed to him, he took the glass to a corner shelf which had been made into a shrine. On it was a statue of the cross, a faded photo of the patient's dead husband. Pak Dominikus kept his hand on the glass of water and bowed his head. Then he threw his head up to the sky and thrust a flat palm straight up, as if to reach past the ceiling. Bringing the hand back down, his whole arm shook as if straining against an elastic force. If he chose to give up and recoil, I knew the energy built in him would force him to collapse, or otherwise fling him into another dimension.

Pak Dominikus' clenched hand was empty. Or was it? I looked around me at the others in the room, whose eyes were also riveted to Pak Dominikus's seemingly empty hand. Was he holding a chunk of God in the form of light, and we lay-people weren't gifted enough to see or retrieve it? Whatever Pak Dominikus plucked from the sky he dropped into the glass of holy water. He repeated the gesture several times before turning to his patient on the bed. He sat on the mattress's edge and prayed over the water for half a minute. The room went still as Pak Dominikus traveled deep inside himself.





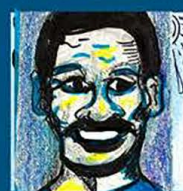
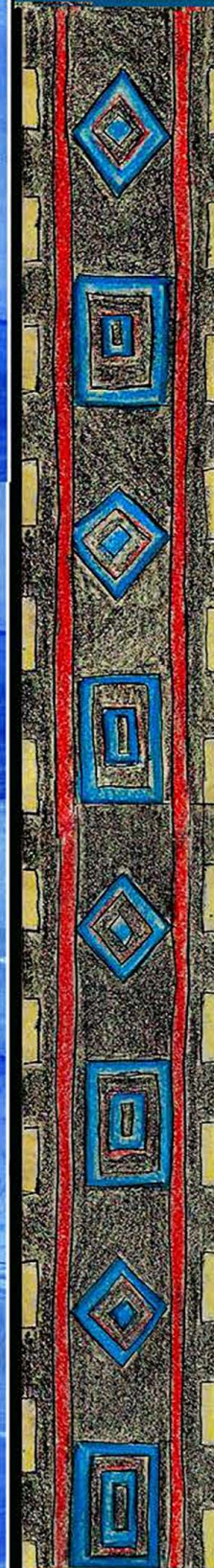
P  
R  
E  
F  
A  
C  
E

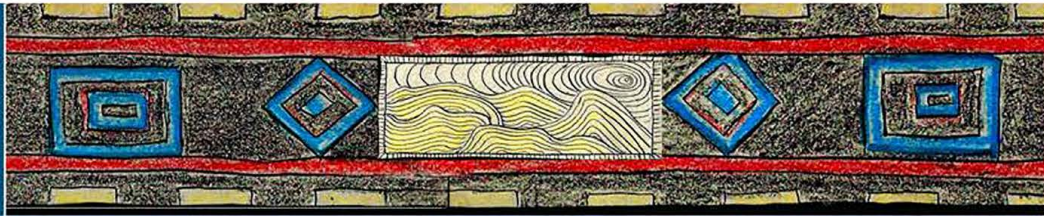
Pak Dominikus stood. Taking a wide stance over the bedridden woman as if he prepared to block high tide, Pak Dominikus took his free hand and scooped energy from within the woman's body, tugging invisible weeds out by the roots and tossing it to the side of the bed. Head, torso, feet, throwing whatever harmful content collected in his hand to the ground. Scoop, throw. Scoop, throw. Scoop, throw. Whatever spiritual blockage clogged this woman's right to live, it was the weight and texture of wet cement. After scooping out the invisible toxins of the woman's body, Pak Dominikus spoonfed the holy water into the afflicted woman's mouth.

I was amazed that I was invited to take pictures. Now, still, I can't look back at those images without feeling the anticipation in the room; the trust in this man whose energy was so palpably pure that no one, myself included, doubted Pak Dominikus's capacity to alter forces of reality.

Before Pak Dominikus and I left the house, the nurse thanked Pak Dominikus. She was a transplant from Lamalera, but had worked as a nurse in the area for years. "What just happened?" I asked her, wanting to know how someone clinically trained perceived the work of healers like Pak Dominikus.

"Her medications from the hospital wouldn't work," said the nurse. "Sometimes we need to call upon men like Pak Dominikus to clear the body of, you know, obstacles in the way of the body's passages. Spiritual obstacles. Sometimes we need to make our insides flow before medicine can work." This made sense to me; that we had individual hangups within us that generic medicines wouldn't account for. But come on: these gestures from Pak Dominikus were just theatrics, right? No; if they were, the workings of Pak Dominikus had proved their worth many times before. As the newcomer, I was the only one who hadn't yet seen proof in the workings of the old ways, and I had no reason to doubt.



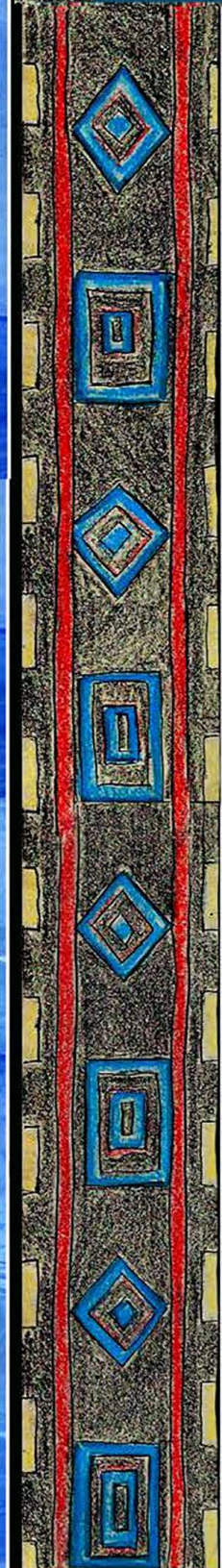


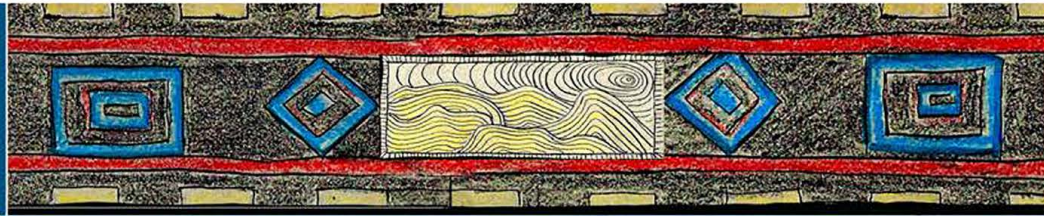
P  
R  
E  
F  
A  
C  
E

Pak Dominikus and I left the house. A day later, I heard that the woman could eat and speak a little; not an overwhelming recovery, but an improvement. Of course I was skeptical in believing it, but there it was: I had finally met a man who could challenge the predictions of medical quacks and their square logics.

Logic fell flat here. Logic, in being confined to the human senses, was anti-local, anti-organic. Logic was antisocial, anti-what-if, anti-story, anti-surrender, anti-wait-and-see. Pak Dominikus had supplied a “yes” when a day before recovery had seemed impossible. This, I thought, was the beauty of Indigenous healing: it taught people that healing was about the invisible factors in our environment and the people in the room as much as it was the pill and the dose. The West once nurtured those systems, crushed them for the advancement of “modernization.” We had a lot to learn from Indigenous systems, if Western scientists would stop defining the global healthcare system exclusively on its own terms.

I started to look at Pak Dominikus as a great spiritual teacher whose power stemmed from being an agent of good. I wondered how and if I could continue to work alongside him, and hoped that somehow his restorative energy would somehow radiate into me. But first I had a few days of teaching to prove my worth to the community. For those few days during my first visit to Loang, I went to the pagoda which served as the after-school reading garden and organized English lessons for children around the sea-life they were being trained to conserve. The kids ranged from ages 5 to 15. Curious and eager to learn, with hope in the institutions that sheltered them, they gave me joy I never experienced when teaching kids elsewhere: not Java, not Ohio, not in Chicago, not in Java, not in Flores, where I was getting a little sick of being cooped up with all the “good” Catholics.

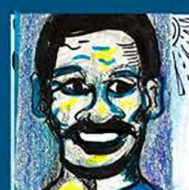




P  
R  
E  
F  
A  
C  
E

A few days of teaching English at Sahabat Penyu's seaside reading garden helped me earn some trust among the activists and thinkers of Loang. It turned out Kak Ayu's prediction conveyed to Pak Dennis, that I would stay long for research in Loang, was an accurate forecast. I promised myself and my new network in the town that I would return, this time for with the explicit goal to record stories. I knew that, in this place, I would find a broadening network of inspiring people eager to share stories and speak to the validity of indigenous knowledge. Yet upon going home, I noticed an enormous gap in my transcribed interviews. I kicked myself for following the most obvious path to learning about indigenous healing. This path was led by the loudest members of Lembata's intersecting communities, the men, and they puppeteered a very particular truth.

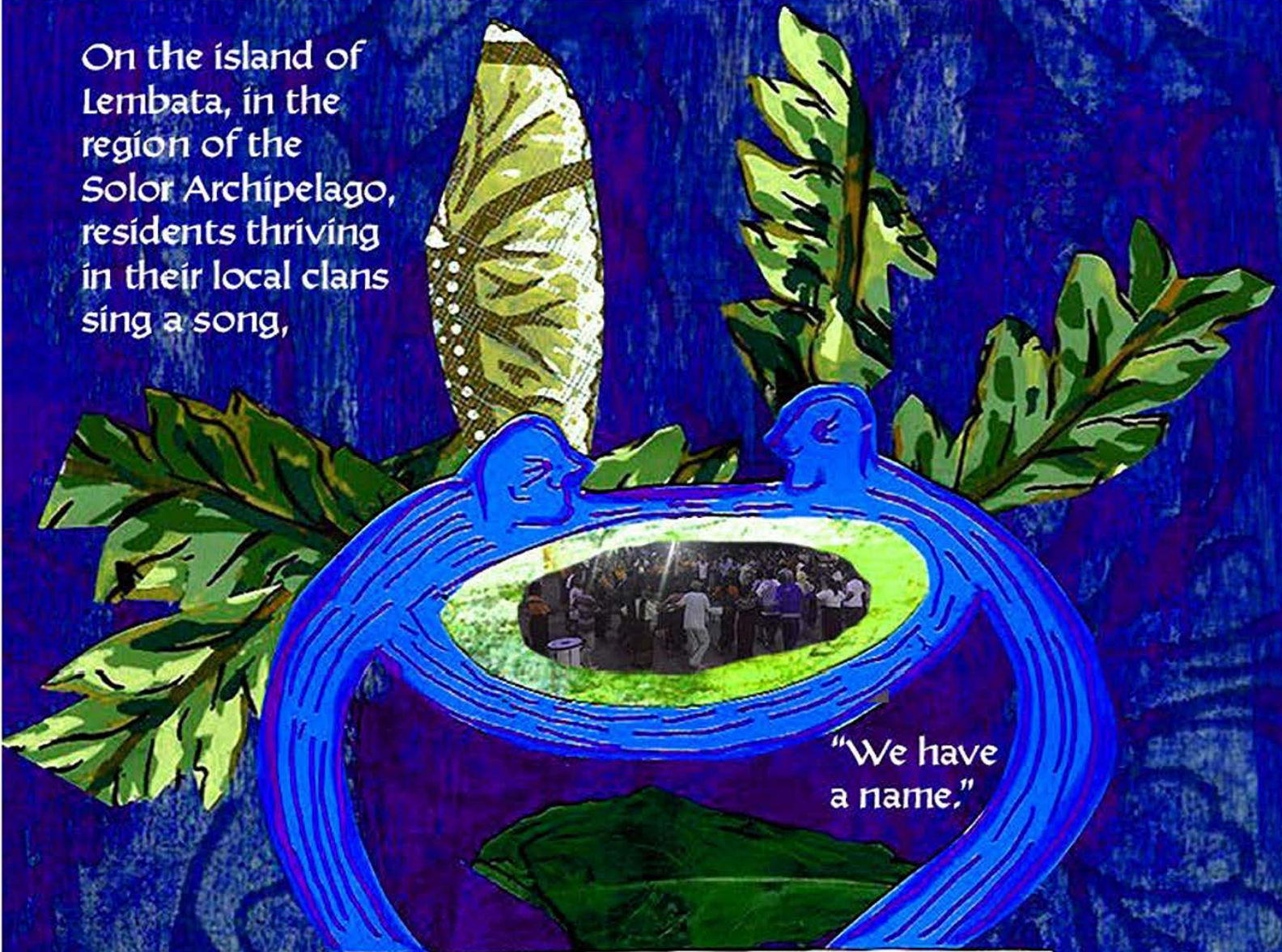
Surely there were plenty of women with healing powers like Pak Dominikus's, even if they weren't broadcast with the same public acknowledgement. The following year, officially enrolled as a PhD student, I came back with the deliberate intention to speak with women. The stories of Ibu Bertha, Ibu Leny, Ibu Maria, Ibu Fiona, and Ibu Ida all sprung from that search.



# TABLE OF CONTENTS

1. An Ode to Lembata.....	1
2. Ibu Bertha.....	20
3. Ibu Leny.....	56
4. Ibu Maria.....	78
5. Ibu Fiona.....	130
6. Ibu Ida.....	148
7. Futures.....	162

On the island of  
Lembata, in the  
region of the  
Solor Archipelago,  
residents thriving  
in their local clans  
sing a song,



"We have  
a name."



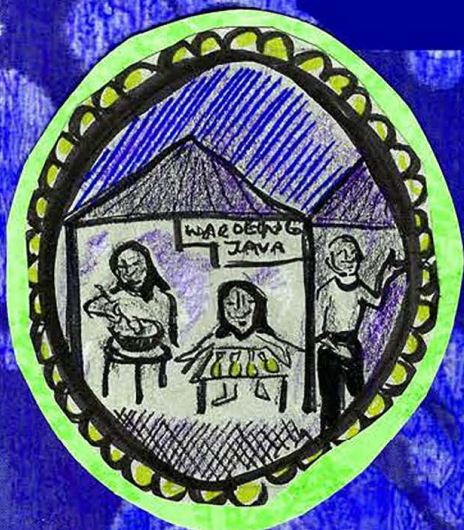
After melting glaciers displaced ancient ancestors, after tsunamis tore at seaside homes, after landslides crushed roads, leprosy came and went,



the Portuguese colonists converted most of the lot to Catholicism, the Dutch came to exploit land and collect spices,



the Japanese occupied the hills and raped women, as outsiders took hold of local businesses and brought in their technologies



until smartphone screens rapped at the attentions of youths, of priests; Now, still, the people of Lembata sing, "WE HAVE A NAME."

I'm still trying to figure out if as an

anthropologist

storyteller

oral historian

individualist

hoarder of stories

wanderer, seeker

cultural voyeur

human

I am capable of being part of that song.







4



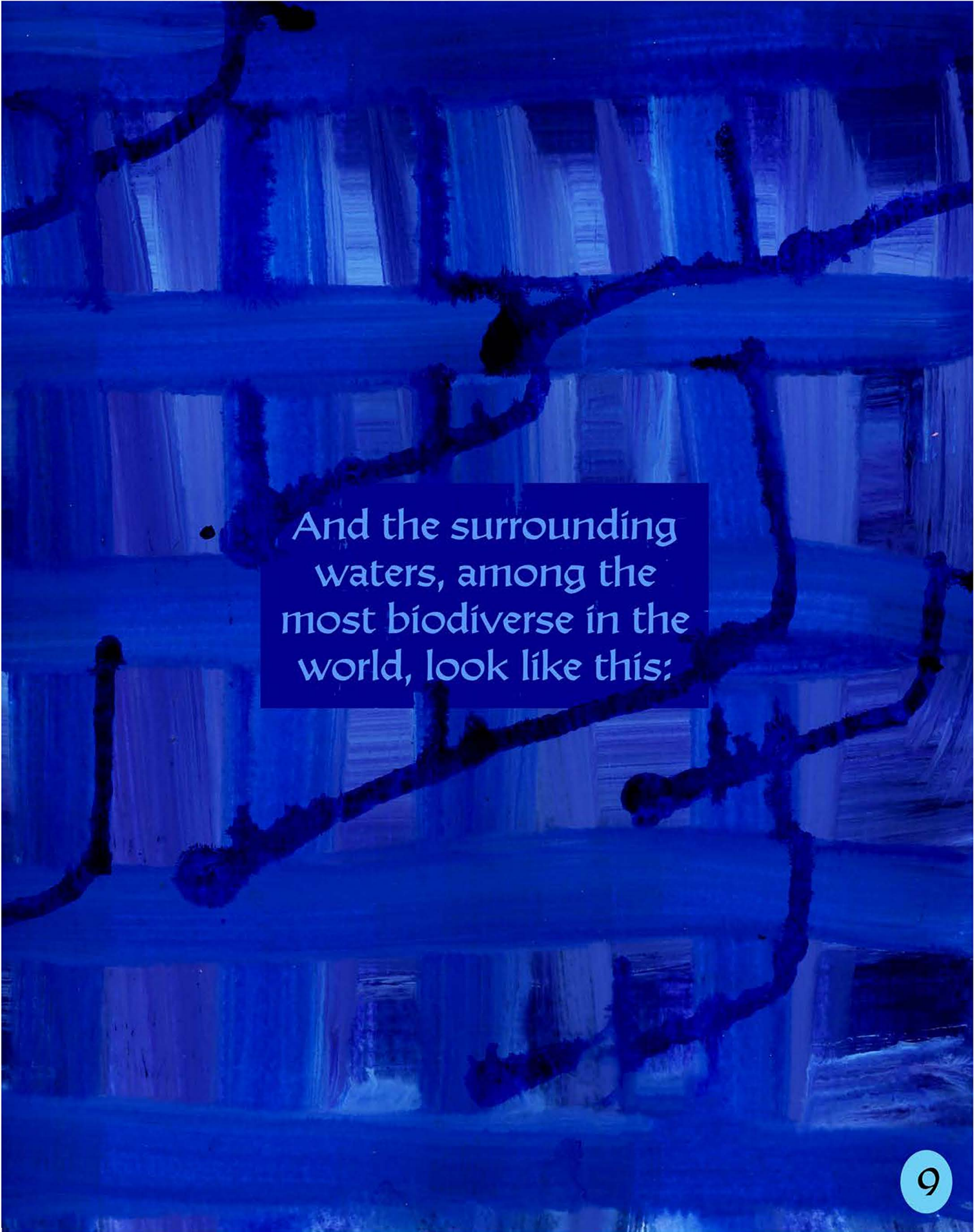
The island as I know  
it looks like this:





The people as I know them look like this:





• And the surrounding waters, among the most biodiverse in the world, look like this:

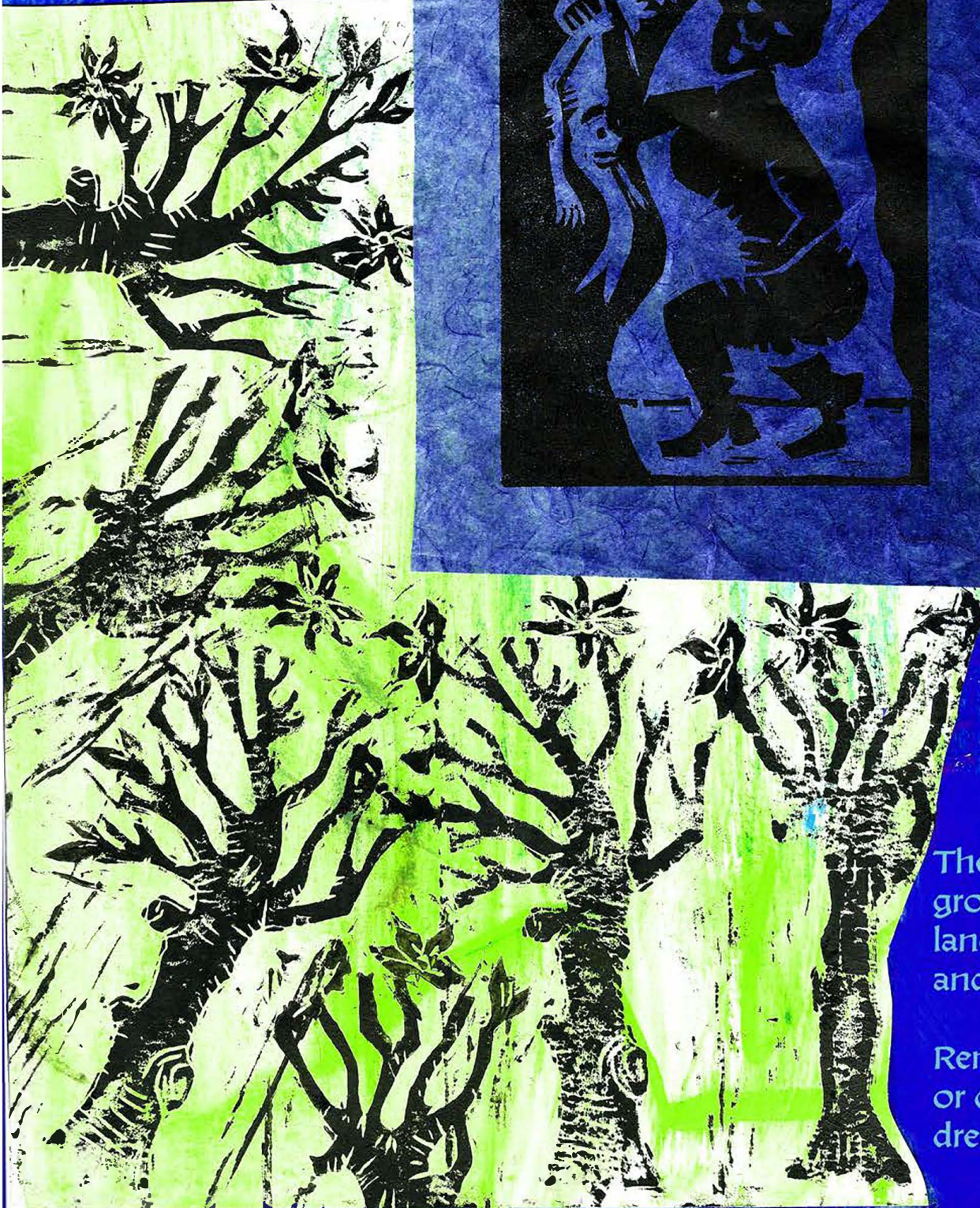


At sundown, when the tide is low, exposed pot-holed shelves of rock emerge with their hoop-sized pores of seawater filled with trapped little fish. Bored teenagers spear these fish for appetizers. Or perhaps these teenagers stay home to watch television on their smartphones. Sometimes people fall ill and die for no reason. Sometimes the ill are found out and healed by licensed clinicians.





But most commonly they are shimmied back to health by traditional healers who have known the landscape and its medicines for centuries.



These healers have grown versed in the land's capacity to cure and to curse.

Remedies are inherited or discovered in dreams.



Who are Lembata's healers?

