

Jennifer W. Nourse: Overview of Research

I launched my career in anthropological research with a Fulbright-Hays grant in 1982 to conduct research in Central Sulawesi among the Lauje people. From 1984-86, I learned, through Bahasa Indonesian, the local, unwritten, Lauje language and conducted interviews about Lauje culture in a coastal bureaucratic center, a foothills village, and a mountain hamlet. In all three of these sites I analyzed local religious beliefs and practices involving placental spirits during the period in which upland and foothills communities were transitioning away from their so-called “traditional” religion toward the Islam that most of the coastal peoples practiced. The book ensuing from this original research, *Conceiving Spirits: Birth Rituals and Contested Identities among Lauje of Indonesia*, (Smithsonian Press, 1999), outlined various peoples’ use of ethnic identity, history, healing practices and religion to explain teachings of Lauje ancestors. These teachings were regarded by all as “traditional” and “ancient,” completely distinct from more contemporary Islamic beliefs and practices. Since rituals focusing on birth spirits were deemed traditional, they were regarded as non-Islamic by local officials in the coastal bureaucratic center and were briefly banned during 1980 and 1981. Lauje who had convinced the officials to reinstate the ban, nevertheless were trying to appease more conservative Muslims who disapproved of such “pagan” rites. Thus the answers rural Lauje gave as to the meaning of placental spirits were rather contorted, always making reference to Islam and Mohammad and the monotheistic aspect of a unified placental spirit that was not antithetical to Islam, but part of it. What birth spirits meant to locals from a variety of places, genders and classes resulted in a complex mosaic of interpretations inflected with state discourse about monotheism.

From the 1990s to the early 2000s, I shifted my research toward midwifery and state health practices in the same region of Central Sulawesi. Though my research visits to the region were consistent, more or less visiting every other summer, these short visits did not allow me enough time to establish contacts in and observations of the broader infrastructural practices that dominated how local reproductive health practices were conceptualized and taught. From fall 2009 to summer 2010, however, I was fortunate enough to receive a senior Fulbright scholarship in which I taught medical anthropology for five months in two Sulawesi medical schools and conducted research for another five months in the region where I had initially worked. The funded research project, “Reproducing Rural Women: Government Health Services in the Era of Decentralization in Central Sulawesi, Indonesia,” allowed me to complete the projects I had begun in the 1990s.

I am currently putting the finishing touches on two articles related to the Reproducing Rural Women project. These articles focus on various aspects of the links between discursive practices of government health workers and oral histories by rural women that reveal varying degrees of success in efforts to reduce maternal and infant mortality rates in two provinces of Central Sulawesi. Since working in upland Central Sulawesi in the 1980s, I have witnessed a significant improvement in health services for rural women in some districts, but horrific declines in others. My work delineates reasons local women give for why they choose not to access “government healthcare,” reasons usually related to feelings of discrimination and shame. I compare these stated causes to evidence in public documents as to the discursive vocabulary used by leaders in two different provinces where these women live in Central Sulawesi. Both districts have similar demographics, remote, mountainous populations with high mortality rates and coastal and city dwellers with lower death rates. The differences between the improved mortality rates of rural women in one district and not the other can be

linked, I argue, to attitude, treatment and discourse cultivated about rural women. When political officials refer to rural men and women as “farmers” (*petani*) rather than as “tribals,” (*suku terasing*) then others in the bureaucracy, including government health workers, tend to speak about rural women in less discriminatory language. The interesting result is that rural mortality rates for mothers and infants are dramatically improved where the discursive language connotes respect and regard for fellow humans across class and ethnic lines. Conversely, the districts with public officials who tend to use more derogatory and less egalitarian terms for rural people, i.e., “tribal,” have more women complaining about discrimination. Correlated with these complaints are increasing rather than decreasing maternal and infant mortality rates.

