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DOES THE DIVINE PHYSICIAN HAVE AN UNFAIR ADVANTAGE?
HEALING AND THE POLITICS OF CONVERSION
IN TWENTIETH-CENTURY INDIA

Chad M. Bauman

In this essay, I explore the interaction of Christian healers of various kinds with the non-Christian Indians to whom they provided therapy. Such an exploration provides an opportunity to ask two questions of relevance to this volume. First, how does (or how should) the fact that a substantial number of conversions to Christianity in India (as elsewhere) were and are provoked by physical healings affect one's *theory* of conversion? And second, how does (or, again, how should) one's theoretical understanding of conversion influence one's evaluation of the desirability or "legitimacy" of medical missionary practices and the conversions they initiate? The first question is the more scholarly one, of course, while the second involves the kind of judgments scholars prefer to avoid. Nevertheless, it is very often the case that scholars and social commentators employ evaluative frameworks without recognizing it, or are influenced in their evaluations of missionaries and converts by unacknowledged and unexamined assumptions about the nature of conversion.

For example, Indian critics of conversions provoked by physical healings, like those described below who testified in the 1950s before the Niyogi Committee on missionary activities, often complain that the Christian provision of biomedical care through Christian hospitals constitutes an illegitimate allurements to the faith. Such a complaint rests upon an array of unacknowledged assertions and prejudices about the nature of religion and religious conversion (many of which scholars of religion unknowingly accept and perpetuate): First, that "spiritual" and "material" motivations for religious behavior can be distinguished easily by an outside observer. Second, that religion, and the religious life, is (and should be) exclusively about "spiritual," not "material" matters and concerns (and therefore that the "religious" can be easily distinguished, and should be kept separate from the "political"). Third, that because religion is ostensibly exclusively about the spiritual, "real," "legitimate," or "true" conversions are those that are unaffected by material concerns or considerations. Fourth, that such "purely spiritual" conversions do indeed occur. And fifth, that all other

forms of conversion are enacted by crass materialists or gullible dupes who have neither intelligence nor agency, and convert only when acted upon (illegitimately) by external forces (political operatives, etc.). The exploration which follows suggests, directly and indirectly, that all of these assumptions are problematic at best. I will return to them in the conclusion.

Missionaries and Medicine

In the first decades of the nineteenth century, most mission societies working in India, as elsewhere, equated evangelism with preaching, education, and the translation of scriptures. "Clinical Christianity," or medical work, was not considered of any use in the propagation of the faith. That attitude changed over time, however, and by the beginning of the twentieth century, medical missions were an integral aspect of Christian evangelism. There were several reasons for the shift. One was that in the late nineteenth century "social gospel" theologians came to embrace a more expansive view of what the Christian message was all about, and asserted that it attended (and that Christians should attend) to material as well as spiritual issues. Another was the advance of western medical theory and practice.¹ At the beginning of the nineteenth century, European medicine, which still addressed many medical problems with purgatives, emetics, and lancings, was not very effective in the colonial context, and was "frequently more iatrogenic than curative."² But in the last half of the century, major scientific advances in Europe resulted in the increased effectiveness of biomedical (or "allopathic") practices and the concomitant popularization of them in Europe and the colonies.³

¹ Rosemary Fitzgerald, "'Clinical Christianity': The Emergence of Medical Work as a Missionary Strategy in Colonial India, 1800–1914," in *Health, Medicine and Empire: Perspectives on Colonial India*, ed. Biswamoy Pati and Mark Harrison (Hyderabad: Orient Longman, 2001). See also Chad Bauman, *Christian Identity and Dalit Religion in Hindu India, 1868–1947* (Grand Rapids: Eerdmans Publishers, 2008), chap. 4.

² David Hardiman, *Missionaries and Their Medicine: A Christian Modernity for Tribal India* (Manchester and New York: Manchester University Press, 2008), p. 9; and "Introduction," in *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa*, ed. David Hardiman (New York: Rodopi, 2006), p. 11.

³ For an excellent overview of the growth and development of Protestant medical missions in India as well as a fuller discussion of the themes of this paragraph, see Fitzgerald, "Clinical Christianity." See also Hardiman, "Introduction," pp. 10–15.

Unsurprisingly, biomedicine became in this same period more popular among missionaries around the globe. No less a legendary figure than David Livingstone urged his fellow workers to "imitate as far as you can the conduct of the Great Physician, whose followers we profess to be."⁴ Moreover, Jesus, it was claimed, had been the "ideal medical missionary,"⁵ and within a few decades mission-run medical facilities became commonplace in India. This trend accelerated around World War I, after which (1) medical missionaries began to demand that they be allowed to work full time as doctors and nurses (rather than dedicating part of their time and energy to evangelization); and, (2) western missionaries increasingly delegated direct evangelical responsibilities to Indian preachers and turned their own attention toward projects of social amelioration.⁶ In fact, apart from educational facilities, it was in mission-founded hospitals, leprosaria, and dispensaries that non-Christians were most likely to have sustained contact with Christians. Medical missions also opened doors, gaining missionaries invitations to come and live among non-Christians, and often resulting in the founding of new mission stations.⁷ Though some non-Christians harbored concerns about the association of Christianity and healthcare in the colonial period, it was not until after India's independence in 1947 that Christian medical facilities came under serious official scrutiny.

By the early 1950s, a substantial number of Indians were calling upon the Government of India to provide oversight for Christian hospitals and related medical institutions, concerned that they were being used to persuade non-Christians to convert. Christians, on the other hand, believed they were providing India a much-needed supplement to its abysmal healthcare system, and assumed they had the right, even the duty, to do what they could within their medical institutions to "spread the Gospel."