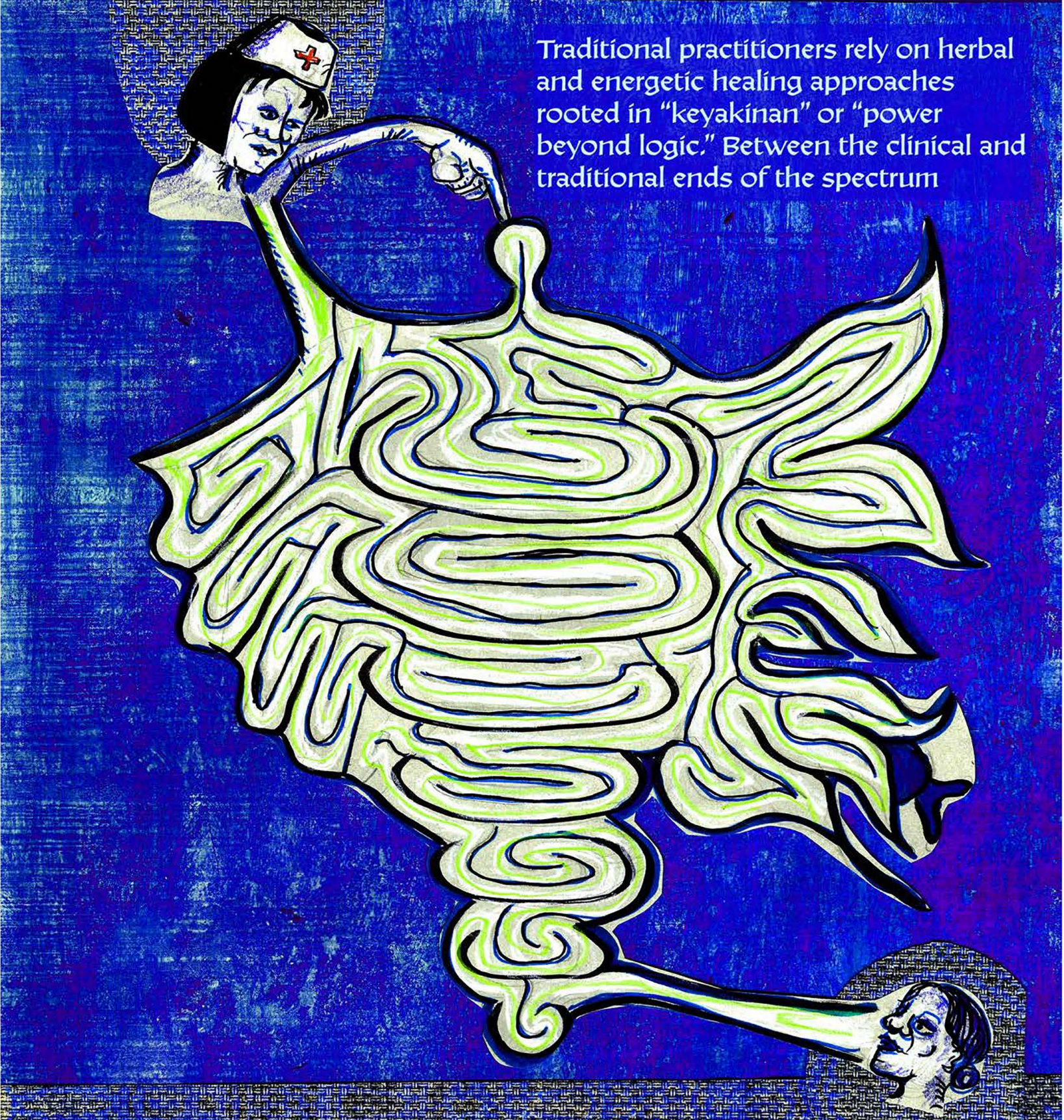
What does it mean to live so long in a place that,

even though

humans can't always speak the language of trees and spirits, they can still learn foreign grammars of respect

and those grammars teach (if we listen) how to bring our ecosystems

into equilibrium.



Traditional practitioners rely on herbal and energetic healing approaches rooted in “keyakinan” or “power beyond logic.” Between the clinical and traditional ends of the spectrum

are healers who integrate traditional with conventional methods of healing, although these are not many. Lembata’s clinical women healers (doctors and nurses), either consciously or unconsciously, spread the word that old practices are unsafe. The soup is not stirred.

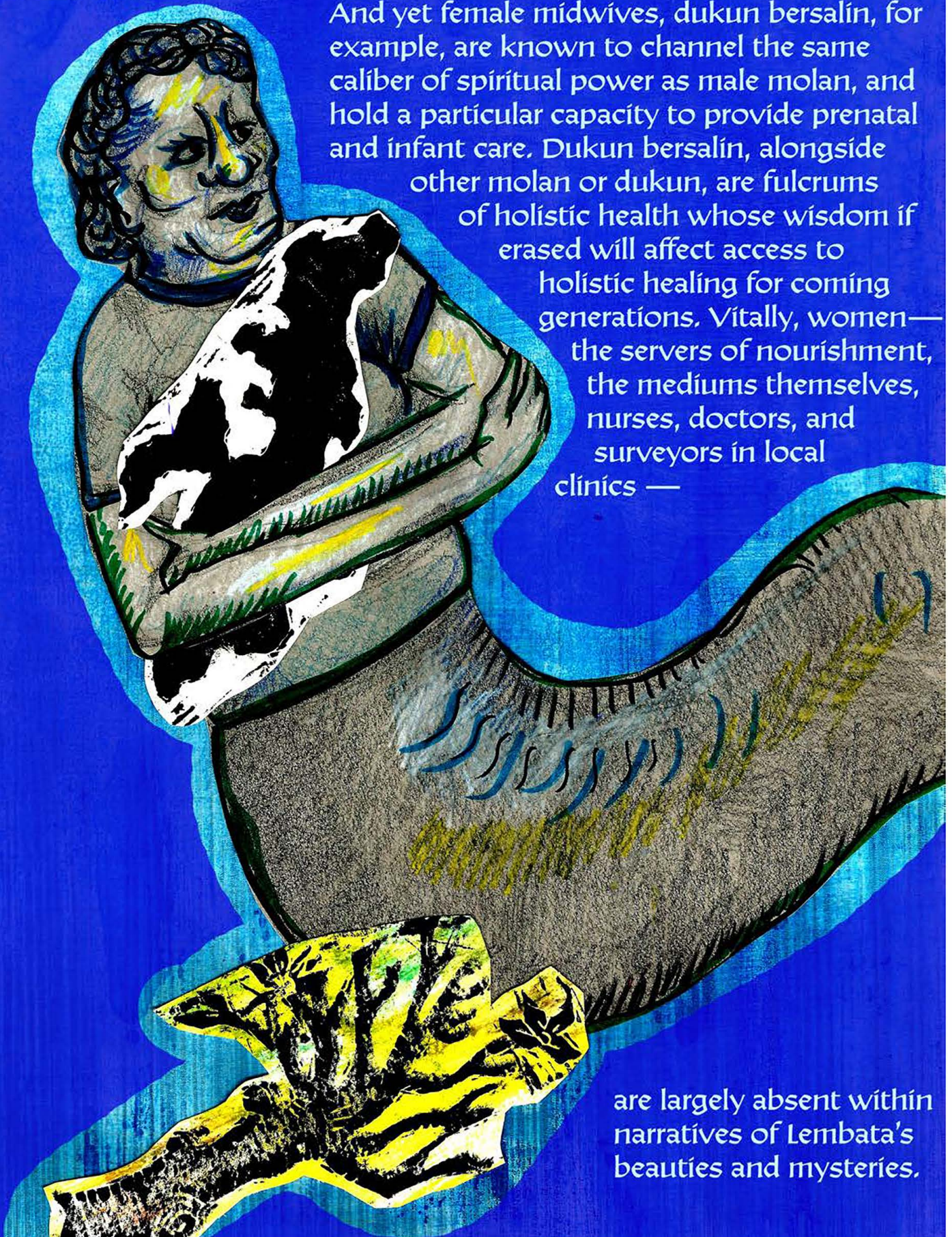
A blue-tinted photograph of a room. In the background, there is a window with light-colored curtains. In the foreground, a dark, gnarled tree branch extends across the frame. A dark rectangular box is centered over the image, containing white text.

Nor is distinction  
mixed between  
women and men.

Within the historically patriarchal Lamaholot system, women hardly stand at the foreground of ritual events. Rarely if ever do they serve as healers “with a name.” Nor do they serve as oral storytellers or clan leaders.

And yet female midwives, dukun bersalin, for example, are known to channel the same caliber of spiritual power as male molan, and hold a particular capacity to provide prenatal and infant care. Dukun bersalin, alongside other molan or dukun, are fulcrums of holistic health whose wisdom if erased will affect access to holistic healing for coming generations. Vitaly, women—the servers of nourishment, the mediums themselves, nurses, doctors, and surveyors in local clinics —

are largely absent within narratives of Lembata’s beauties and mysteries.



It's the men  
who stand  
front and  
center



but I follow the  
women.

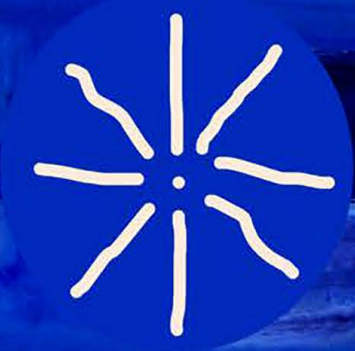
To be loud about the talents  
of other women is a mission,  
but to disappear is a  
responsibility.

Women healers of Lembata  
teach me to value  
responsibility above mission.





How do I disappear?



**IBU LENY**

(clinically trained  
midwife and “retired”  
pediatrician)



**IBU BERTHA**

(traditional herbalist  
and massage  
therapist)



**IBU MARIA**

(traditional  
midwife)



**IBU FIONA**

(prayer healer and  
weaver of fabric)



**IBU IDA**

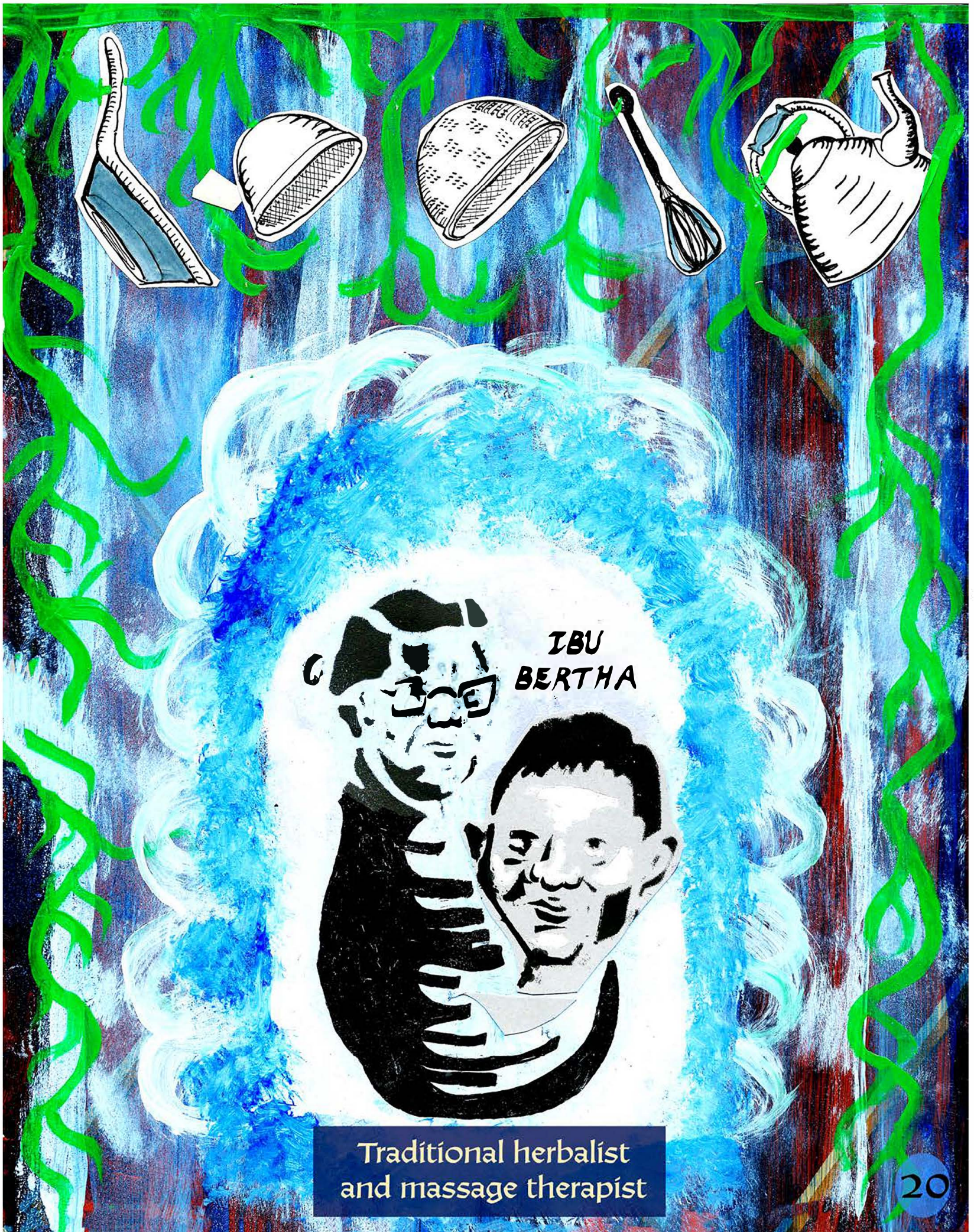
(Head of the Department of  
Infectious Diseases at  
Lembata’s leading hospital)



All speak here.

I’ve changed these womens’ names and have earned their conditional trust, which is at stake as I write these pages. All interviews were held in Indonesian (in which I’m fluent) as, among other things, I’m still struggling to learn the local language, Lamaholot.





Traditional herbalist  
and massage therapist



Ibu Bertha's sense of adventure depleted before she reached the age of thirty. now she lives mostly barefoot in her household kitchen or its near vicinity, looking, calling, for her son; otherwise savoring the friendly vapors of fresh vegetables cooking over a fire.

The Nanung home, which has become a guesthouse for fellow sealife conservators, grows a little finger each year amidst the kelengkeng and morinda trees of Loang, Lembata.

One might think a majestic spell creeps over the hillside plot where the house collects sounds of sticky skin, where I lived with the healer, Ibu Bertha,



Ibu Bertha's husband, Pak Dominikus,

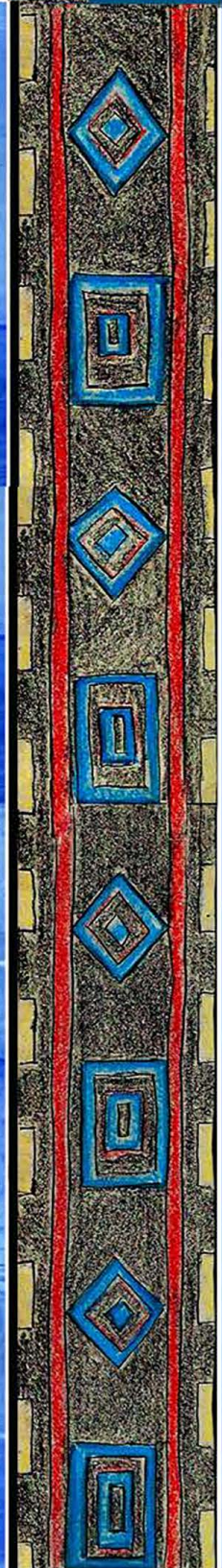
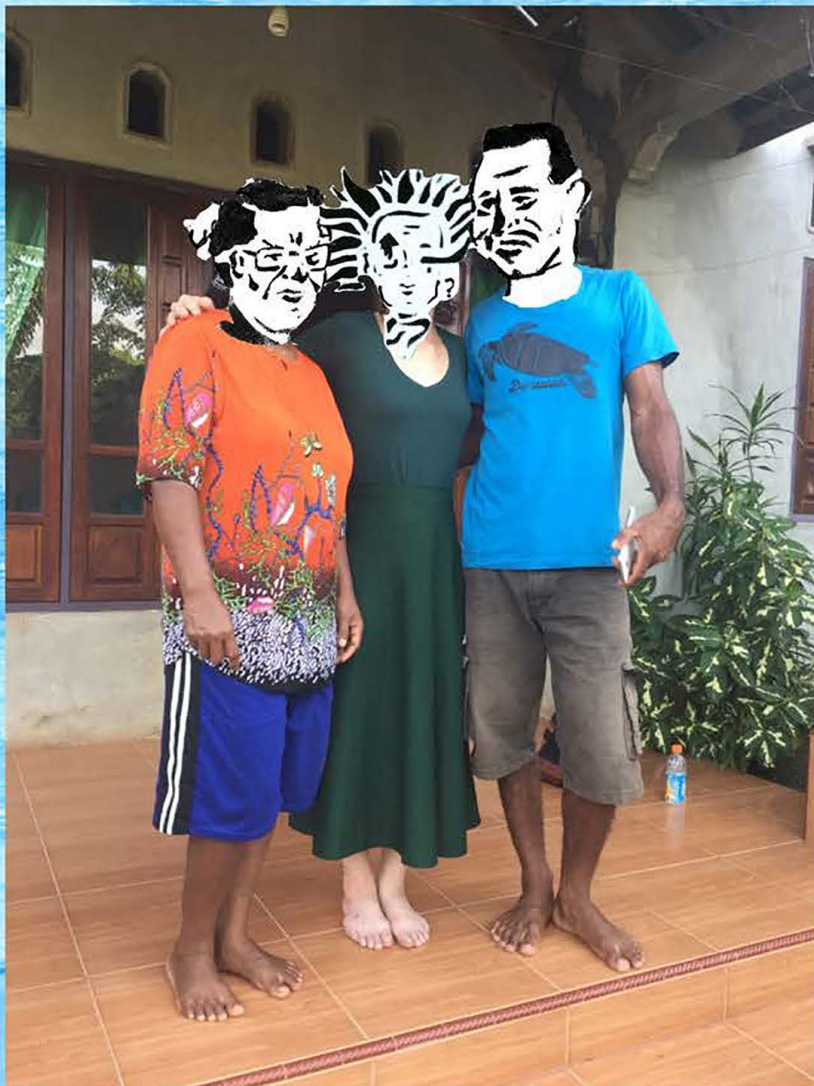
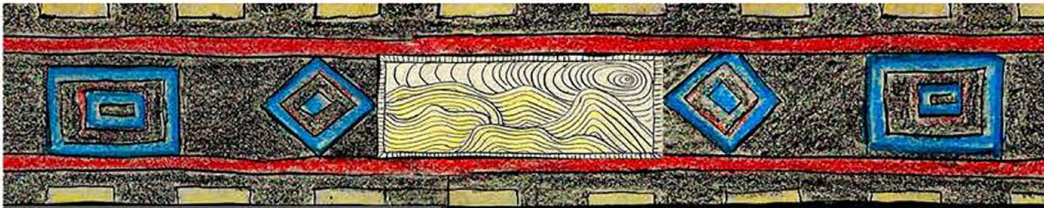


and their son, David,

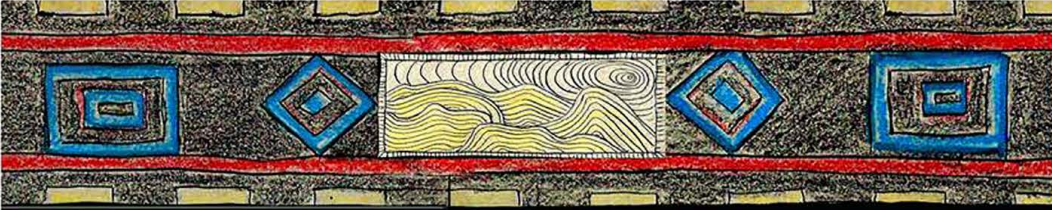


While studying traditional healing methods in the Lamaholot region of East Indonesia. During those months, I rode the wave of Pak Dominikus and Ibu Bertha's divine blessings. I became a believer...in what I still don't know.





2  
2



Ibu Bertha has a way of letting the slightest degree of uncertainty creep under her skin so it surfaces as a veil of exhaustion. She has a habit of repeating herself  
 again  
 and  
 again  
 what others comment about her aptitude as a hostess, and she dreams of having a fine couch in the front of the house, of setting up a little shop.

Ibu Bertha wears made-for-men t-shirts that hang over bermuda shorts and never loosens her hair from its ponytail except to bathe.

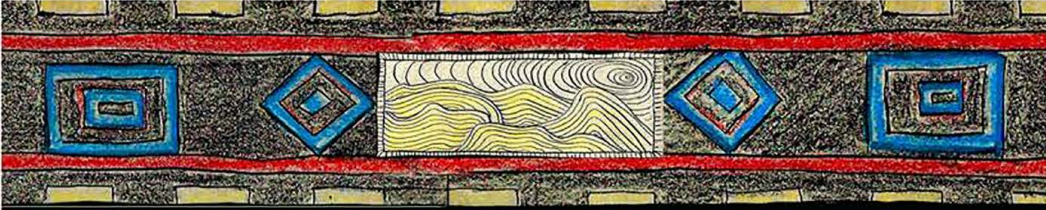
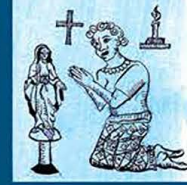
Aside from cooking, Bertha likes feeding the pigs and uses these rare occasions alone to collect tamarind pods from dry ground. No matter how many pods she collects or how luringly the sounds of the neighboring sea pull her in to watch the waves (she never swims), Ibu Bertha is always home long before sunset.

God forbid David should come home and find her gone!



2  
3





Ibu Bertha curls up next to her nine-year-old adopted son on the mattress she shares with her husband. Ibu Bertha can almost feel David's feverish blood pace through his body, indecisive about how hard to pump or where to collect. An orphan's blood: inclined to veer itself towards where the boy's family and neighbors direct his attentions.

This way or that way,  
blood parent or not,  
Ibu Bertha is still her child's creator.

God forbid the boy veers off the paths near home, away from her, away from Loang. David is a fearful boy, and better fearful than curious, as Ibu Bertha will have it.

A foam mattress gathers moisture in the space where David sleeps, has slept since Ibu Bertha and Pak Dominikus took him in as a throw-away.



2  
5



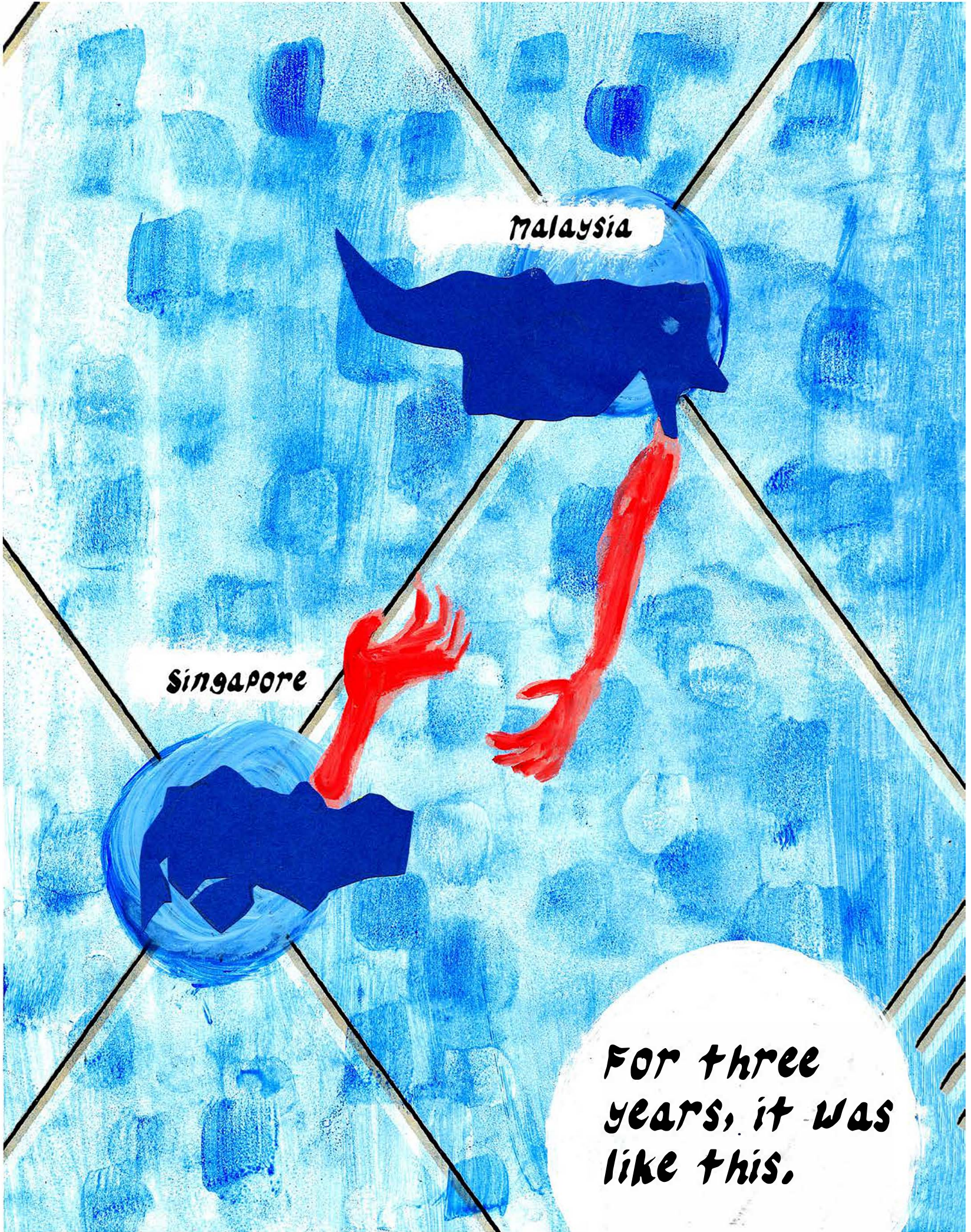
Perhaps Ibu Bertha's anxiety surrounding her son has something to do with the turbulence she experienced while starting a family.