My work brings this issue of discrimination and social justice in healthcare and politics to places outside Indonesia as well. One article I am working on compares the successes and failures of Indonesia as a whole to those in Chile. Two manuscripts on these topics are in preparation: (1) “Chile’s Successes and Indonesia’s Failures: Comparison of Maternal Mortality Rates and the United Nations Millennium Development Goals (MDGs);” and (2) “Women’s Reproductive Health in Rural Indonesia: Implications of Political Change on Local Service.” These publications form the bedrock of my book manuscript, which should be completed in summer of 2014. This book is tentatively titled *Women’s Reproductive Health and the Millennium Development Goals in Action in Indonesia: Who Is Being Served?*

Though I conducted the research on women’s reproductive health after teaching at a secular and a Muslim medical school, the conversations I had had at the two medical schools blossomed into another current interest. Even while conducting work on women’s reproductive health, when physicians and medical professionals had heard that I taught medical anthropology at the third largest medical school in Indonesia and at an upstart Islamic medical school, they began to talk to me about various philosophies of teaching and healing, without me initiating those conversations. These professionals began to reveal two distinct epistemological histories and philosophies of treatment. One was secular and linked to western biomedicine and the other, while still grounded in western biomedicine, linked its history and methodology to “Islamic healing arts.” As I began to explore what “Islamic healing” meant in the scholarly literature, I found a fascinating layer of training and knowledge based on a long history of medical research and training. Islamic medicine (*ilmu tibb*) incorporates Greek humoral medicine of Galen, (129-200 AD), the Bedouin philosophies of the Prophet Muhammad (570-632 AD), various achievements gained in the medieval work of Ibn Sina (980-1037 AD), and the great technological and conceptual advances made in the early modern period by, for instance, al-Samarqandi (1170-1222 AD). Depending on the area in which this Islamic medicine developed, it also incorporated regional practices commonly used there. For instance, in India, Islamic medicine was known as a mixture of Greek (*unani*) and Arab (*tibb*) medicine called *unani tibb*, and in Central Asia, where Ibn Sina and al-Samarqandi were born, it was known as *al-tibb* the Arabic term, but it incorporated many of the Chinese Taoist practices of *yin* and *yang* as well as the Buddhist practices of Nepal and Tibet.

These findings have pulled my research interests toward a more archival focus. This new line of research seeks to outline the history of various forms of medical practice in Indonesia. For instance, I now have an article currently under review at the *Journal of Southeast Asian Studies*. “The Meaning of *Dukun* and the Allure of Sufi healers: Persian Cosmopolitans in Malay–Indonesian History.” In this article I reconsider anthropological assumptions, based on the work of Clifford Geertz and earlier Dutch scholars, that shamans or *dukun* in Indonesia

heal using “traditional” or indigenous practices and concepts. My work shows that the very term “*dukun*” is not indigenous to the Indonesian language, nor to any of the local languages. Instead it is a Persian term. Through an analysis of the terminology used by writers from various languages, I suggest that the term *dukun* was introduced to Southeast Asia by Central and South Asian Muslim healers who most likely brought their versions of Sufi/ Islamic medical practices with them as well. The article traces the influence of Sufi Islamic Medicine on so-called “traditional” healing methods.

Writing this article re-framed not only the particular discussion of the “traditions” on which “indigenous” healers relied, but it provided an outline of how an eventual book manuscript will be constructed. Contemporary and historical information will be organized around four types of healers, the “indigenous” *dukun*, the Islamic/Chinese healers, *kyai*, the Arab healers, *tabib*, and the biomedical physicians, *dokter*, who subscribe to a spiritual blend of Islamic healing and biomedical practice. My point will be to demonstrate the historical hybridity of these categories of healers, and the colonial attempts to define all but the doctors as inept and traditional. The eventual manuscript that will result is tentatively titled *Hybrid Healers in Indonesian History: Doctors, Dukuns and Tabib*.

Other Projects Near Completion:

1. “Cell Phone Healing in Indonesia and Beyond: Afflictions and Cures for Cosmopolitans.” This paper was first presented at the American Anthropological Association Meetings in November, 2011. I am currently working on turning this into a publishable manuscript by early January, 2013.
2. “Thirty Years of Shifting Perspectives of Motherhood and Identity in Upland Indonesia,” was an invited submission to the Michigan State University’s *Gendered Perspectives on International Development (MSU-GPID)*. It is an expansion of a conference paper from 2009. The MSU GPID allows publication elsewhere of material they publish and I plan to reformulate the argument for a submission next summer.
3. This article will be titled: “Mothering and Essentialism in Patriarchal Theories of Society.” The revamped discussion will focus on cross-cultural notions of patriarchy and their links to economic subsistence patterns.
4. “Islamic Physicians as Curers and Converters in Central and Southeast Asian Medicine,” is the long version of a presentation given in Indonesia on July 4, 2012. This needs editing to convert American spelling and citation to British and to rewrite the introduction and conclusion.
5. “Medicine as a Tool of Empire in Early Modern Islam,” consists of outtakes from the Islamic Physicians article mentioned above. This article has a more broad-based comparative focus.