Dominikus of Dulir started courting Bertha of Lerek when Dominikus was barely nineteen and were committed to local custom and their ancestral call to traditional medicine.

Knowing they wanted to get married, yet having blessings from neither set of parents, the couple boarded separate ships. Dominikus found a job working construction for profitable land owners in Malaysia; meanwhile, Bertha worked as a housekeeper for rich homeowners in Singapore. For three years they worked abroad until they had enough money and familial respect to wed.

In those days, they could only communicate via faith and the occasional phone call.









The earnings Bertha hoped to use towards pursuing higher education she used to fund the education of her younger siblings; Dominikus's funds went into securing the necessary bridal price for Bertha's hand.

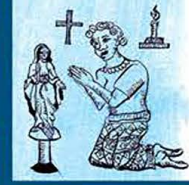
Ivory was the ancestors' uncompromising demand, and to deny it upon securing the knot was to invite karmic disaster on both family clans.



Upon returning to Lembata, the couple had only enough money to secure the wedding itself and a tiny home next to Dominikus's father in Dulir.

Those first years did not go well.





As told by Ibu Bertha's Sister, also a neighbor, in Loang:

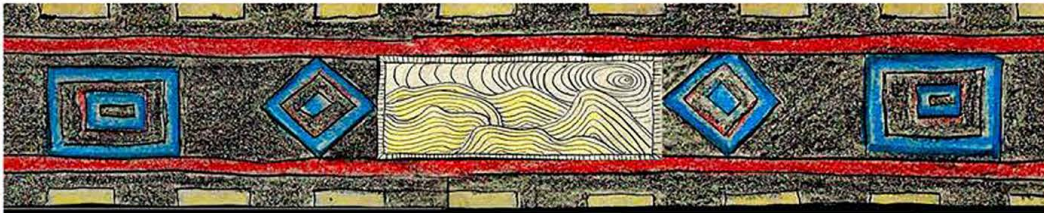
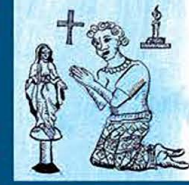
In the years Bertha and her father-in-law, Pak Markus, lived as neighbors, the old healer shouted foul phrases over the narrow dirt passage between his home and the newlyweds'. He complained publicly that Bertha was too old and lazy to be of any use to anyone, and pronounced a curse that Bertha would never bear a child to his most gifted son.

The declaration was fulfilled. Bertha was thrilled when she became pregnant, but was devastated when a few months later she delivered a miscarriage. Bertha's loss ruined All hopes for bearing a natural-born child. What a bummer, since Bertha's own mother was a midwife!

Bertha's maternal ancestors seemed unwilling to help her, even to intercept the curse of the bully she now called her father. Feeling abandoned by Mother Earth (Tanah Ekan) and Father sky (Lera Wulan), Ibu Bertha cried every day.







Domínikus, while idolizing his father, had enough.

It wasn't custom to take a stand against a respected elder, so the couple set on a plan to leave Dulir.

As Domínikus spearfished for a living and Bertha was too weak to work, the money they needed for a new house came

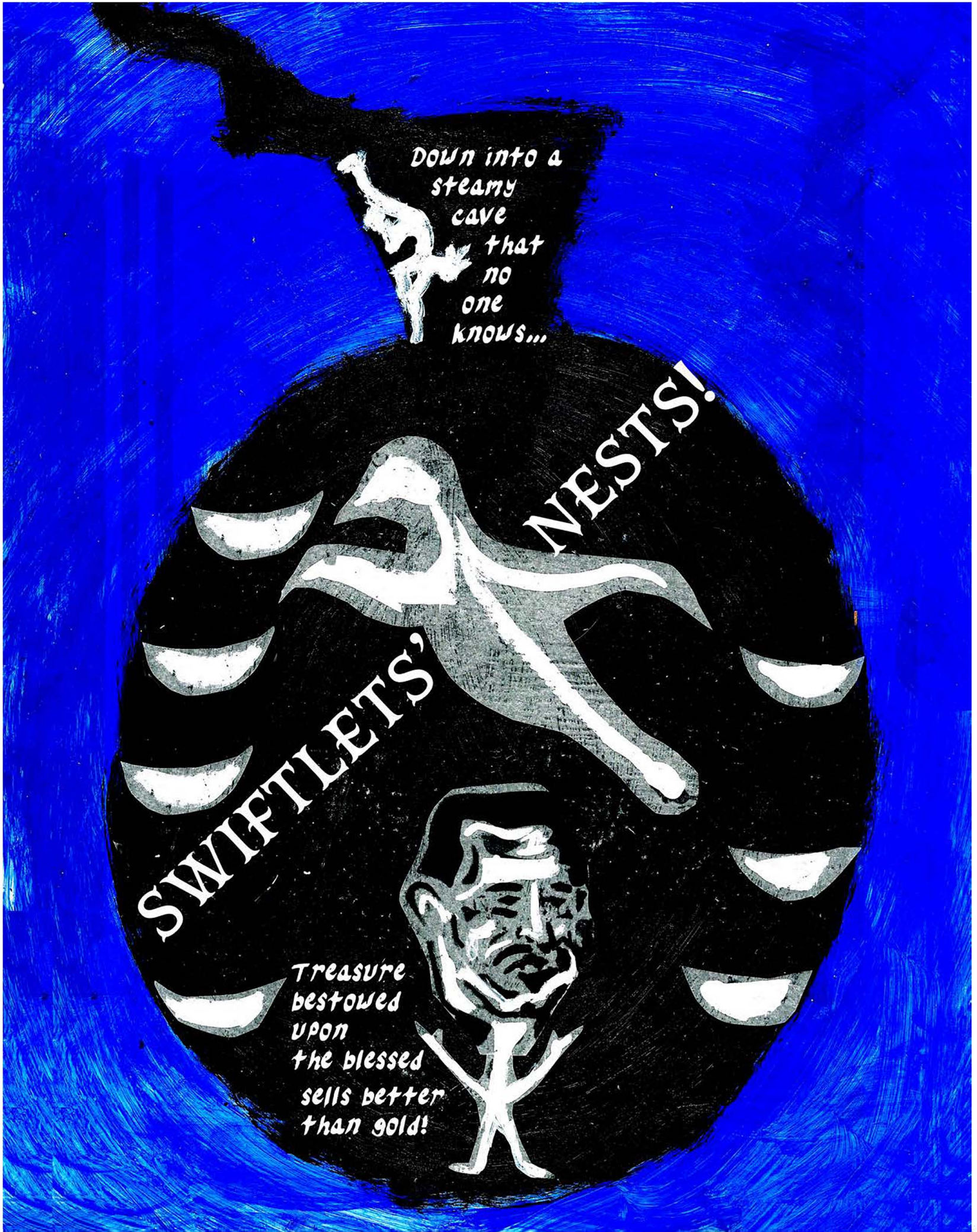
s  
 \_\_\_\_l  
 \_\_\_\_\_o  
 \_\_\_\_\_w  
 \_\_\_\_\_l  
 \_\_\_\_\_y.

Until a miracle came.

Long untended spirits of a nearby mountain recognized the prowess and moral purity of Domínikus, and bestowed upon him a dream.

This dream would guide him to the greatest treasure the island ever possessed:



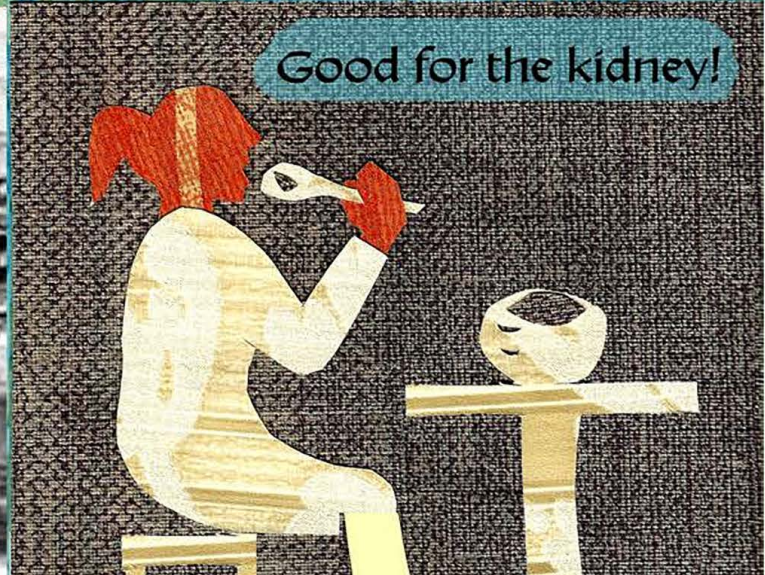


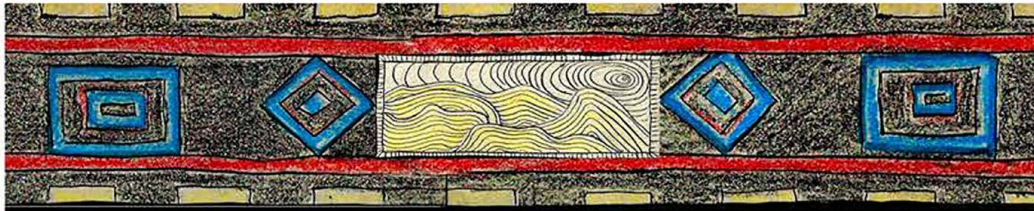
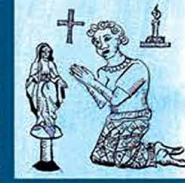
A visual footnote on Edible-nest Swiftlets:

The swifts of South-East Asia occupy limestone caves in colonies, and make nests entirely out of saliva. These nests go for a high price in Asian markets, as the swift's saliva is known to hold healing proteins scientists can't find in any other nutritional food.



The Chinese have known all about the benefits of eating swiftlet nests since the middle ages and boil the dried saliva into expensive soups.





Although the swiflet nest business soon slipped from Domínikus's family basket (though that's another story), Domínikus sold enough nests to afford himself a simple house in Loang, where Bertha's sister lived alongside other transplants from Lerek.

Domínikus and Bertha made the move, and Bertha positively transformed!

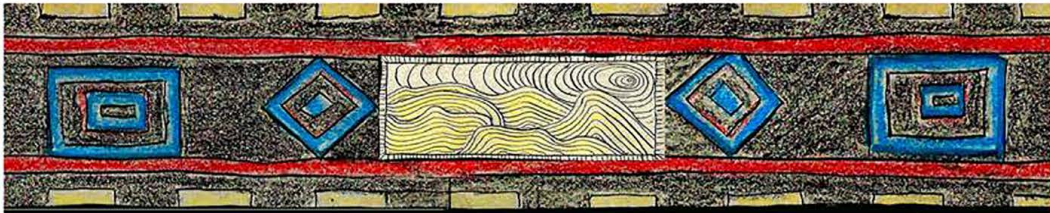
Her body developed a wideness, a sense of "thereness" that as a child she admired and feared in older women, now all her own.

Yes, Bertha grew fat! She adopted a child, and her family after the appropriate rituals recognized David as kin. Ibu Bertha and Pak Domínikus began practicing healing as a couple, walking into the forest to find medicinal herbs for patients who sought non-clinical care.

Ibu Bertha knew she was restored when she remembered the strength of the healing knowledge passed down through her ancestry, Independent of her husband's. And then came the day she saved her father-in-law's life...



3  
4



Ibu Bertha told me this story the morning after Pak Dominikus's father arrived for a visit. Ibu Bertha and I lingered at the breakfast table after the men had gone outside. As I imagined this story alongside my hostess's words, I textured the narrative with my own imagination:

Pak Markus had not changed his shirt in days. No, he was wearing no shirt at all! He reeked more than ever of raw tobacco infused with sweat, and the skin on his cheeks drooped down past his chin. He carried all the bruise colors of the terminally ill, and for days was tended by nurses in nun habits who checked the old man's vitals while he slept.

The afternoon Pak Markus was meant to die, his relatives wept in preparation for the end. Pak Markus dipped in and out of consciousness, and while he was awake spoke only to call for a hand-rolled cigarette. Each member of the family took shifts by Pak Markus's bedside. That last night, it was Ibu Bertha's turn to keep watch over the dying man...



3  
5





Ibu Bertha's exact words (as I wrote them down immediately after she spoke):



"Aduh! There was a time we thought Domínikus's father was going to die. Year 2000. We brought Pak Markus to the hospital. All gathered at the man's deathbed, the brothers and the sisters and the cousins.

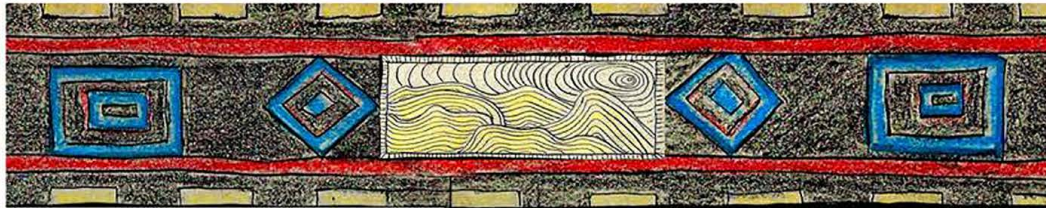
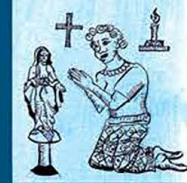
"Pak Markus had been nearly dead for a few days, and we thought, 'it's almost time'. We took turns watching over Pak Markus, fed him spoon to mouth although he didn't eat much.

"When I was on watch, Pak Markus woke up. He said an ancestor had visited him in a dream and had shown him the plant he needed to live.

"I ran close to him. 'Bapak, I said, you're awake! I'm so glad!'"





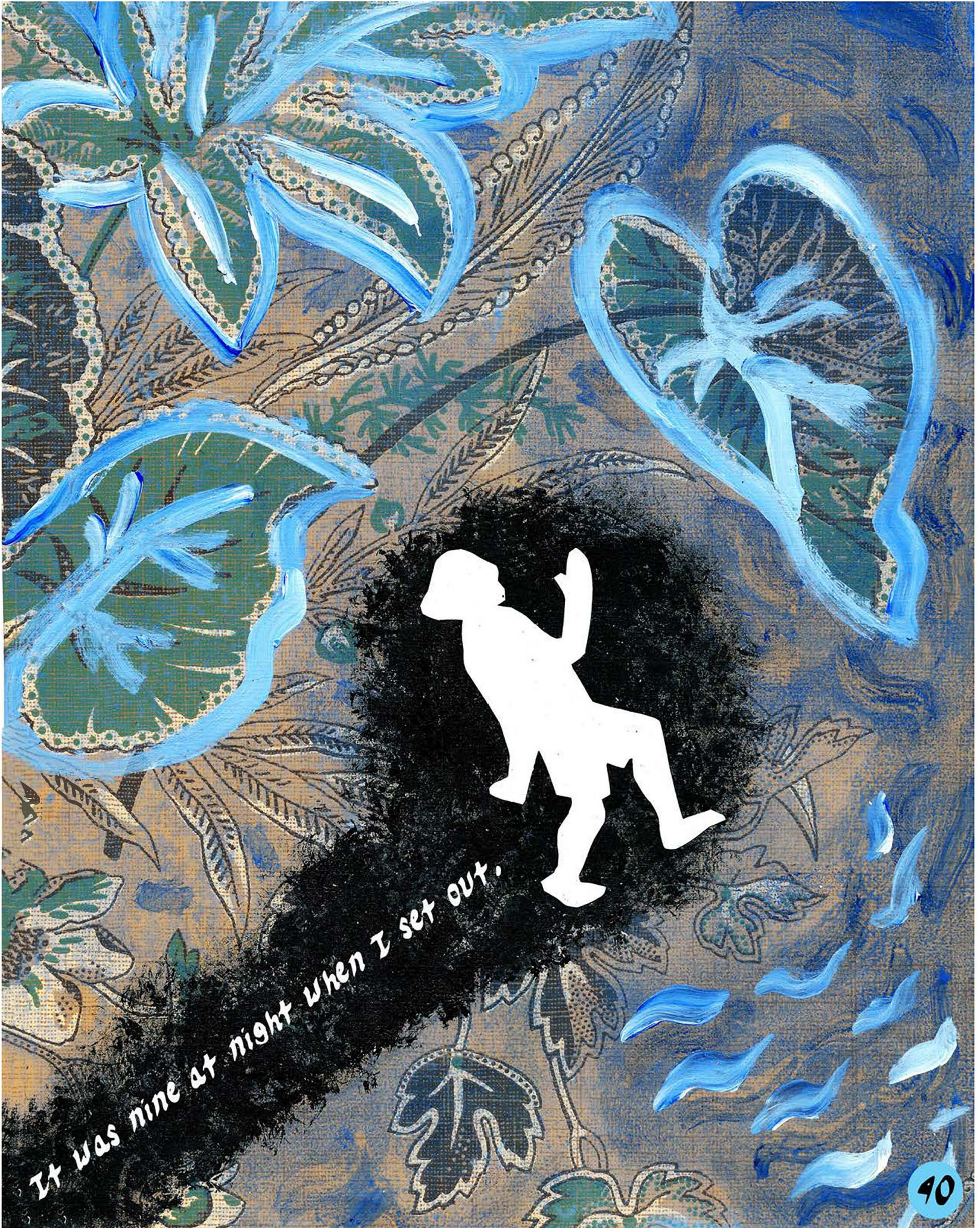


“Pak Markus got restless then, as if he made to get up. But he was too weak, and only lifted his back off the pillow before falling back onto the bed.

“I told him he should describe to me the dream. Pak Markus told me how the plant looked, how his ancestor in the dream showed him how to grind the plant to an elixir which he should apply to his body as a rub and tea.”





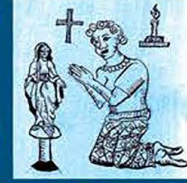


*It was nine at night when I set out.*



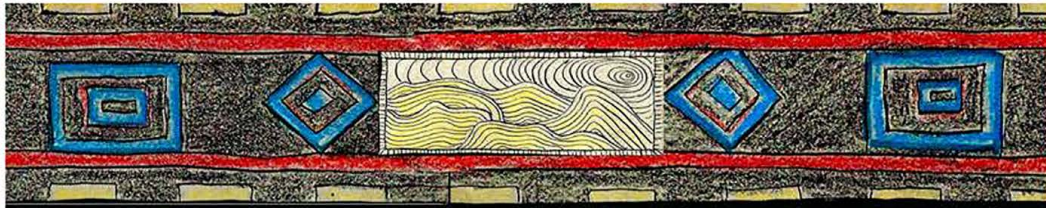
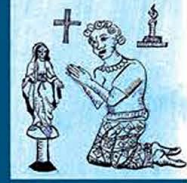
Far it was,  
the plant,  
and hard  
to find!

"I walked for miles and  
miles, didn't stop. Finally,  
I found the plant pak  
Markus sought!



"After I saved Pak Markus's life, he treated me with more respect. You see how we are at the dining room table. We are better now."





In most of the interviews I had inside Bertha's home, men dominated the conversations. Bertha always served tea and coffee. Then she would sit quietly on the mattress near the dining room table or lounge on the floor against the living room wall.

I always kept my eye on Bertha's face, hoping I might get a sense of how she felt about the stories being voiced with such conviction.

Bertha would listen contemplatively, often looking up at the ceiling or the sky. It was clear she knew every account, and would interject to pipe up in the background, *streamlining the stories together.*

*streamlining the stories together.*



4  
3

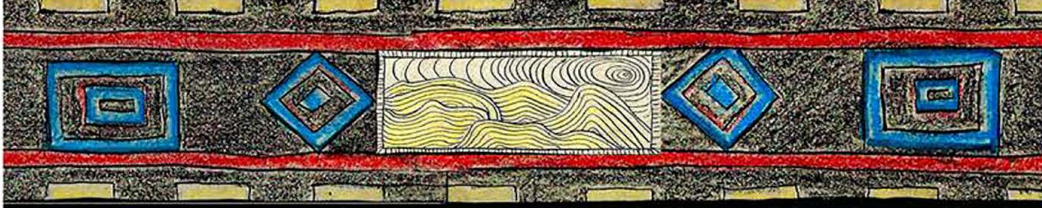
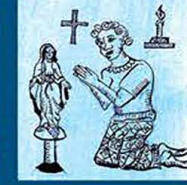




*It seemed she felt  
it was her job*

*not to orate  
the stories,*

*but to proctor them.*



Pak Dominikus's current occupation as a turtle monitor for an internationally sponsored non-profit brings foreign "do-gooders" and researchers to Ibu Bertha's house for days at a time.



4  
5



Not to fret,  
Mother Turtle! I'm  
here to protect your  
hatchlings!

From poacher  
to hero!

As someone who spent years laboring in the technologically advanced nation of Singapore, Ibu Bertha doesn't idealize foreigners like some of her neighbors.



She sees both the beautiful and ugly sides of people



and prioritizes her own.

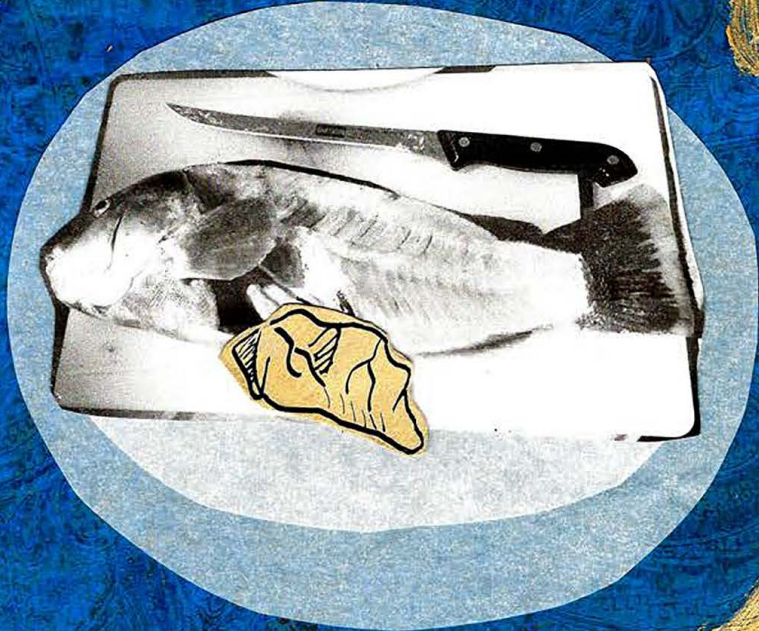


Nested in a happy marriage with all basic needs met, Ibu Bertha seems secure in her own notions of truth and beauty.



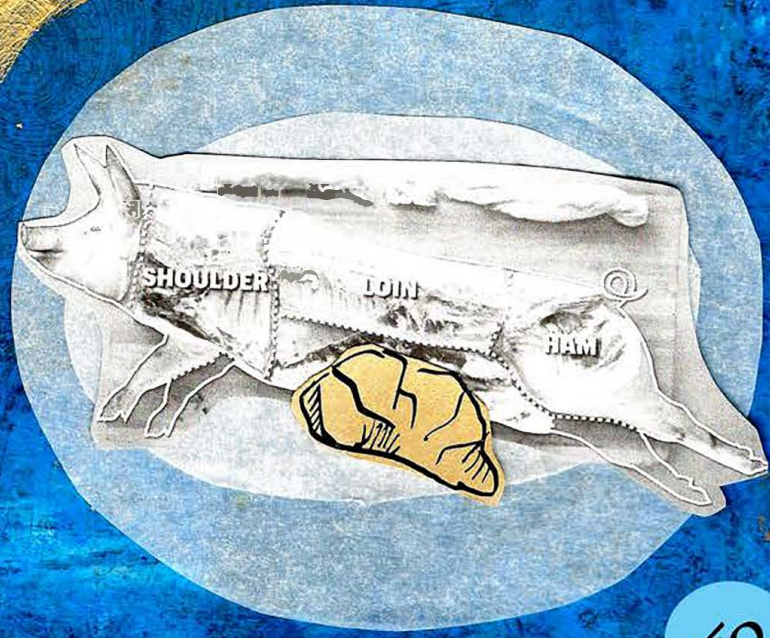
Ibu Bertha believes she is naturally lucky, and this allows her to find jewelry or coins in unexpected places, like in a mound of dirt by a cemetery or in a nest of seaweed.

Once, Ibu Bertha sliced open a fish and found an unusual rock inside, which she identified as a lucky totem.



She showed the rock to her husband, who scoffed at Ibu Bertha's superstition and threw the rock away.

Months later, Bertha found that very same rock within the intestines of a pig, and Dominkus and Bertha laughed and laughed, because clearly they were blessed.

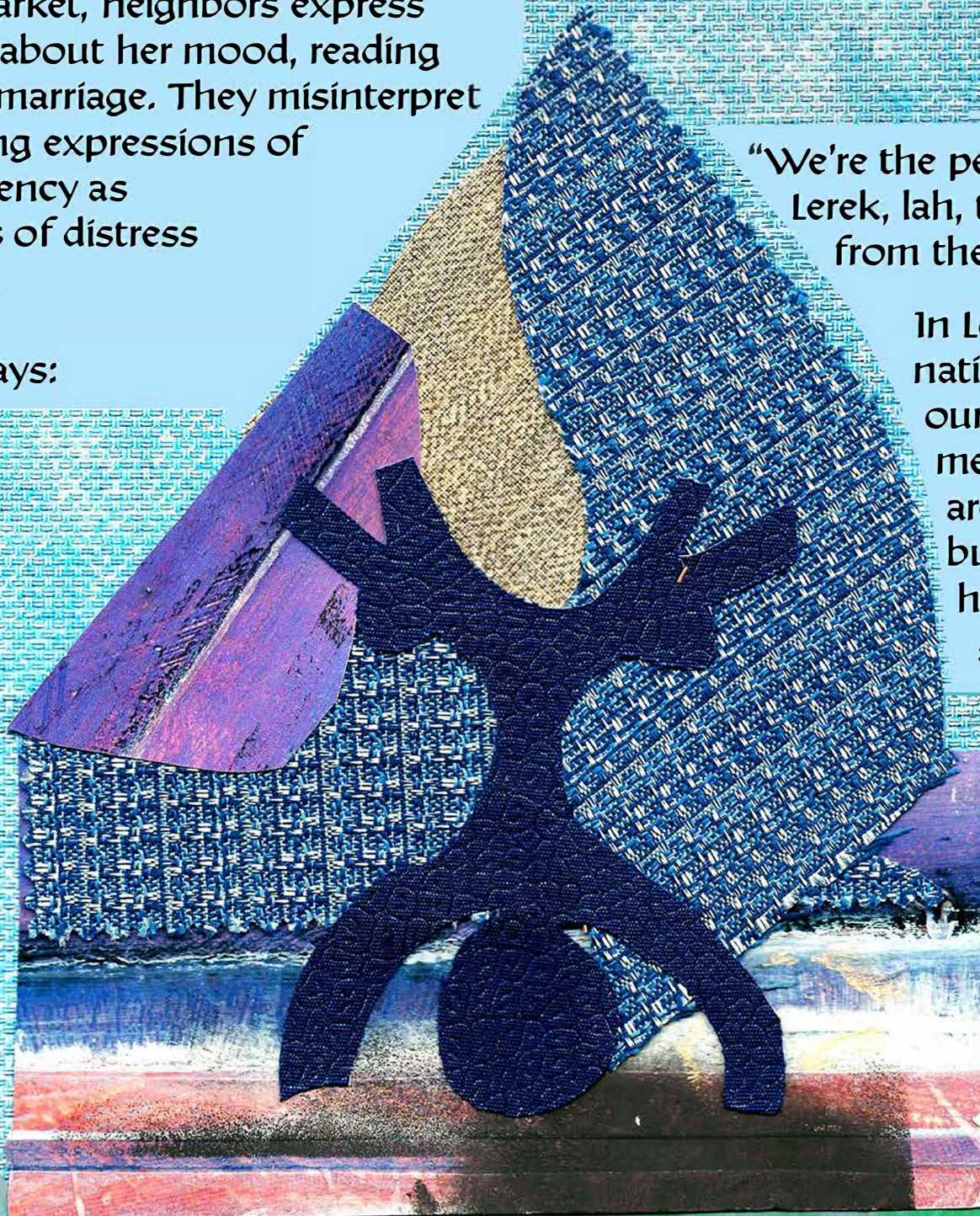


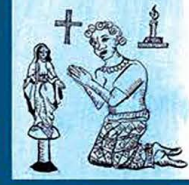
Ibu Bertha worries that the rough appearance of her family and fellow transplants invites wariness from neighbors native to Labu. Sometimes, at the market, neighbors express concern about her mood, reading into her marriage. They misinterpret her resting expressions of complacency as betrayals of distress or anger.

Bertha says:

“We’re the people of Lerek, lah, transplants from the mountain.

In Loang, the natives think our demeanors are tough, but our hearts are soft.”





“Many people look at Pak Dominikus’s face and assume he has a stormy character, just by the way he looks!

And me too! Some people from Labu think that faces like ours are the faces of people who are always angry. But no.

People ask me, does your husband often hit you? Never! Never. He never has hit me, never will.

Whenever Pak Ado or I get angry, it’s just for a moment. We always talk about our problems directly, whisper to each other at night with a simple word. He says

‘Jangan seperti itu, [don’t do that],’ And that’s it. Just like that, our problems are solved! From the appearance of my face, yes maybe I look tough like my husband, but my heart is always in a good place. Only my voice is sharp. Behind that voice is love.”







While the majority of people who come to the Nanung household visit Pak Dominikus for traditional healing, Ibu Bertha and Pak Dominikus often work together in diagnosing if not curing their patients. It took me a while to notice this, as it seemed that Pak Dominikus worked alone. My mistake. I realized that I needed to spend more patience learning about modes of interaction in my surrounding landscape that weren't overtly apparent.



One day Pak Dominikus and Ibu Bertha started talking about the ways they work together as healers, and I took out my notebook to record their speech.

As it was morning and Pak Dominikus was still picking off fried bananas from the centre plate, it was mostly Ibu Bertha who spoke:



Pak Dominikus and I usually work together to cure patients. If our patient is a woman, the patient usually communicates with me first. With me, she can be more open about the symptoms of her illness which might be embarrassing to express to a man.

After consultations with your patients, then what happens?




After female patients have consultations with me, Pak Ado and I together search for leaves and roots in the forest that will cure the ailment specific to the patient. We each come from a family of healers, and sometimes we draw on each others' plant knowledge when our own is lacking.


For the large part, what kind of ailments do you cure?



Ailments that we tend to cure are the ones with symptoms of panas dalam (body fever), sesak nafas (breathing difficulties), and sakit perut (stomach pain).



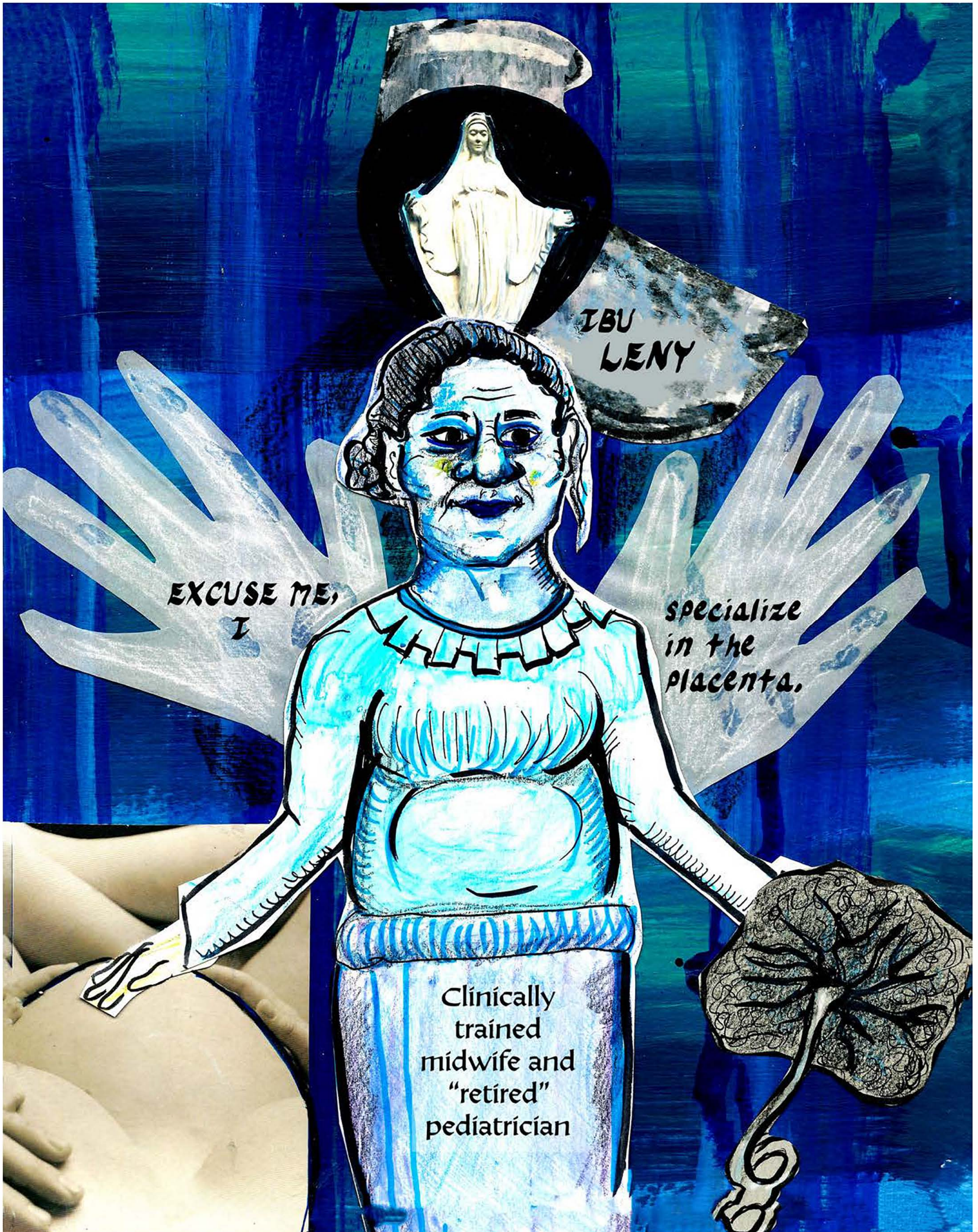
Is this the way it always happens, with you doing the consulting before you share healing responsibilities, or do you and Pak Dominikus sometimes work alone? I notice that most people who come to the house to be healed often ask for Pak Dominikus...

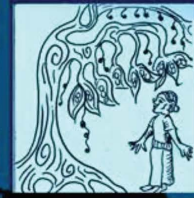


Sometimes, the patient is taken care of right away by Pak Dominikus and healed with the strength of his inner energy. This energy is transferred to the body of the patient through prayer or massage. When I hear of a woman who is having issues with the womb, Pak Dominikus has me talk to the women, get them comfortable and ready. I rub the afflicted area until I sense a revelation of what is wrong. Whether it is Pak Dominikus curing the patient or us curing the patient together, we always tell the patient to rest after a healing session. After two or three hours of rest, the patient will definitely note a change.

Are you the only married couple working together as healers?

(Surprised at the question): No. We're not the only ones; there are other couples who heal in pairs. Healers often don't take on all the responsibility for themselves; often one healer will point a patient to another with different strengths.



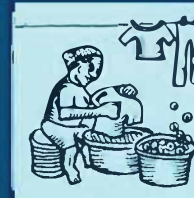


Ibu Leny, trusted midwife of Karangora, Lembata, can inspire confidence in a pregnant woman just by rubbing her belly once or twice, and offers free massages for the many expectant mothers who frequent her doorstep. While Ibu Leny can re-arrange upside-down fetuses faster than most local men can make tea, her specialty is removing the placenta. Her favorite food is fried banana.

Morning in July: Dressed in a blue plaid wrap and magenta blouse with white embroidery around the neckline, Ibu Leny emerged from the storehouse to meet me. I came accompanied by a young teacher from the village. Ibu Leny smiled at me as if a prehistoric insect had landed on her nose, her teeth very straight but packed in with red betel nut.

I was meant to travel to the town of Lerek that day, but a cellphone message arrived from Ibu Bertha that the bus from Lewoleba would be delayed. I relaxed at the prospect of chatting with Ibu Leny a while longer. She was much nicer than the cranky old uncle I interviewed the night before.

\*PROCEED FOR A DIVERTING COMMENT ON BETEL NUT.



An early study published in the *American Society for Clinical Nutrition* found a strong connection between betel nut and an increased risk of cardiovascular disease, metabolic syndrome, and obesity.

Betel nut may interact with other drugs or herbal supplements. It can cause toxic reactions in the body or reduce the effects of medication. More testing is needed to determine just how betel nut affects other drugs. Regular betel nut use may also lead to dependence and withdrawal symptoms.

The U.S. Food and Drug Administration has deemed betel nut safe for chewing or eating. It has placed the nut on the list of substances that are safe for use in food. A warning on betel nut with tobacco issued by the Centers for Disease Control and Prevention (CDC) warns of the following medical conditions associated with betel-nut use with tobacco:

## A visual footnote on betel nut:

oral cancer and other cancers  
oral submucous fibrosis  
reproductive issues, including low birth weight in newborns

### Raising awareness

Health organizations and governments are taking steps to increase awareness of betel nut use. In 2012, the WHO declared an annual Betel Nut Prevention Day. In 2013, the WHO released an action plan for the Western Pacific. It calls for a combination of strategies to reduce betel nut use in the practice.

# HOW TO EAT BETEL / ARECA NUT

Crack the nut with your feet



Use a knife to expose the meat of the nut



And chop into quarters

Roll up the nut inside a betel leaf



Eat w/ lemon





Many people chew betel nut for the energy boost it produces. This is likely due to the nut's natural alkaloids, which release adrenaline. It may also result in feelings of euphoria and well-being.

Some traditional beliefs hold that it may offer relief for a range of ailments from dry mouth to digestive problems. However, the drug has not been tested in clinical trials, and evidence of any health benefits is limited.

According to one study published in the journal *Journal of Ethnopharmacology*, betel nut has cancer-fighting properties. An Indian study suggests it may help with cardiovascular and other health issues, including inflammation and wound-healing. However, more research is needed. A medical review of the nut's benefits. A medical review of the nut's benefits. A medical review of the nut's benefits.

From Healthline.com

### What is betel nut?

A deep red, bitter-tasting seed found in many parts of Asia and the Pacific.

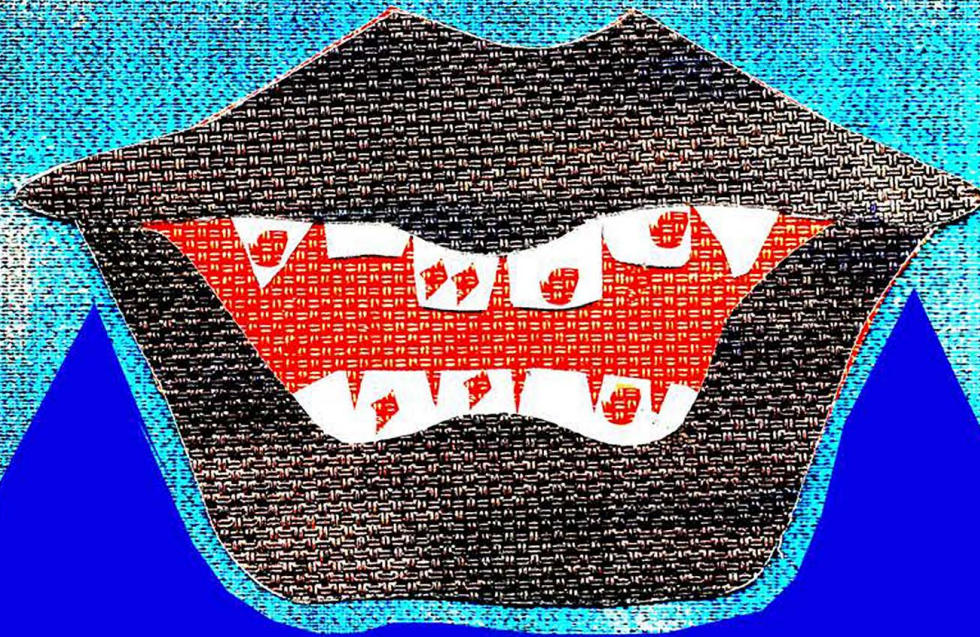
This red residue is the telltale sign of the betel nut, which is chewed by millions of people across the globe. In its most basic form, the seed of the *Areca catechu*, a type of palm tree. It's commonly being ground up or sliced and wrapped in leaves of the *Piper betel*. Some have been coated with lime. This is known as a betel quid. To add flavor, spices may also be added.

- policy
- public awareness campaigns
- community outreach

### The takeaway

Chewing betel nut has a long history reaching back 2,000 years, and some cultures claim to have found benefits associated with it. However, modern research shows many health risks associated with the practice. Regular chewing of the betel nut has been linked to cancer of the mouth and esophagus, oral submucous fibrosis, and tooth decay. The WHO classified betel nut as a carcinogen and initiated an action plan to reduce its use. In the United States, both the FDA and the CDC have issued warnings on health risks associated with betel nut chewing. Reducing risk factors such as those associated with betel nut chewing is important for public health around the globe.

Despite evidence from dental research pointing to the harms of chewing betel nut,



The people of East Indonesia can be seen chewing it day in and day out. Ancestors have taught locals that betel nut makes one's teeth strong, serves as a paramount offering in ritual, and has the added perk of turning one's lips and teeth a vibrant red!

*Natural  
lipstick  
anyone?*





I was clearly just another face visiting a well-worn porch.

On Ibu Leny's other benches there were two women cradling babies in their laps, the younger one holding twins which may or may not have been hers.

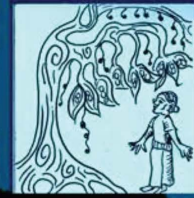
My phone had died just as I entered Ibu Leny's gate, and I partially lament not recording Ibu Leny as a sound file. But something eased in my interviewing style when I couldn't capture Ibu Leny's stories the way I wanted. Relieved of my apparatus, I came not to siphon Ibu Leny's voice into a piece of equipment, but to listen and take note. I carried with me an openness I didn't bring to most interviews throughout my research up until that point, and still wonder how I can facilitate both: the organic flow of relationship-building with my collaborators and the accurate documentation of unique voices whose relationships are there, in the stories.

The stories I record here surfaced out of copious fieldnotes taken down in my notebook. I have documented Ibu Leny's voice, character, and narrative as faithfully as I can.





61



As leading midwife of Karangora, Ibu Leny helps women outside the confines of biomedicine, regardless of what the hospital and government legally permit. She has tended to 234 children and their mothers throughout the course of her life, and is now 72 years old.

In the year 1987, there was a person named Hiro Fernandez who came from Larantuka to “melatih” or “train” midwives in an official capacity. At that time, Ibu Leny was forty years old, and had already been practicing as a midwife for two decades. People in Karangora acknowledged Ibu Leny as a healer with unique talent.

Two people from every kampung in the Atadei region of Lembata were sent to the town of Kaliskasa to join the workshop for midwives taught by Hiro Fernandez, and Ibu Leny was one of the midwives nominated from her district.

Of the 18 people who joined the clinical training workshop, it was Ibu Leny who scored top marks in all the exams.







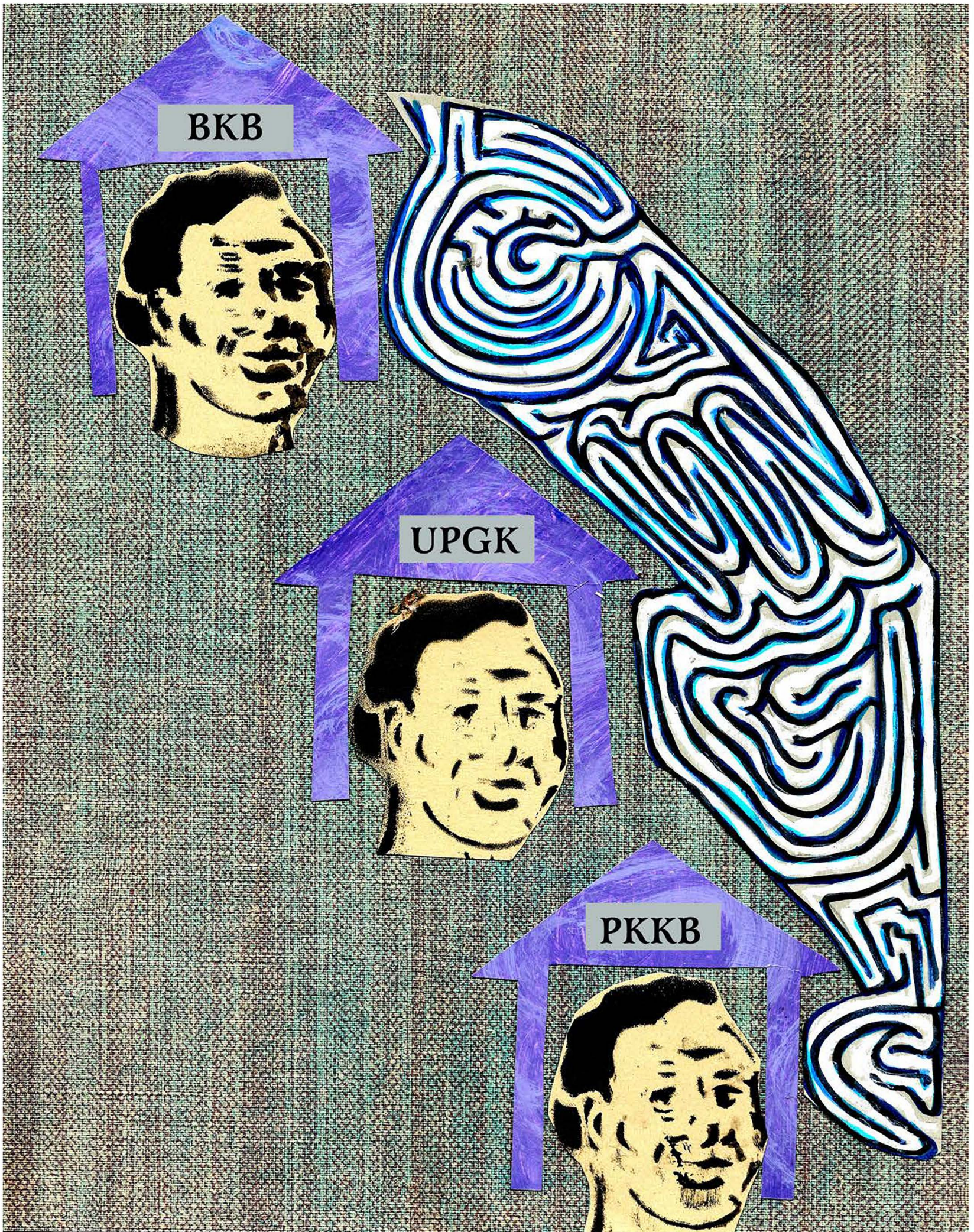
Armed with credentials, Ibu Leny worked in Lembata's clinics from 1988 until 2007. "I worked alongside pus-pus", she told me, which is like saying "I joined the industry."

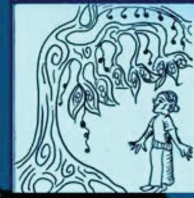
For one to three years she worked with BKB (Bina Keluarga dan Balita), a government program instituted in villages throughout Indonesia to educate families on integrative care for their children (physical, mental, emotional).

For many years Ibu Leny worked alongside the government program, Usaha Peningkatan Gizi Keluarga (UPGK), which educates women and families about the importance of providing adequate nutrition to children for the first 1,000 days of life.

Coinciding with her duties at UPGK, Ibu Leny became a lead spokeswoman for the island's birth control initiatives, Pelaksanaan Kegiatan Keluarga Berencana (PKKB). Now Lembata's residents recognize birth control as an approachable health measure for women who want to limit domestic complications.







Despite her many years in the industry, Ibu Leny isn't entirely sold on Western medicine. She told me a few stories about how Western medicine royally messed up the health prospects of her patients and she had to step in with prayer and charisma.



1.

"A woman in the village became pregnant with a child less (than) a year after she had a cesarean. Very dangerous.

"The midwives in the hospital, they were concerned they couldn't help the expectant mother. Having a child so soon after a uterine surgery could cause birthing complications, and they weren't sure if they could deal with those complications when the time came.

"Fearing her unborn child was in danger, the expectant mother came to me to ask for help."

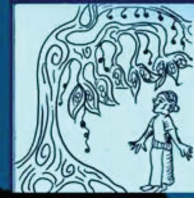


6  
6



“I am a woman of clinical training, but I know clinical cures work only with the help of God and a pure spirit. I started my healing work through prayer. Kissing a statue of the Mother Mary, patron of mothers, I called upon God and my ancestors. My ancestors were also gifted with healing charisma, as I am. They oversee everything I do.”



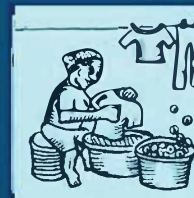


"After praying, I gave my patient herbs to help the health of the child inside the womb.

I counseled the expectant mother in maintaining cosmic harmony, advising her to continue attending Church. I told her to keep practicing good deeds, and to keep praying regularly to her own ancestors who had the ability to protect her.

When it came time for the young mother to give birth, I paid a house visit. Before the mother's splayed legs, I prayed:

"Bunda Maria, pegang tangan saya, ambil bayi itu dari rahim."





*"Mother Mary, hold my hand,  
take this baby  
from the womb!"*



In the end, the baby was born naturally, and the clinical care professionals received the healthy mother for a perfunctory exam. By that time, the new mother's pangs had subsided and the newborn was swaddled in clean cloth. The clinical care professionals were amazed; they didn't know my name, but they knew a practicing midwife performed a miracle beyond their explanation!

How long ago was this?



Fifteen years ago.





"Oh, and



2.

"not so many years ago,

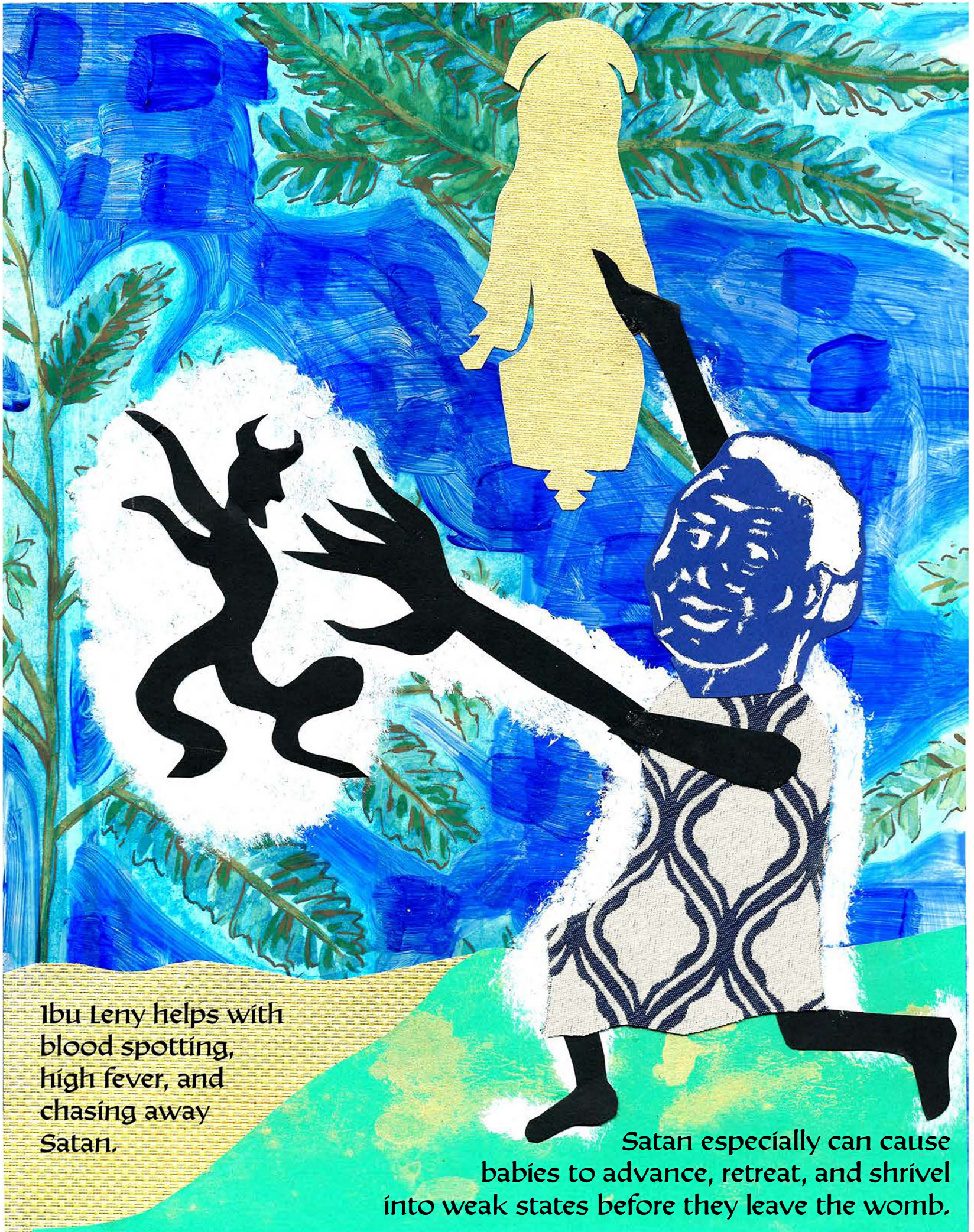
there was a child with epilepsy who was regularly brought to the nearest hospital. Rumah Sakit Benkoang (Benkoang Hospital) couldn't cure the epilepsy as the doctors promised, and the child grew into adolescence with increasingly frequent seizures.

The child's mother ultimately had enough disappointment with hospital care and came here to the house for my help. I knew a remedy that had long been used in this region. I mixed white onion (bawang putih) with daun kentut ("fart leaf") inside warm water, and told the mother to serve her child the mixture to drink multiple times a day."



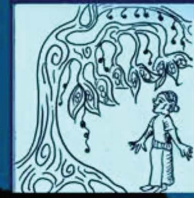


“Over time drinking this medicine, the boy managed to live a normal life.”



Ibu Leny helps with blood spotting, high fever, and chasing away Satan.

Satan especially can cause babies to advance, retreat, and shrivel into weak states before they leave the womb.



There are times of emergency when Ibu Leny facilitates the pregnancy of village women without the help of the hospital. In these cases, she holds the hand, foot, or buttocks of the pregnant mother, channels Mother Maria and her ancestors, And calls for the child until it is safely free.

Then she sends the new mother to the hospital for the slicing of the umbilical cord, so the facilities can feel they have some use.

Ibu Leny understands that limitations on her services are restricted because younger midwives “need work”. In other words, laws surrounding healthcare serve the economic needs of clinical workers more than they serve the holistic health needs of the people. Is it such an anomaly, here or anywhere, that traditional healing practices get erased because government-backed employees demand hourly pay?

Before I left to catch my bus to Lerek, Ibu Leny shared three other bouts of wisdom with me:



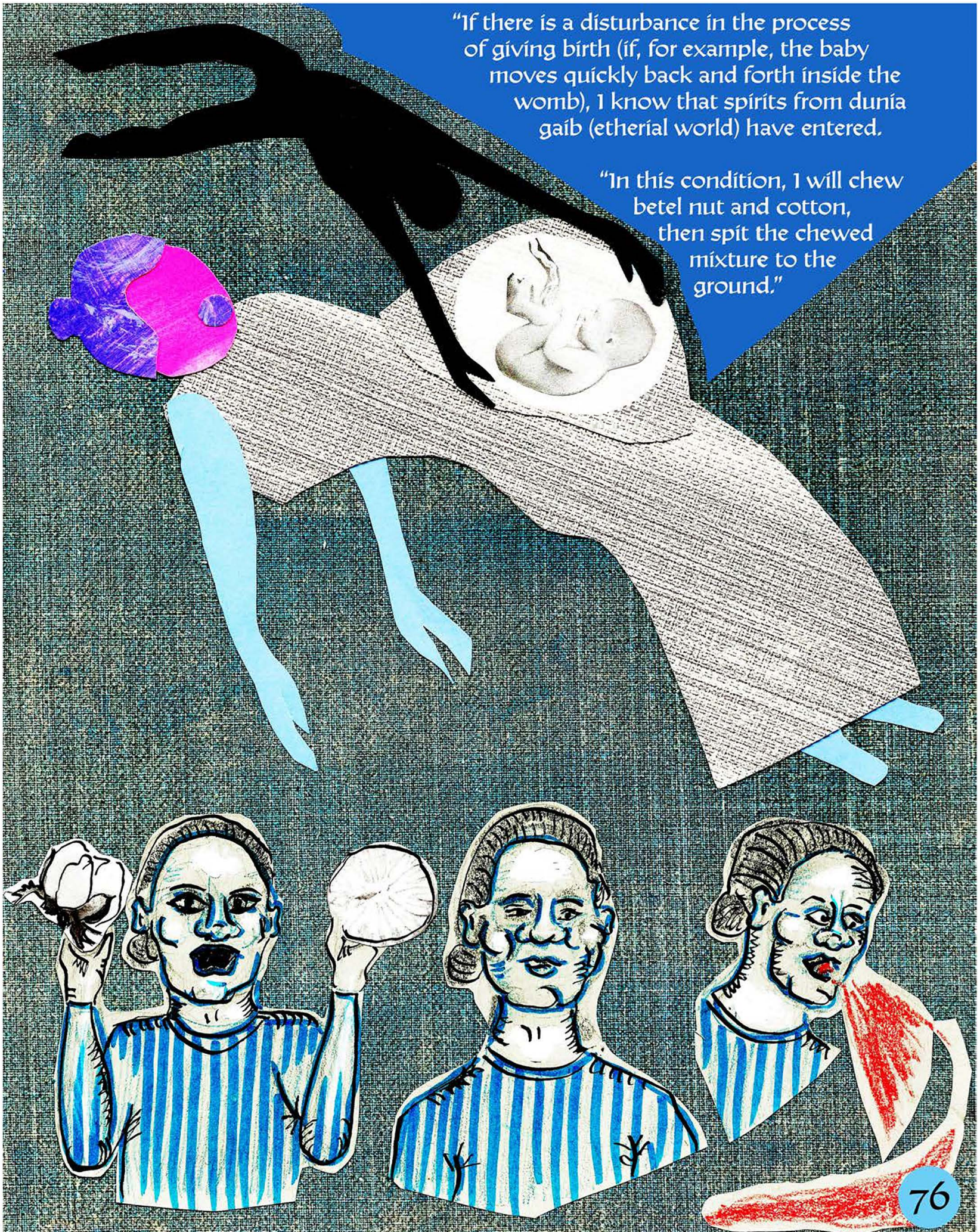


“If there are daemon/setan spirits who disrupt the birthing process, I rotate a small rock inside saltwater. Next, I attach candles inside the house (the corner farthest from the sun) to the shrine. That’s where I regularly give tribute to my ancestors. Finally I perform the sign of the cross and ask for help from God. With this I alongside God can heal the woman whose womb is occupied by daemon.”



"If there is a disturbance in the process of giving birth (if, for example, the baby moves quickly back and forth inside the womb), I know that spirits from dunia gaib (etherial world) have entered.

"In this condition, I will chew betel nut and cotton, then spit the chewed mixture to the ground."





"This is a common enhancement measure passed down through generations: to increase the strength of an infant still inside the womb, I give the expecting mother a liquid mixture of hot water and bidara leaves. The leaves must always be added to the water in an odd number."



**IBU MARIA**

Traditional Midwife



On the island of Lembata, there is only one woman who can raise a still-born baby from the dead. At seventy-six, Ibu Maria still is called upon to serve new and expectant mothers, and she claims to have had a hand in over one thousand successful births.

Ibu Maria told me the story of how she self-delivered all her eight children. Upon the right season, her husband would not be surprised if he came home after a day of working carpentry to find his wife, that morning bloated with child, cradling a newborn infant with no one to claim witness to the delivery.

While giving birth to her daughter, Fiona, Ibu Maria's waters came so fast that she thought the baby girl would slip from her womb before she could deliver in safety. Ibu Maria called out to her daughter, telling her to please slow down.

As Ibu Maria ran from the farming fields down the hill to her home, she could feel her baby's head wagging between her legs. Fortunately the journey lasted just a few minutes, and Ibu Maria delivered Fiona safely, alone, on her household floor.



Damn it child, be patient!

Come out when we both are ready!!

LORI

80



Ibu María has known many people, her father among them (perhaps her son-in-law Dominikus another), who can turn corn kernels into popcorn using only the heat of the inner palm.

But she has known all sorts of power. When Ibu María was a child and the Japanese military occupied the mountains, young María disappeared into the woods with the other adolescent girls of the neighborhood so the soldiers couldn't force her into labor and then rape her.

Ibu María knows that the power to heal increases with good deeds and is stripped upon forgetting duties to God and clan.

This is why one of the most important qualities of a healer is to never forget.



In the Lamaholot regions of Lembata, Ancestors live in ivory tusks passed down through generations.



The well-being of entire communities relies on “remembering” these ancestors through daily visitations, prayer, and ritual.



While a devout Catholic who has never traveled far from her ancestral home, Ibu Maria plays the gambus like a Malaysian mullah. when neighbors hear the meditative sounds of the old woman's music resonating outside her home, young villagers wonder what other wonders of the old world are lost.

Ibu Maria was once a broad woman, but now she looks like a carrion bird, teeth gone, voice projecting far overfield. If she had one gesture to define her, it would be the long-armed point.



8  
3





*Wake up with palm wine and a cold bath!*

Ibu Maria chugs palm wine as fast as a parched child gargles rainwater. She has a way of dancing that looks like she is tossing cotton tufts in the air, and hardly changes out of her favorite pink shirt.





Ibu Maria initially rejected all her daughters' first choices for husbands as a means for testing the determination and worthiness of each suitor.

Now all her children are married happily to hard-working spouses. At least one of her son-in-laws sleeps on her floor mattress on holidays. On these nights, her ancestors pass wisdom from her dreams to her tenant's, and old woman and honorary son wake up as one prophetic force of good.

Perhaps this is why Ibu Maria at first trusted me when I was brought to her in Lerek: I was introduced by Pak Dominikus, whose imagination she could read just by closing her eyes.





I sat with Ibu Maria the morning before her granddaughter's first communion celebration. The entire time Ibu Maria spoke, she never once let up her labor smashing kemiri nuts against a tree stump and throwing the nut interiors inside a woven basket.



I still hear the thunk, thunk of tough shell against wood. Shortly after Ibu Maria and I began talking, Pak Dominikus came to sit beside us.





"Thanks, Ibu Maria, for this interview! I know you're busy but it's an honor..."



**SIT!!!**



You're not the first one to interview me, you know.

Years ago, there were researchers who wanted to talk to me about my work as a midwife.

Anyway, come sit while we have time. Later we women will have a lot of work to do tending the the party guests, then we will dance dance until we collapse!

THANK YOU

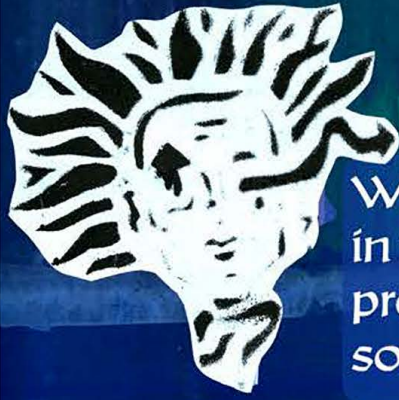


THANK YOU



THANK YOU





When you encounter emergencies in your work as a midwife, are the problems always medical or are they sometimes spiritual?

We say, kah. There's a problem. From the father kah or the mother kah.



For example, a couple is married, but one of them commits an act of kesalahan (wrongdoing) outside the marriage.



It's there. One or both of them get a warning sign.



If it's Ibu Maria handling the situation, when in preparation for the birth of a child either the father or mother has committed kesalahan (wrongdoing), Mama Maria's first step will definitely be to order the culprit to admit the act of sin. For example, father or mother, let's be open, yeah, have an affair. The cheating person has to admit his or her sins to Mama before the baby can be freed from the womb.



89



So we can free the self so we  
can get the child, kah,  
Like that,

I asked Ibu María if she'd be willing to share a story of an instance when a spiritual hangup impacted the health of an unborn child. Ibu María slammed another kemiri nut under her rock (she hadn't let up for the half hour I had already been talking with her), and now she looked up at Pak Dominikus.

Pak Dominikus nodded his head at Mama María. He knew me, wanted to recognize Mama María's reluctance to trust a foreign guest and researcher she had just met.

He shrugged.

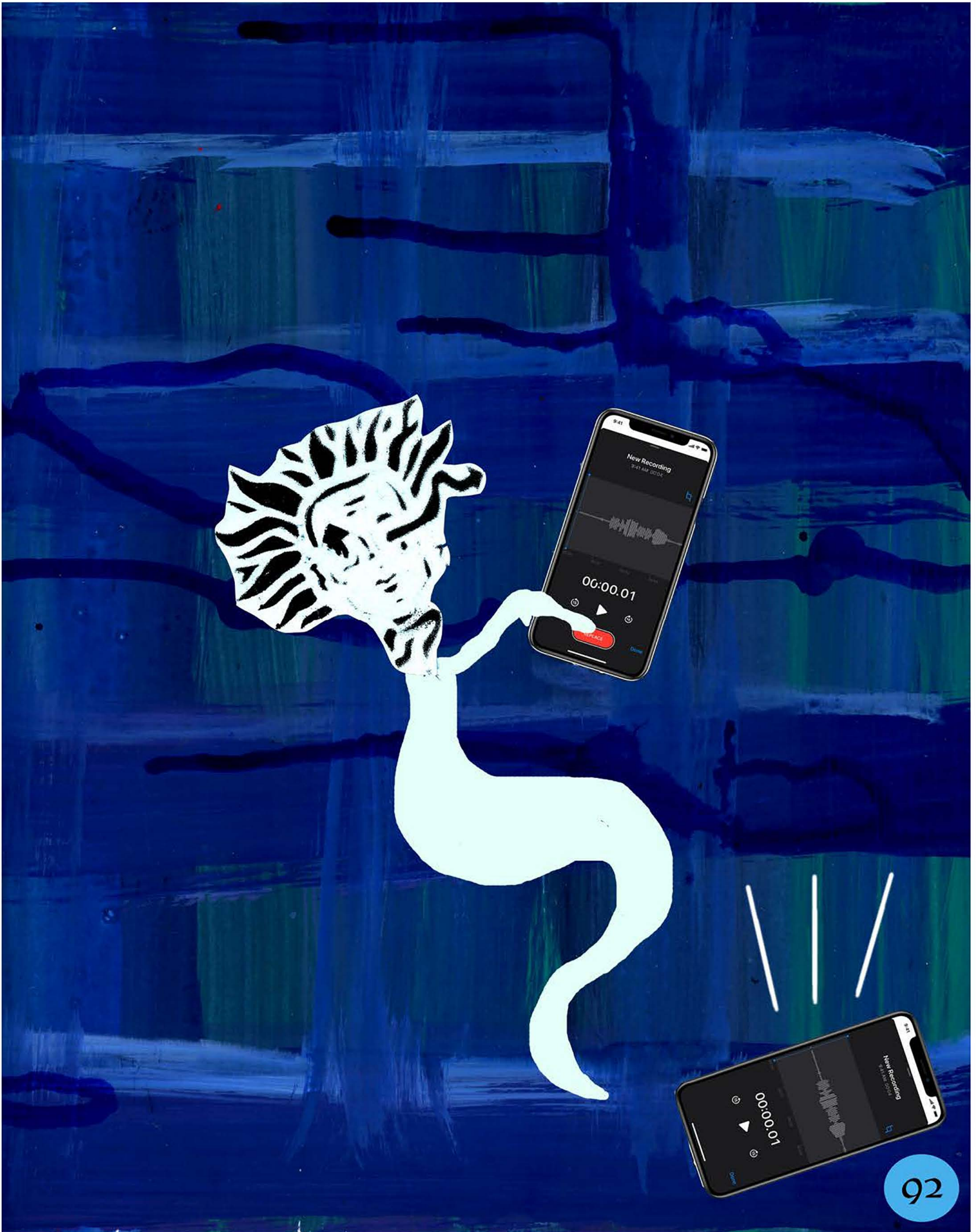


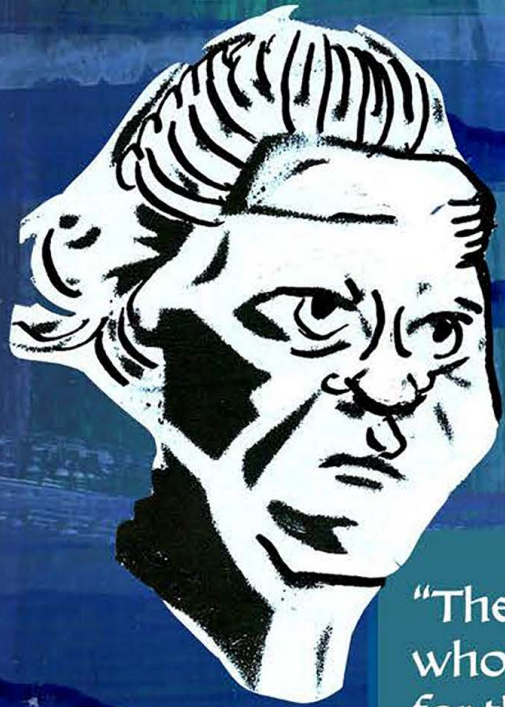
We don't have to use names.



Mama María nodded. She spit a globber of betel nut saliva onto the ground next to her and began.





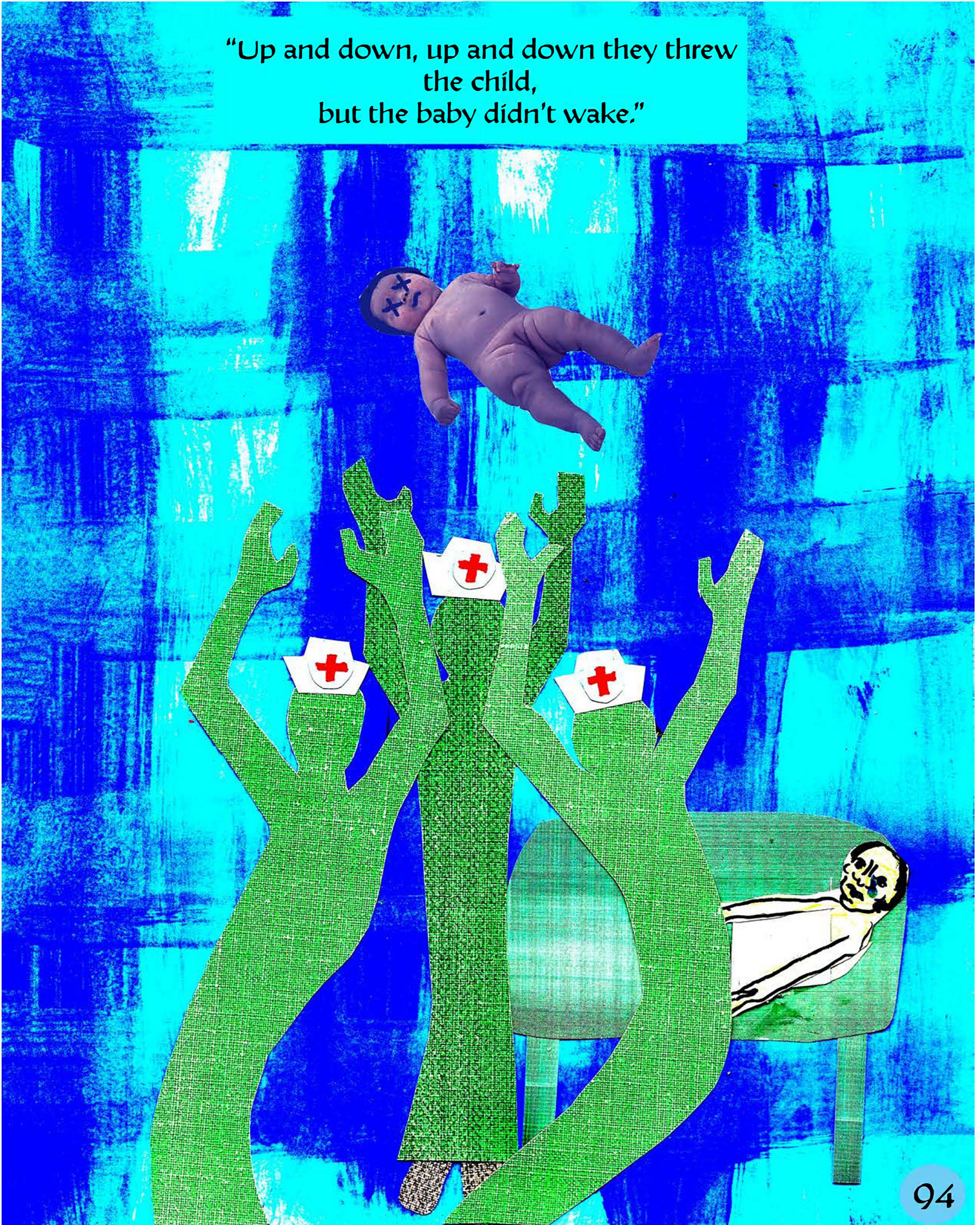


“There was a couple, a man and wife who lived in Lerek, and they prepared for their first child.

The father-to-be acted strangely. He just sat and cried without reason. Before the birth, this was.

The birthing ended and the child was dead, too. The people in the hospital at first tried to revive the baby.”

“Up and down, up and down they threw  
the child,  
but the baby didn’t wake.”





“The people at the clinic called me, ‘Hey Mama come on over! Manage this dead baby situation! You have work to do.’ They called me again, but the law wouldn’t let me as an unlicensed midwife enter the hospital. The people at the clinic called me again, and waited a long time for a miracle to happen.

Two days passed and a lot of people stood outside the hospital, toh. Finished, the mother was, and the child was dead:  
black, blue,  
finished too.

For two days the hospital kept the baby and then it let the baby go. Let it go and threw it away. Just let it go like that.”





Two days passed. After those two days, at five o'clock on the dot, when the sun almost set, I entered the yard of the grieving mother. I paid tribute, tribute done.



She asked for strength from God,

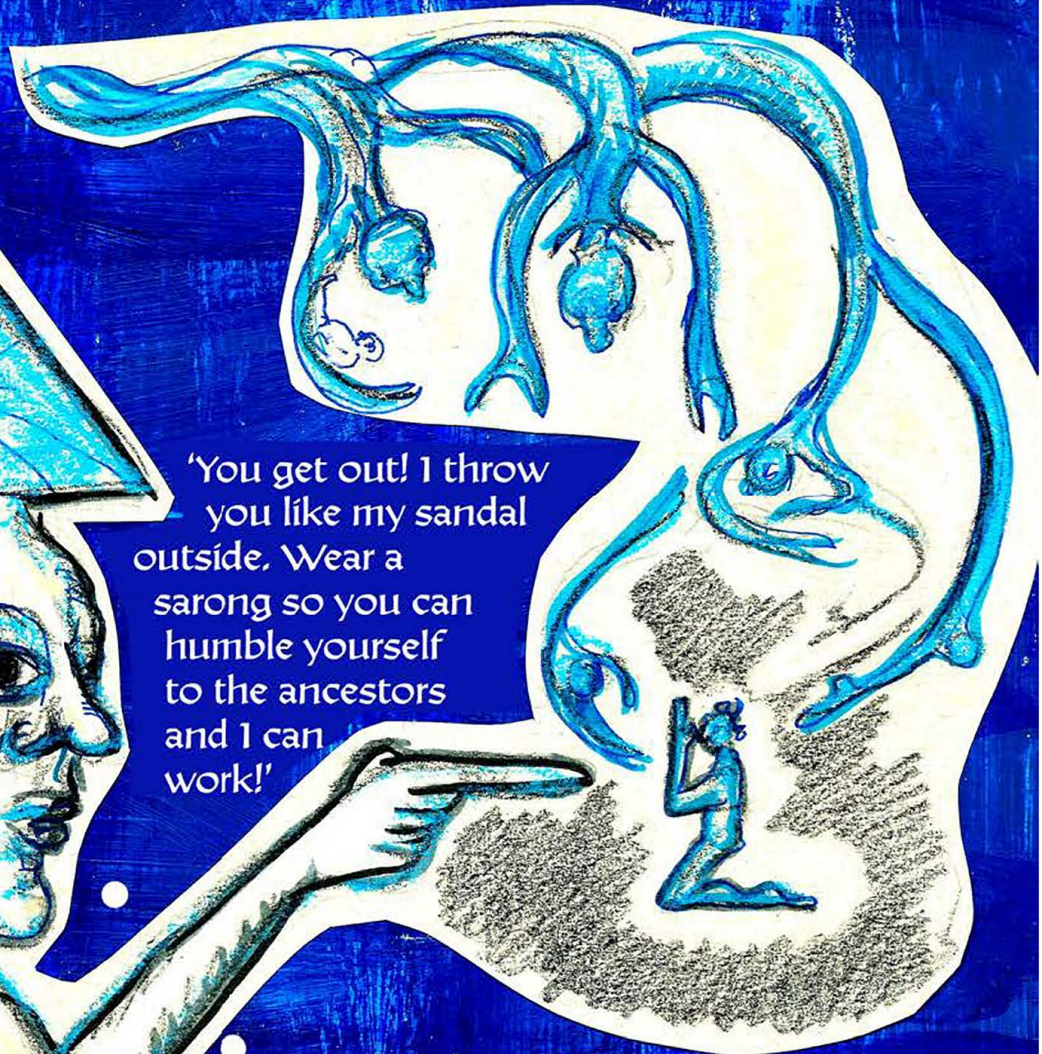


I worshipped. The worshipping finished. I went to the bedroom, where Mama of the child just sat and cried. The dead baby was on the bed.

To the father  
I said,



'You get out! I throw  
you like my sandal  
outside. Wear a  
sarong so you can  
humble yourself  
to the ancestors  
and I can  
work!'



The mother of the  
newborn couldn't  
handle it.



"I lifted the child well. I turned him around.

The head went below, the feet went above."









"I said, 'You! LIVE so that we can respect God!"

YOU have committed no wrong. A child is clean. It's your father who was wrong!"

Until the hand moved like this, and the foot moved like this.

'You are saved,' I said out loud."



I set the child down to sleep. I announced,

“You’re not allowed to wake this child. You are not allowed to give the child milk. Send him to sleep.”

Now the child began to move. He had a voice kind of like cooking. Water cooking. Cold. One, two seconds, I gave the child a drink.



With the droplets of water placed on the formerly dead baby’s tongue, Mama María had to count. We shouldn’t give too much water at first.



The breath, the voice was like the sound when we are cooking vegetables.







Until the boy I saved was eight or nine years old, his breathing was still noisy, like a grown person snoring. I assured people, "Later when he's big, the noise will go away by itself."



Mama conducted all the necessary ceremonies, so that the boy healed. She can overcome all hindrances to health with ceremonies to free everything first so a person can give birth without a problem.



Now he already is in college, is already big and tall. Handsome too. Already has a job.

**Finished.**

THIS STORY, TRANSLATED FROM IBU MARIA'S ORAL VERSION  
(INCLUDED HERE), WAS WRITTEN BY IBU BERTHA AND PAK DOMINIKUS

Cerita dari [redacted] Lerek - lembata.

Ada pasangan suami istri, ya tinggal di wilayah Lerek,  
dan mereka menyiapkan kelahiran anak pertama mereka  
Sebelum bayi itu dilahirkan, Bapak dari calon bayi itu  
bermimpi bahwa: Roh-roh dari leluhur nenek moyang,  
membawa bayi itu ke tempat tinggal mereka.  
Arti dari mimpi itu bahwa: akan pertanda buruk  
dalam keluarga.

Sebelum bayi itu lahir, bapak dari calon bayi itu sering  
menangis, mengingat mimpinya itu.

Apakah bayinya mereka yang akan dilahirkan. Selamat atau tidak.  
Terakhir, pada saat bayi itu dilahirkan di rumah sakit,  
bayi itu tidak bernyawa.

Para medis di rumah sakit itu mencoba untuk menyelamatkan  
bayi itu, dengan para mengangkat bayi itu ke atas beberapa kali,  
namun bayi itu tidak bergerak.

Para medis di rumah sakit menyarankan agar ibu dari  
bayi itu mencari ibu Lutok yaitu dukun bersalin yang  
terkenal di desa Lerek - lembata.

Salah satu medis menghubungi [redacted]

barangkali mama Lutok bisa membantu menyelamatkan bayi itu?  
Namun [redacted] berkata: Peraturan pemerintah tidak  
di perbolehkan dukun bersalin membantu pasien ul bersalin.

Kemudian bayi itu dibawa pulang ke rumah orang tuanya.

Orang tua dari bayi itu tidak menerima kematian anak itu;

Dan mereka menghubungi [redacted] lagi, untuk datang  
di rumah mereka.

Dua jam kemudian [redacted] mendatangi rumah bayi itu.

Pada jam lima sore, matahari hampir tenggelam, di luar rumah,  
keluarga bayi ada banyak orang yang berkumpul, untuk ikut-  
berduka cita bersama keluarga ibu muda itu.

[redacted] mendekati rumah itu, dan sebelum ia  
masuk, Mama Lutok berdoa kepada Tuhan dan Leluhur agar  
bisa membantu menyelamatkan bayi itu.

→

Scanned by CamScanner

Date: \_\_\_\_\_  
Ketika \_\_\_\_\_ masuk ke kamar tidur, Ia melihat bayi itu sudah biru kehitaman.

Ibu dari bayi itu ~~dan~~ duduk dan menangis.

Tiba-tiba \_\_\_\_\_ berkata kepada Bapak dari bayi itu: Keluar-keluar, lepaskan sandalmu itu, dan pakailah sarung tenun, agar kelihatan sopan dan rendah hati, menghadapi cobaan ini.

\_\_\_\_\_ mengambil bayi yang mati itu, Ia memutar badanya badannya, kepalanya kebawa dan kakinya ke atas.

Kemudian \_\_\_\_\_ menepuk bayi itu dan berkata:

"Bangun-bangun," Supaya kita menghormati Tuhan!

Engkau seorang bayi yg tidak punya salah dan dosa.

Tiba-tiba, tangan dan kaki bayi itu mulai bergerak.

\_\_\_\_\_ berkata, "Engkau disematkan,"

\_\_\_\_\_ membaringkan bayi itu di bantal dan

berkata kepada orang-orang di sekitarnya, biarkan bayi

itu tidur, jangan ~~yang~~ diganggu. tak lama kemudian

tubuh bayi itu bergerak dan mulutnya terbuka dan

mengeluarkan suara seperti sayuran ketika ditumis,

mama Lutok taruh dua tetes air diatas lidah bayi itu, dan

Ibu Lutok berkata sekali lagi kepada orang-orang di sekitarnya

"Biarkan dia tidur." Dan setelah bangun dari tidur

~~dan~~ bayi itu sehat seperti anak-anak yg lain.

Namun \_\_\_\_\_ berkata ~~kanak~~ anak itu akan mengalami

gangguan pernapasan sampai dia berumur 8 atau 9 tahun.

Setelah dari itu baru dia sehat-sampai tumbuh dewasa.

Dan dia sekarang sudah menjadi pemuda yang tampan

dan sudah selesai kuliah dan punya pekerjaan

yg tetap.

✓



I wondered at the idea that the dead baby's ancestors already knew that the father had betrayed his wife, and they didn't want the baby to be born into a broken home.



Two days, the child was dead?



Did the father know it was his fault?



The wife, did she understand the cause of what happened?

*Here is where Mama Luthok stopped bashing kemiri for a moment to look at me.*

Two days.



Within his own heart, he understood.



People understand internally, in their inner heart. She already understood what was going on with her husband before the baby was born.

If we acknowledge something in our consciousness it will surely travel to our hearts.







Is this the only child you've helped like this?



The children who were already dead are three people.

I saved them.



What do you think was most important in saving these kids?



CONVICTION



AND PRAYER



ONLY THAT.



Now Mama: If there is a person who has a problem, she knows right away. There are people whose situations she knows even before they call on her. She gets a sign, and by reading that sign she can know what problems a patient will bring with them.

There is a guest or there is a sick person. There is a bird. I get a sign.



Example: Mama when she is in the field, she gets a sign which means that momentarily there will be a visit from a family member of a sick person. There will be a patient visiting. When mama sleeps at night she will definitely envision a pointed finger by an ancestor. The point will say the patient has this kind of problem because of this, or that their concern isn't a real problem, so the patient can be assured to have a good journey. Surely the ancestors will point the way to healing through signs or dreams.



Ibu Bertha, who had taken a break from cooking preparations for the night's festivities, sat exhaustedly on a rock near her mother, across from her husband and I.

Now we were four.





Talk of Mama, everything she can do. Want roots, want, leaves, want branches, everything she can do.

If there's an ordinary person who tries to take herbs and heal with them, they won't be able to do anything with them. Plants have to be taken by the dukun (healer) her/him-self. We have to give permission of trust to another person to take a medicinal plant.



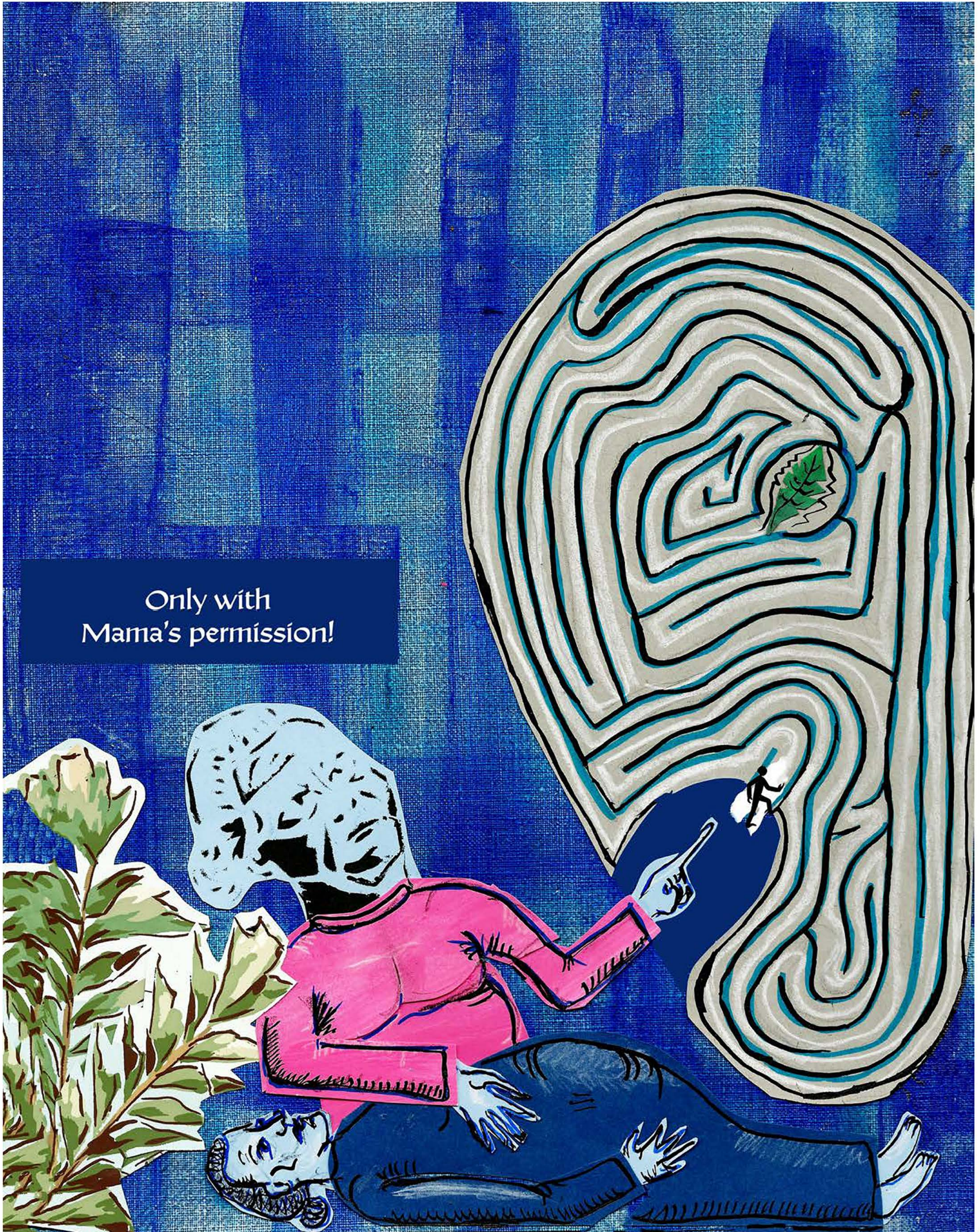
We dukun have to trust that person to take the herbs. There isn't a possibility another person can take.



Talk of me, I had a father. He couldn't heal people directly, but through Mama.

Mama was the one busy helping patients and so Mama could order my father to look for roots and





Only with  
Mama's permission!



But Raty, the sister of Bertha you met from Watuwawer. Her husband is a man from Kedang.

Raty went to the mountain, picked roots without Mama's permission.



“Until she  
was Smacked

from HERE

to THERE!

119





The ancestors hadn't yet offered her permission to pick the plants on the mountain. I can pick the plants, as I'm also a dukun. Mama, if she gives medicine to women in the village, it's because of a blessing.



It's the ancestors pointing to Mama.



So wait for my permission to approach my blessed plants, and then take!



In the mountain in the area of Kedang, my little sister Raty saw a kind of tree given to my mother by the ancestors. Mama María can use this tree to cure people.

Just you  
and me.





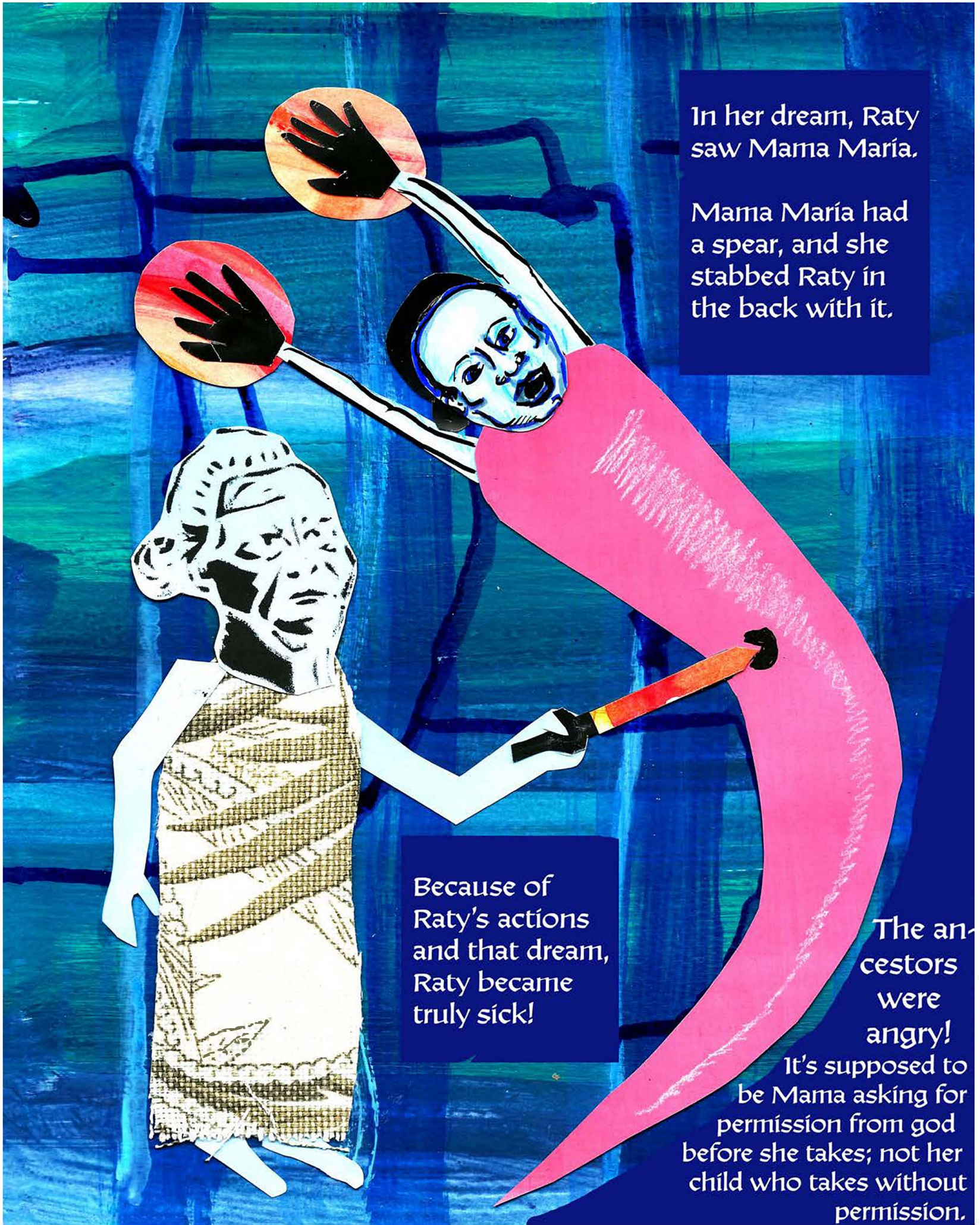
Raty went to the mountain and recognized the tree. Without thinking, she to her heart's desire took leafs and roots from the tree to give to another person.

A pregnant woman  
Mama María  
had never met.



On that same evening,

Raty had a dream.



In her dream, Raty saw Mama María.

Mama María had a spear, and she stabbed Raty in the back with it.

Because of Raty's actions and that dream, Raty became truly sick!

The ancestors were angry!

It's supposed to be Mama asking for permission from god before she takes; not her child who takes without permission.



Mama María, can you tell me what you think about Lembata's clinical health system? Do traditional midwives and Western-style clinics get along?

If called, people don't understand. The medical world doesn't work together with local healers.



Institutions in contemporary society or the world right now prohibit help from dukun. People in the hospital publicize in a harsh way that leave can make children become crippled and disabled and can also get in the way of birthing processes.



Because of this perspective from the institution, there are a lot of dukun in Lembata who are reluctant to help people. Dukun feels afraid, if they disobey the laws of the government and help people, they will be arrested. Despite this, there are still a lot of people in Lembata who still believe in dukun, and the people often ask for help from local healers like Mama María.





Who most frequently seeks your help?

Usually the people who ask for help from Mama María are the women who are in dire conditions or emergencies, like if they want to give birth in the street because the journey between their home and the hospital is too far.



The best hospitals are in Kalíkasa and Lewoleba. You've seen the roads, not everyone can get there. These mothers need help as fast as they can get it. Mama María is sometimes still picked up from her home and brought to the village to bring about a safe delivery.

Also must be tested at the hospital. After 1 help with the process of birthing, I always require the patient to go to the hospital so she can be examined officially.



Do you always provide personalized care? Or, like laboratory medicine, can you send your herbs to other places?

Mama Maria often sends traditional medicine to women in other areas in Lembata, to the extent that there are women who are outside the island who also ask for help. The ramuan can be used to lighten the body.



If there is a person who can look for descendants (mencari keturunan), the mother has to come directly to Mama Luthok to ask for specific treatment.



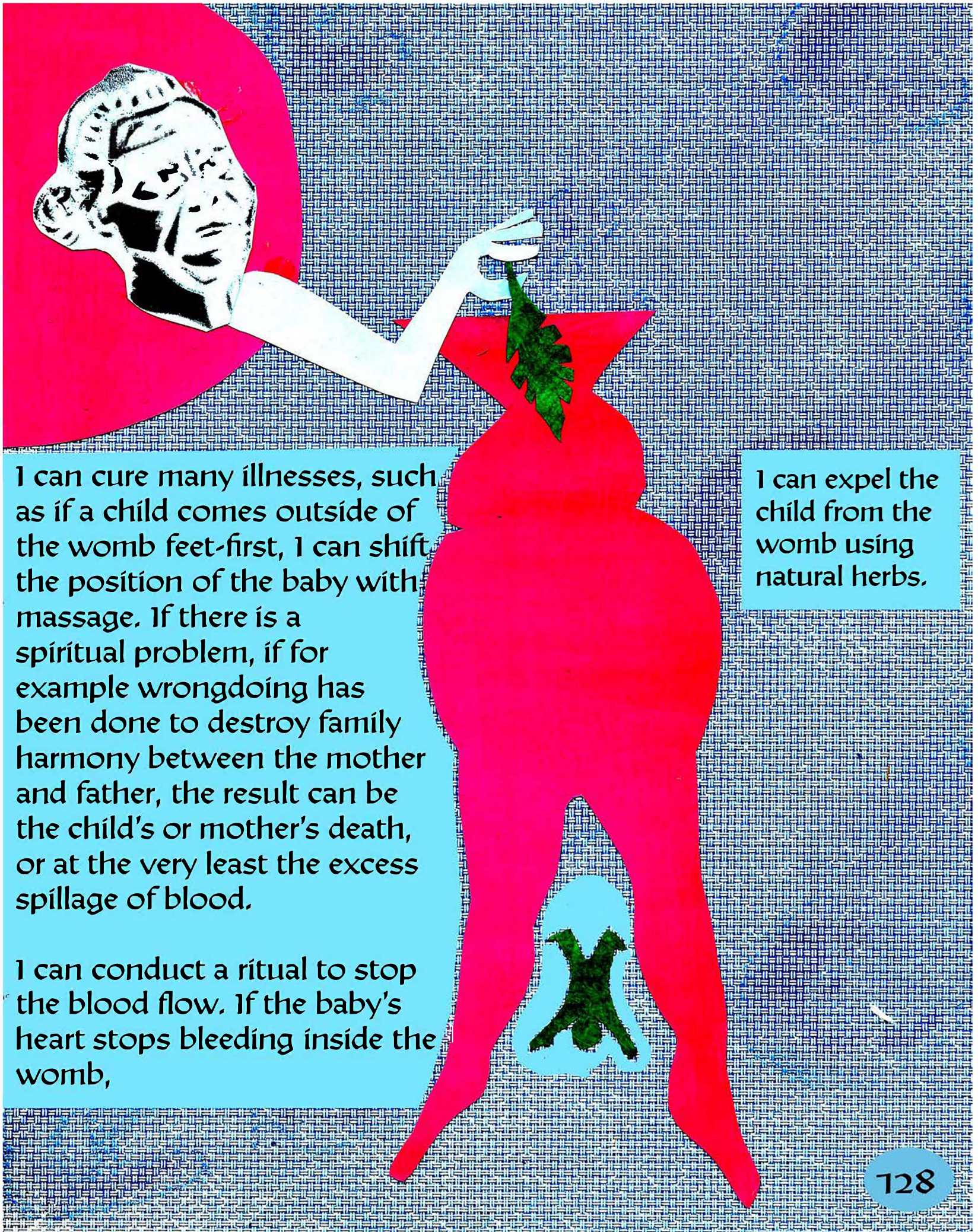
And how about religion? I see you draw upon the Mother Mary for healing. Do people need to be of the same religion for you to heal them?

Walk straight,  
sit straight, so you can  
give birth straight.

If our name is 'human', we help one another. The point is, if my patients have conviction that Mama can heal, I can surely do it.



What are some of the other common issues you face?



I can cure many illnesses, such as if a child comes outside of the womb feet-first, I can shift the position of the baby with massage. If there is a spiritual problem, if for example wrongdoing has been done to destroy family harmony between the mother and father, the result can be the child's or mother's death, or at the very least the excess spillage of blood.

I can conduct a ritual to stop the blood flow. If the baby's heart stops bleeding inside the womb,

I can expel the child from the womb using natural herbs.

“Keyakinan” means “conviction”.



Keyakinan



Keyakinan



Keyakinan



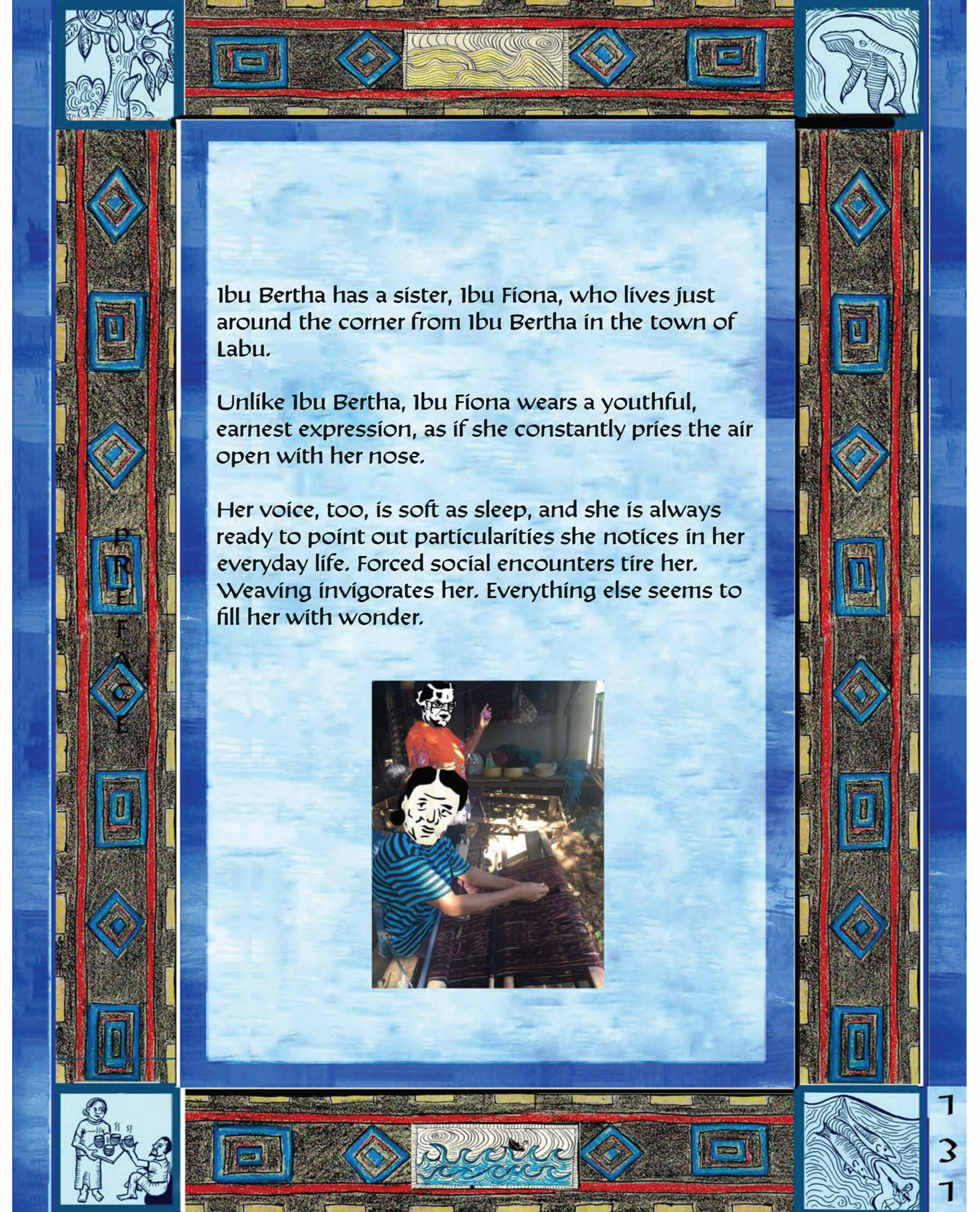
Keyakinan



Keyakinan



**IBU FIONA**  
Prayer healer and weaver of fabric




Ibu Bertha has a sister, Ibu Fiona, who lives just around the corner from Ibu Bertha in the town of Labu.

Unlike Ibu Bertha, Ibu Fiona wears a youthful, earnest expression, as if she constantly pries the air open with her nose.

Her voice, too, is soft as sleep, and she is always ready to point out particularities she notices in her everyday life. Forced social encounters tire her. Weaving invigorates her. Everything else seems to fill her with wonder.





On the day I had this interview with Ibu Fiona, she and her husband, Pak Kor, had just returned from attending a funeral many miles away.

Both sat exhausted on the front steps of their house, welcoming rest as they told me stories of their trials with curses and the power of divine connection beyond the prayerwork of dull priests in their habits.



Long ago I liked to heal people.

If a person was sick half dead I could do it.

I was still a small teenager. I often healed people. If the visitor was sick, I would hold their hand. I would give them the sign of the cross, and right away the person would be healed.

Like that.



AND  
THE  
PERSON

WOULD  
BE

HEALED

LIKE

THAT.

134

With me I have a uniqueness. When I was younger and the night fell,



I WOULD



SING



SING



WORSHIP



PRAY



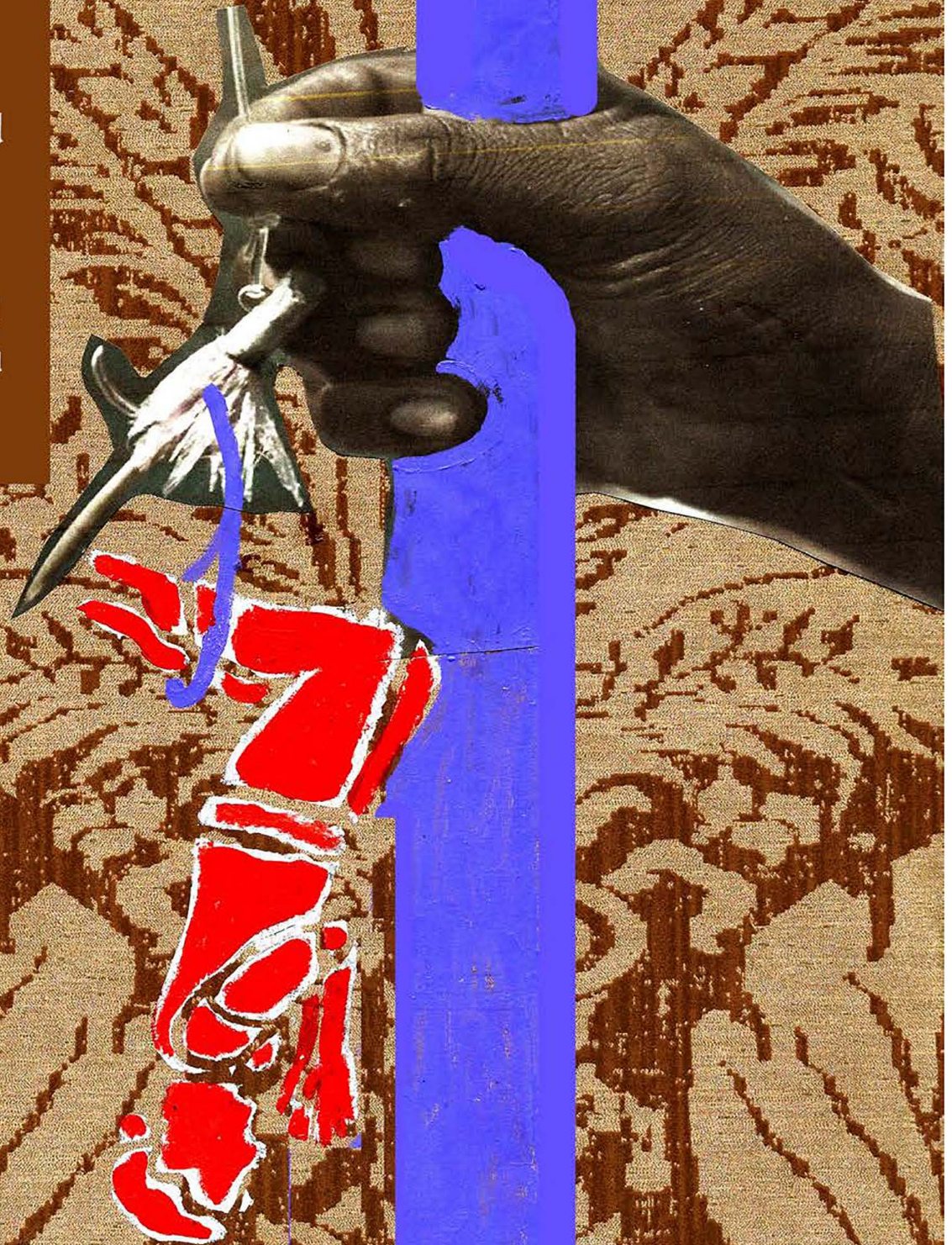
PRAY

I would always recite stories to myself until the middle of the night, as if I were in a dream, or I would sing sing or speak speak.

When I was still small, I was red. I brought sorrow into the home. At three I almost died, and I was always very sensitive.

My father said, 'This child should be minced as bait for fish, boiled, fried.'

My mother just cried. I was always closer with Mama.





And now? Do you still use your uniqueness to cure people?



Not after the incident when I died.



YOU DIED?!!

Because I pray strong. I was twenty-three, eh? Twenty-eight when this happened.

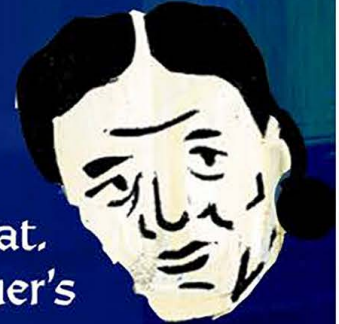
I only worshipped

worshipped

worshipped,

asked to be given communion to eat.

Worshipped at my mother and father's house.



I was restless but I worshipped

worshipped

worshipped.

I asked to be brought communion bread from the Catholic church, after that I said out loud, 'I'm finished. I directly closed up. My mouth became taut. All my clothes were piled next to me on the right and left, sudah. I died. It's said I was dead for three hours.



138

People came to pray. Two charismatic healers arrived. Fiona's teeth were clenched and no one could open her mouth. There came a priest who couldn't do anything, said he just would give up. If God wanted to take, he took and there wasn't any hope.

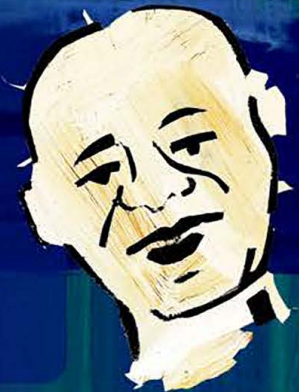


Then came a Pak Guru, a charismatic healer, a teacher. That man prayed, and Fiona came back to life.



Did the Pak Guru live close?

Close! I went and picked him up on my motor-bike in the middle of the night!



If he hadn't done that, there wouldn't be my children, I wouldn't have been sitting here with you.





140

**I ASKED PERMISSION TO LEAVE AND I WAS FINISHED.  
DEAD, PASSED AWAY.**



**THREE HOURS. COULDN'T HEAR.  
SIT, COULDN'T DO THAT EITHER.**



AND THEN I WAS RAISED FROM THE DEAD. AFTER I  
WOKE UP, I DIDN'T KNOW ANYTHING ANYMORE, LIKE  
A SMALL CHILD.





A large cross was hanging from my neck. Big,



The moment I died,



It was lost!



After she came back to life, that Pak Guru, he worshipped. Suddenly the cross was there again, hanging from Fiona's neck. Everyone at the house saw this happen.

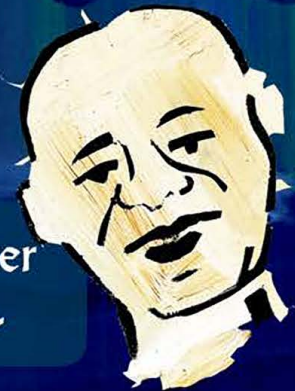


There was a person who made the curse happen. But magic, it's hard to prove. Satan is strong but can't challenge God.



Long ago, eh!

The year 1990, people always hated our family because we were dedicated. Our parents were also dedicated in their work, always successful. Our parents were disciplined. At six at night we were required to be home and couldn't leave. There were people who hated us. My father was educated in the way of discipline, and people were jealous, spiteful. My father said we also had to be disciplined. Work with discipline. It's not a surprise that people were jealous.



But, like when Fiona died, we never responded, never sought revenge.



The dukun (charismatic healer) knew who sent the curse that made me die. We don't need to know who it is. The name of the person is made a secret.

Many people have tried to curse me. I didn't need to be told, I know them all.



When we know that an illness or death is the result of a curse, there is a process of cooling.



I am dedicated to work, always helped my mother, got involved in activities, always helped out when people needed it. If we went into the village, I always helped helped my father and mother.

People are jealous, hateful, because successful people are always hated. People who aren't dedicated or join activities become annoyed. Pak Kor my husband says, don't bother with them. If we act in revenge, later we'll go to jail.

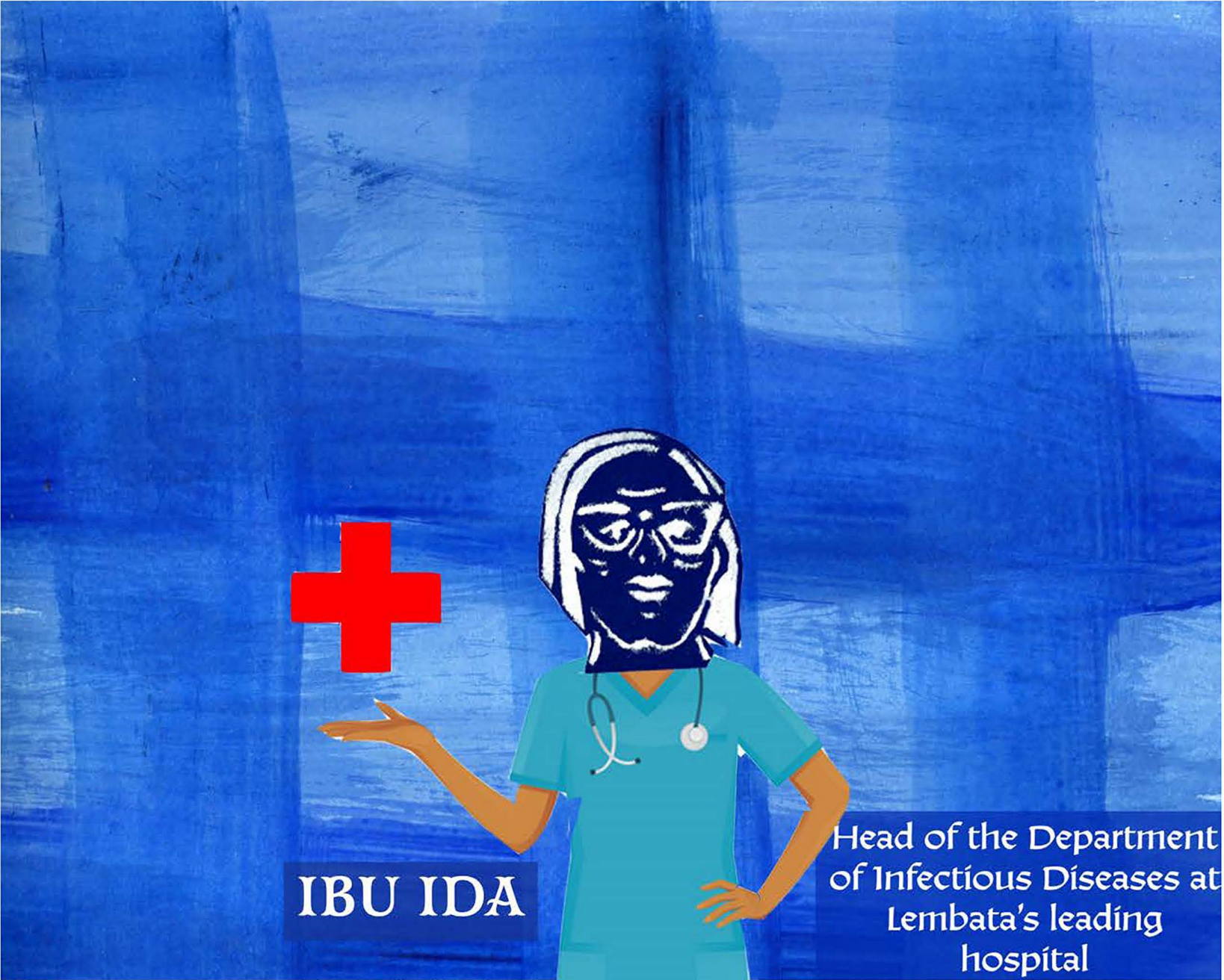


Nothing can be proven to the courts when it comes to magic.

And now?



After that event, I stopped praying for people. And I'm careful when I meditate. If I fall into singing in a trance, my husband stops me, worried that a person might have done magic to bother my spirit, stuff like that.



IBU IDA

Head of the Department  
of Infectious Diseases at  
Lembata's leading  
hospital



148



Of all the health officials in Lembata's urban Lewoleba, Ibu Ida is the most convinced that reliance on traditional medicine not only pollutes the clinical advancements coming from the West, but deludes the public into thinking sprigs of leaf and a prayer can save the desperate from physical contagions and socio-economic doom.

Ibu Ida herself once wanted to believe in the healing methods upheld by her ancestors.

She visits adherents of the old ways in the mountains but wrestles with the fact that she has seen the old ways fail—and harm.



1  
4  
9





Once, over a decade ago when Ibu Ida still worked as a clinical midwife, a dukun entered the hospital, as they did freely in those days. Ibu Ida was there to facilitate the childbearing of a long-term patient who insisted that the good doctor step out of the way during the last pushes so the dukun could fill in.

The expecting mother wailed on the delivery table under the sculpting hands of the dukun, who tried to massage the unborn baby into alignment.

The patient crowned out a hand instead of a head, and the baby wagged its little limb from inside that throbbing canal like a plug off a chain.



1  
5  
0

The dukun stopped her work. Blood covered her hands, and she told the doctor at last she was confused. The medical professionals rushed in to push the dukun out of the way and give the poor expecting mother a cesarean.

After that, Ibu Ida never trusted dukuns. In the olden days they trained one another to know the faculties of the body, but had lost their touch.





What are you most wary of?

In Lembata, there are many people that don't want to be treated by medical services from government health services and prefer to go to a dukun. When they go to the dukun and are given ramuan (locally made elixirs), they don't know what the contents of the medicine truly are. In addition to this, there aren't people that know if the ingredients in the ramuan will be effective or dangerous. The hospital and medical clinics in Lembata often accept patients that have fatal conditions because they're given false medicine.

Because of this, I believe that the successes arising from dukun are smaller than those of clinical medicine. I and my medical team at the Dinas Kesehatan Lembata encourage the public to find medical solutions from their local clinics before they look for local solutions.





Do all doctors resist local means of healing?

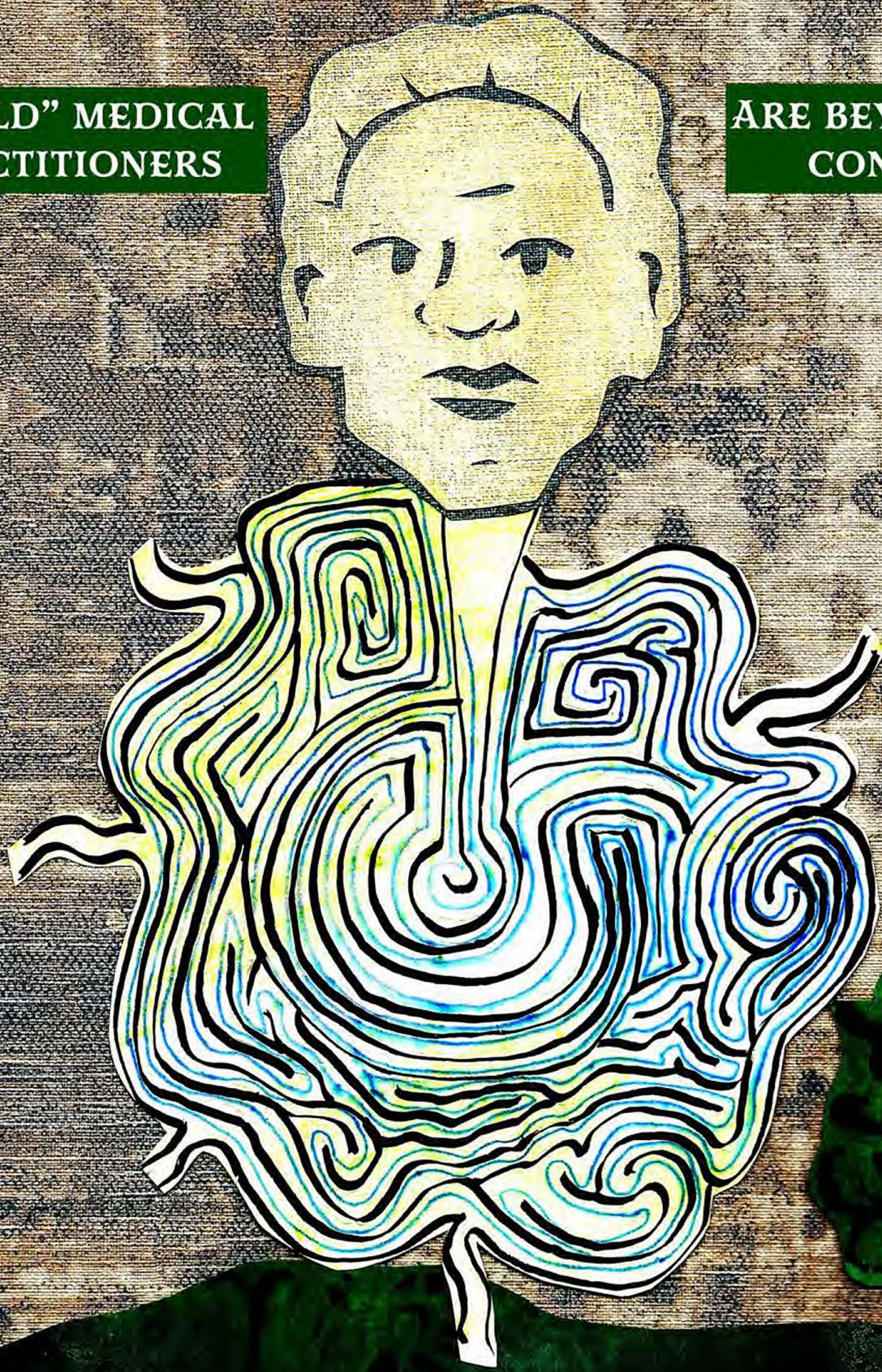


There is a section of Dinas Kesehatan (Clinical Health Services) that counsels/cultivates dukuns who use traditional medicine. Medicine (ramuan) of the dukun, like imported pharmacy medicine, has to be proven through laboratory testing and vetted by Bidan Pengawas Obat dan Makanan (Department of Food and Drug Control). If the medicines have been tested by BPOM, the medicine can be recognized by Dinas Kesehatan.

If dukuns use leaves in a way that is “wild” (without surveillance), Health Services can’t monitor the effect of the medicine. These medicines are ruled as dangerous and illegal.

**“WILD” MEDICAL  
PRACTITIONERS**

**ARE BEYOND OUR  
CONTROL.**





Oh? I've spoken to many in Lembata who have seen positive results from traditional healing...

I feel grateful that there are people that can be cured by the ramuan of a dukun; but there are many people whose illnesses become more severe after they visit dukuns. If compared to doctors in the hospital, dukuns take their time in providing care to their patients. This is problematic to the extent that patients experience health emergencies and can even die as they wait for these dukuns to cure them.



What about in cases when spiritual illnesses affect your patients? Or rather: Do you feel there are spiritual illnesses as well as physical?

I don't believe that spiritual illnesses really exist. Not unless we're talking about spirit possession.

Spirit possession I believe in because I have personally witnessed spirit possession a great number of times. A friend at the office, for example, frequently gets possessed.



155

"A friend and I sit, she right away **BLENG!**  
She talks in a way that's unclear. A little later we ask her something she  
won't answer. Definitely the behavior is different.

I'll repeat again, at the office there is a person who is  
like that. After a minute we begin to ask her questions, and we call her  
name but it is  
clear she can't reply as herself.  
Later we begin to learn."





who are you?

My name is this,  
I want to say this.





What is your name?

slkdjfa;lkdfjlskflakjlk

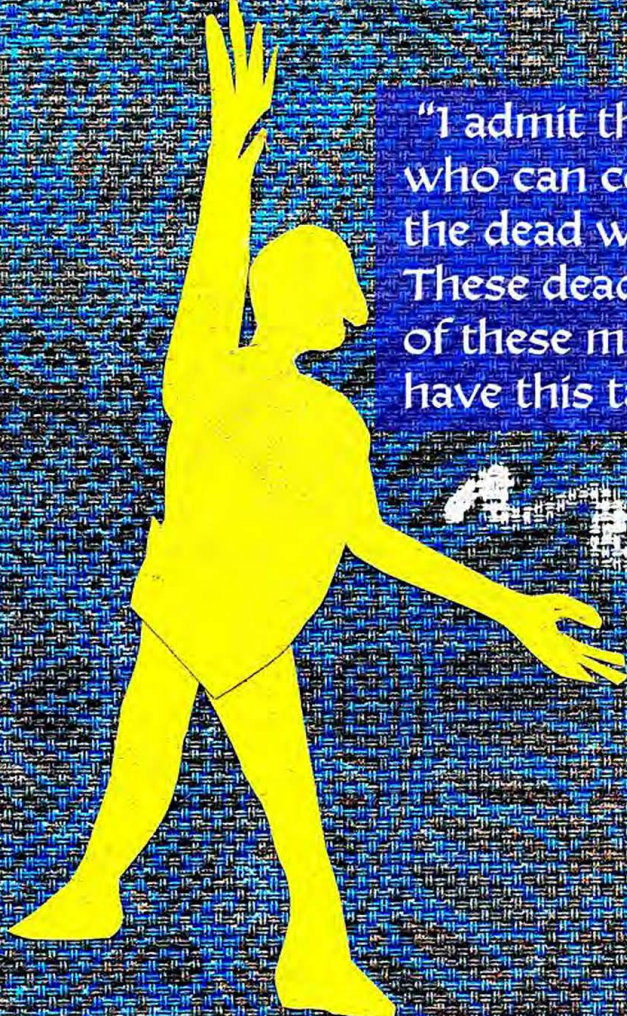


What do you want to say?

I want to say, help me out and look out for my family. If you by incident meet my kid or wife in the street, cry out hello to them. It's enough to ask them how they're doing because what a pity they're alone.



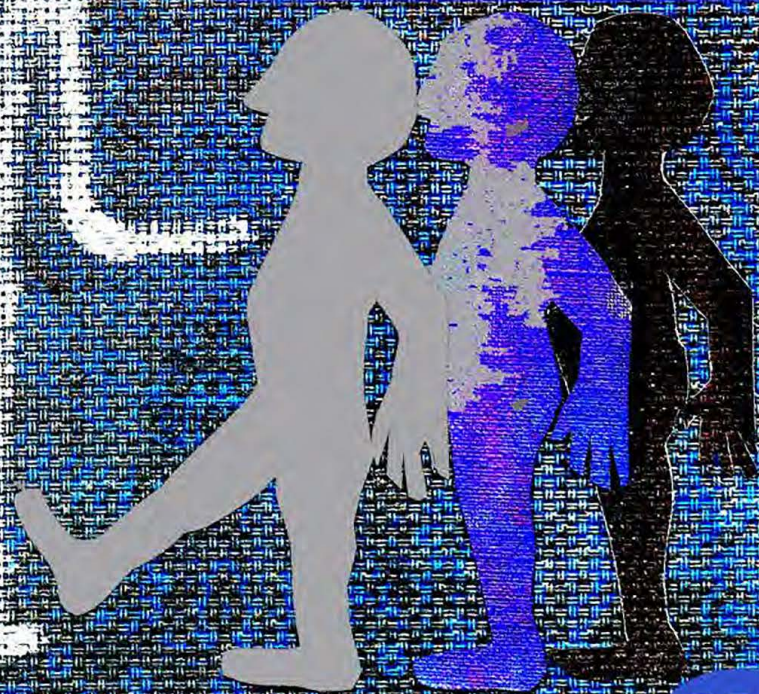
LIKE THAT...



"I admit that there are certain kinds of people who can communicate with lingering spirits of the dead who inhabit the bodies of living people. These dead spirits will respond to the questions of these mediators. I think that mediators who have this talent to communicate

between the living and the dead

have a unique charisma. They are known as "molán," not "dukun."





Ok, so what I hear you saying is that “dukun” and “molan” don’t have the same healing knowledge, and that the two are often conflated? And it seems you trust molan more than dukun?

(nods)

I along with Health Services don’t see a problem if dukuns use prayers and oils (usually mixed with ramuan) because prayer offers a psychological cure and oils only impact outer surfaces of the body, unlike pills or injections, which actively shake up the interior. Through surface-level oils, patients of dukuns can be cured of surface-level illnesses through prayer and the rubbing oils the dukuns suggest.



Do you ever use local medicine?

Not really. I rarely use traditional means to find solutions of health for body problems, and also advise my family to stay away from dukuns.



I sent Ibu Ida a document of my transcriptions from our oral interview, just to check if she wanted to add or subtract anything. Ibu Ida returned me this (almost identical) document via Whats App.

Di Lembata, masih ada banyak orang yang tidak ingin mendapatkan perawatan medis dari Dinas Kesehatan dan pergi ke dukun. Ketika mereka pergi ke dukun dan diberi ramuan, mereka tidak tahu apa isi ramuan sebenarnya. Selain itu, tidak ada orang yang tahu kalau bahan-bahan ramuan dari dukun itu akan efektif atau berbahaya. Rumah sakit dan klinik medis di Lembata sering menerima pasien yang mengalami kondisi fatal karena diberi pengobatan dan ramuan yang salah. Oleh karena itu, [REDACTED] percaya bahwa keberhasilan dari pengobatan oleh Dukun lebih kecil. Ibu Rose dan tim medisnya di Dinas Kesehatan Lembata mendukung masyarakat untuk mencari solusi medis di fasilitas kesehatan sebelum mencari solusi alternatif. Di Dinas Kesehatan Ada Bidang yang membina dukun-dukun yang memakai obat-obat tradisional. Obat-obat (ramuan) dari dukun, sama seperti obat-obat dari Farmasi yang harus dibuktikan melalui ujian laboratorium (badan pengawas obat dan makanan). Kalau sudah terdaftar di Badan POM, obat-obatan bisa diakui oleh dinas kesehatan. Kalau dukun-dukun memakai daun-daunan secara "liar" (tanpa pengawasan), Dinas Kesehatan tidak bisa memonitor efek obat-obatan itu sehingga obat-obatan ini dianggap berbahaya dan tidak legal. [REDACTED] merasa bersyukur bahwa masih ada orang yang bisa sembuh dari ramuan dukun, tetapi ada banyak orang yang juga penyakitnya menjadi lebih parah setelah kunjungan mereka ke dukun. Kalau dibandingkan dengan dokter-dokter di rumah sakit, dukun-dukun memakan waktu yang lama untuk melakukan perawatan sehingga pasien-pasien mengalami kondisi darurat dan bisa meninggal sewaktu menunggu penyembuhan. Sedangkan penyembuhan bagi orang yang kesurupan (kemasukan Roh orang mati) itu [REDACTED] percaya dikarenakan dia sendiri sering menyaksikan orang kesurupan. Salah satunya, teman sekantornya juga sering kesurupan. Saat temannya kesurupan, [REDACTED] bisa melihat bahwa roh yang memasuki teman itu adalah arwah manusia. [REDACTED] mengakui bahwa ada orang-orang tertentu yang bisa berkomunikasi dengan arwah dalam tubuh orang yang sedang kesurupan. Arwah-arwah itu akan menjawab pertanyaan-pertanyaan mereka. [REDACTED] berpikir bahwa orang-orang dengan talenta khusus ini "punya karisma tersendiri". Mereka dikenal sebagai "molan" bukan "dukun." Bagi [REDACTED] dan Dinas Kesehatan, tidak ada masalah kalau dukun-dukun memakai doa dan minyak (biasanya dicampur dengan ramuan), karena Doa adalah penyembuhan secara psikis dan minyak hanya untuk penyembuhan luar yang pada akhirnya pasien bisa sembuh secara tradisional karena sugesti. [REDACTED] sendiri jarang memakai metode tradisional untuk mencari solusi kesehatan untuk masalah tubuh, dan dia juga memberi saran kepada keluarganya untuk menghindari dukun.



## Concluding Notes

The World Health Organization supports a fusion of Indonesian traditional and contemporary healing methods. The Indonesian government, though, is having trouble systematizing the ancient arts. One of the World Health Organization's missions in Indonesia is part of a "back to nature" movement which took flight in the US and Europe in the 1990s and gained popularity in Indonesia when a few complementary medicine manufacturers from Java joined the second Chinese Medicine Industry Expo in August of 2019.

Since then, it has come to the attention of global researchers that Indonesia is home to 30,000 of 40,000 known medicinal plants in the world, only 7,500 (25%) of which have been scientifically reviewed for their medicinal potential.





Reimagining  
productivity



The W.H.O.'s sponsorship of Indonesia's traditional health system seems an honest effort to build the Indonesian economy and education system around the community's natural resources.

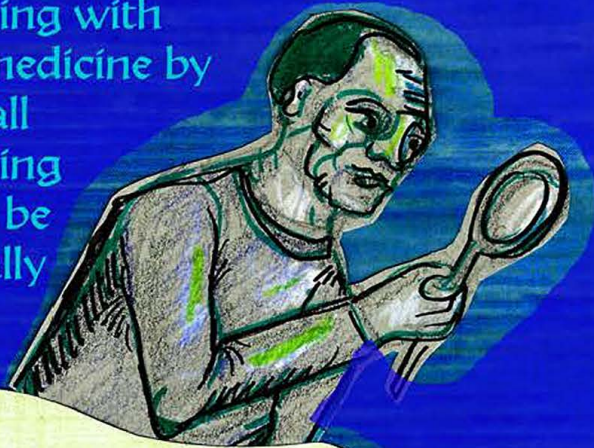
Alongside this vision, Indonesia's government works to build its global contribution to the "back to nature" movement by bumping up its export production of jamu (or herbal tonics)—almost all in Java, mind you.

(sigh)

The laws meant to welcome indigenous healers into the system are generic and short sighted.



The Indonesian government limits the integration of traditional healing with conventional medicine by declaring that all traditional healing methods must be tested empirically in order to be considered



“safe.”

Traditional healers must file for two documents, the SITPTK and STRTKT (which certify them as if not credible then at least “safe” administrators) in order to enter homes of the sick and those in labor.



These healers, particularly women, have no voice in negotiating standardizing measures which will supposedly allow them inclusion in a biomedical system.





They face two choices:

- 1) give up their practice and allow their stories and their ancestral knowledge to disappear, their voices drowning amidst new foreign rules guiding massive change; or
- 2) continue practicing inherited healing methods and become outlaws.

So outlaws they become.



## Works Referenced

- Lila Abu Lughod, "Chapter 8: Writing Against Culture" in *Recapturing Anthropology: Working in the Present* (School of American Research Press, 1991).
- Tomas Atlajar, *Lame Luse Lako* (Jakarta Press: 2018).
- R.H. Barnes, "The Power of Stranges in Flores Timor " in *Anthropos*, Bd. 103 (Anthropos Institute: 2008), 343-353.
- Jane Bennett, *Vibrant Matter: A Political Ecology of Things* (Duke University Press, 2010).
- Ibu Bertha (Traditional Herbalist and Massage Therapist) in Conversation with the author, Lerek, Lembata, August 7, 2019.
- Fikret Berkes, *Sacred Ecology* (Routledge: New York, NY, 1999).
- Bernardus Boli Ujan, SVD, *Mati Dan Bangkit Lagi: Dosa dan Ritus-Ritus Pemulihan Menurut Orang Lembata* (Maukere: Penerbit Ladalero, 2012),
- Center for Research in Computational Linguistics, *Sealang Projects*, <http://sealang.net/>, accessed June 2020.
- James Clifford, *Routes* (Boston: Harvard University Press, 1997).
- Michel de Certeau, *The Practice of Everyday Life*, trans. Steven Rendall (Berkeley: University of California Press, 1984).
- Gilles Deleuze and Felix Guattari, *A Thousand Plateaus: Capitalism and Schizophrenia* (University of Minnesota: Minneapolis, 1987).
- "Global Health, Indonesia" Centers for Disease Control and Prevention, <https://www.cdc.gov/globalhealth/countries/indonesia/default.htm>.

- Clifford Geertz, *Local Knowledge: Further Essays in Interpretive Anthropology* (Basic Books Classics, 1985).
- Carlo Ginzburg, "Microhistory: Two or Three Things That I Know about It." *Critical Inquiry* 20.1 (1993): 10-35.
- Paulo R. Guimarães Jr., "Ecological Networks". *Oxford Bibliographies* (06 May 2016), DOI: 10.1093/OBO/9780199830060-0091). Retrieved from <https://www.oxfordbibliographies.com/view/document/obo-9780199830060/obo-9780199830060-0091.xml?rskey=Ov0G4E&result=1&q=ecological+networks#firstMatch>.
- Donna Harraway, *Simians, Cyborgs, and Women: The Reinvention of Nature* (United Kingdom: Routledge, 1990).
- Health Systems in Transition: The Republic of Indonesia Health System Review*, eds. Krishna Hort and Walaiporn Patcharanarumol, Vol. 7 No. 1 2017 (Asia Pacific Observatory on Health Systems and Policies).
- Karl Heinz-Kohl, *Raran Tonu Wujo: Aspek-aspek Inti sebuah Budaya Lokal di Flores Timur* (Maumere: Ladalero, 2009).
- Ibu Ida (Former Clinical Midwife, now Head of the Department of Infectious Diseases at Lembata's leading hospital) in conversation with the author, Lewoleba, Lembata, August 13, 2019.
- M. Irfan Ilmie, Ed. Fardah Assegaf, "Jamu dan obat tradisional Indonesia dipamerkan di Gansu," *Antaraneews.com* (27 August 2019).
- Lene Arnett Jensen, Jeffreu Jensen Arnett, Jessica McKenzie, "Globalization and Cultural Identity" in S. J. Schwartz, K. Luyckx, & V. L. Vignoles (Eds.), *Handbook of identity*

- theory and research (p. 285–301). Springer Science + Business Media. (2008).
- Kementerian Kesehatan RI, *Pedoman Penyelenggaraan Pelayanan Kesehatan Tradisional Keterampilan* (Bakti Husada, 2011), Form 3a.
- Thomas S. Kuhn, *The Structure of Scientific Revolutions*, 2nd edition (University of Chicago Press: 1970).
- Ibu Leny (Clinically-trained Midwife and retired Traditional Pediatrician) in conversation with the author, Karangora, Lembata, August 3, 2019.
- Mary Nooter Roberts; Allen F. Roberts, “Audacities of Memory” in *Memory: Luba Art and the Making of History* (Prestel Verlag, 1996).
- Lila Abu Lughod, “Chapter 8: Writing Against Culture” in *Recapturing Anthropology: Working in the Present* (School of American Research Press, 1991).
- Mama Maria (Practicing Midwife) in discussion with the author, Lerek, Lemata, August 3, 2019.
- Ernawati Munadi, “Tanaman Obat, Sebuah Tinjauan Singkat” in *Info Komoditi Tanaman Obat*, Eds. Zamroni Salim, Ph.D dan Ernawati Munadi, Ph.D (Indonesia: Badan Pengkajian dan Pengembangan Perdagangan Kementerian Perdagangan Republik Indonesia, 2017).
- Claude Levi-Strauss, *The Savage Mind* (The University Of Chicago Press:1966).
- Mama Maria (Practicing Midwife) in discussion with the author, Lerek, Lembata, August 3, 2019.
- Jeffrey K. Olick, “From Collective Memory to the Sociology of Mnemonic Practices and Products” in *A Companion to Cultural Memory Studies*, Astrid Erll and Ansgar Nünning

- (Eds.) (De Gruyter: New York, 2010), 158.
- Susan Ossman, *Moving Matters: Paths of Serial Migration* (Berkeley: Stanford University Press, 2013), 65.
- Dana Rappoport, “Why do they (still) sing stories? Singing narratives in Tanjung Bunga (Eastern Flores, Lamaholot, Indonesia)”, *Wacana: Jurnal Ilmu Pengetahuan Budaya*, Faculty of Humanities, University of Indonesia, 2016, 17 (2), pp.163-190.
- Geoffrey Robinson, *The Killing Season: A History of the Indonesian Massacres, 1965-66* (Princeton University Press: 2018).
- Rhizome. Oxford Reference. Retrieved 10 Jun. 2019, from <https://www.oxfordreference.com/view/10.1093/oi/authority.20110919111808348>.
- Presiden Republik Indonesia, “Undang-Undang Republik Indonesia: Nomor 36, Tahun 2009 Tentang Kesehatan”, [www.hukumonline.com](http://www.hukumonline.com).
- Presiden Republik Indonesia, “Undang-Undang Republik Indonesia: Nomor 103, Tahun 2014 Tentang Pelayanan Kesehatan Tradisional”, [www.hukumonline.com](http://www.hukumonline.com).
- Geoffrey Robinson, *The Killing Season: A History of the Indonesian Massacres, 1965-66* (Princeton University Press: 2018).
- Anamaria Iosif Ross, *The Anthropology of Alternative Medicine* (Berg Publishers: 2012), 29.
- Siegfried J. Schmidt, “Memory and Remembrance: A Constructivist Approach” in *A Companion to Cultural Memory Studies*, Astrid Erll and Ansgar Nünning (Eds.) (De Gruyter: New York, 2010), 194.
- David Shorter, “Binary Thinking and the study of Yoeme Indian lutu’uria/truth in *Anthropological Forum*, Vol. 13, No. 2, 2003.

Mariyn Strathern, *The Gender of the Gift* ( Berkeley: University of California Press,1988).

David Turnbull, “Local Knowledge and Comparative Scientific Traditions” in *Knowledge and Policy* (Fall/Winter 1993-1994).

David Turnbull, *Masons, Tricksters, and Cartographers* (Taylor and Francis: 2000).

Rosedalima Tuto (Head of the Department of Infectious Diseases and former midwife at Dinas Kesehatan Kabupaten Lembata) in discussion with the author, transcript and recording, August 13, 2019.

Pak Yoseph Tokan, Pak Boli Nunang, and Pak Ado Nunang (Natives to Atadei regions of Lerek and Dulir) in discussion with the author, August 9, 2019.

Bernardus Boli Ujan, SVD, *Mati Dan Bangkit Lagi: Dosa dan Ritus-Ritus Pemulihan Menurut Orang Lembata* (Maumere: Penerbit Ladalero, 2012).

Patrius Dua Within, *Orang Ataili : rekonstruksi jejak-jejak yang tercecceer* (Kandil Semesta: Bekasi, 2014).

Yoseph Yapi Taum (Linguist native to Lembata and Professor of Indonesian Literature at Universitas Sanata Dharma) in discussion with the author, June 2020.