⁴ Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Cambridge: Polity Press, 1991), p. 58, n. 2. Quoted in Hardiman, "Introduction," p. 13.

⁵ Hardiman, *Missionaries and Their Medicine*, p. 10.

⁶ For a similar claim made with regard to missionaries in China, Korea, Africa, and India, see John R. Stanley, "Professionalising the Rural Medical Mission in Weixian, 1890–1925," in *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa*, ed. David Hardiman (Amsterdam: Rodopi, 2006), pp. 115–136; and Ruth Compton Brower, *Modern Women Modernizing Men: The Changing Missions of Three Professional Women in Asia and Africa, 1902–69* (Vancouver: University of British Columbia Press, 2002), pp. 8–13. Both are quoted in Hardiman, *Missionaries and Their Medicine*, pp. 189–90. See also *ibid.*, "Introduction," pp. 18–20.

⁷ For one example, see Hardiman, *Missionaries and Their Medicine*, p. 4.

In 1954, the government of Madhya Pradesh, a state in Central India, commissioned an enquiry into Christian missionary activities. The enquiry led to the publication of a document known popularly as the *Niyogi Report*. Containing as it does the written and transcribed verbal testimony of hundreds of witnesses, it is a veritable treasure-trove of first-hand information regarding both Christian and non-Christian perceptions of missionary work in the region. This chapter will draw upon the *Report* and upon ethnographic and historical research on missionaries in this region (and others) to explore the question implied by the title of this chapter, that is, whether the ability of Christians to deliver much-needed healthcare gave them an unfair advantage vis-à-vis other communities in the region.

Given the absence of adequate health care in much of India in the 1950s, Indians might not, under normal circumstances, have objected to medical missions. But these were not "normal circumstances." Rather the Niyogi Committee carried out its work in a context rife with concerns about national security and regional stability in the context of postcolonial imbalances of wealth and power at both inter- and intra-national levels. In this chapter, therefore, I will argue that medical missions actually exacerbated these imbalances, not only because Christians were able to provide medical services in rural areas superior to those offered by the Indian government itself, but also because the ability to heal and make whole is itself a kind of power. Such power could be wielded responsibly or abused egregiously, as the chapter suggests. But in every case, it obliged non-Christians who received medical treatment to the Christians who provided it in at least subtle ways, and this sense of obligation complicated the relationships of Christians and non-Christians. To start with, I make this argument with reference to the *Niyogi Report*. Then, at the end, I will suggest that many of the same complications introduced by medical missions have been introduced again in interesting ways by the growing number of Christian missionaries working in contemporary India (most of them Indian) who proclaim the power of Christ to heal without biomedical intervention.

The Niyogi Report

Not long after Independence (in 1947), government officials in the central Indian state of Madhya Pradesh noticed an uptick in complaints about Christian missionaries. These complaints came primarily (but not exclu-

sively) from the northern and eastern regions of the state.⁸ The complaints alleged, in a variety of ways, that Christian missionaries were employing "force," "fraud," "allurement," and "inducement" to win converts among the putatively gullible and "illiterate aboriginals and other backward people."⁹ (The use of "force," here, is merely rhetorical. Physical coercion was never actually alleged. Rather, the crux of the accusation was that Christians were luring non-Christians to the faith through offers of money, education, jobs, or medical treatment.) When government officials inquired, Christians denied the allegations and countered with their own complaint that they were being harassed and persecuted by their Hindu neighbors.

To investigate these claims (or to win political points among Hindu nationalists, as some have suggested, then and since), the government constituted a committee to make a thorough inquiry in April of 1954.¹⁰ The official name of the publication that resulted was the *Report of the Christian Missionary Activities Inquiry Committee*. But the Committee, and the *Report*, came to be popularly known by the name of its Chairman, Dr. Bhawani Shankar Niyogi, who was a retired Chief Justice of the High Court at Nagpur. Over the span of two years, the Niyogi Committee travelled widely around the state, conducting sessions in 77 locations, making contact with eleven thousand people and recording interviews with several hundred. The Committee also accepted 375 written testimonies, and received back 385 responses (55 from Christians, 330 from non-Christians) to a detailed, if biased and not particularly scholarly survey that it had distributed widely.

The findings of the Committee, which ran to a thousand pages, are aptly summarized by this excerpt from the *Report*:

There was no disparagement of Christianity or of Jesus Christ, and no objection to the preaching of Christianity and even to conversions to Christianity. The objection was to the illegitimate methods alleged to be adopted by the Missionaries [*sic*] for this purpose, such as offering allurements of free education and other facilities to children attending their schools, adding some Christian names to their original Indian names, marriages with Christian girls, money-lending, distributing Christian literature in hospitals and

⁸ Sita Ram Goel, *Vindicated by Time: The Niyogi Committee Report on Christian Missionary Activities*, 3 vols. (New Delhi: Voice of India, 1998), 1: p. 6. The eastern part of what was then Madhya Pradesh has now become Chhattisgarh.

⁹ *Ibid.*, 1: p. 167.

¹⁰ A copy of the original resolution appears in the *Report*. *Ibid.*

offering prayers in the wards of in-door patients. Reference was also made to the practice of the Roman Catholic priests or preachers visiting new-born babies to give 'ashish' (blessings) in the name of Jesus, taking sides in litigation or domestic quarrels, kidnapping of minor children and abduction¹¹ of women and recruitment of labour for plantations in Assam or Andaman as a means of propagating the Christian faith among the ignorant and illiterate people.¹²

Critics of the Committee accused it of an anti-Christian bias, and perceived in statements such as "There was [...] no objection to the preaching of Christianity and even to conversions to Christianity" a disingenuousness of the highest order. Despite such criticisms, voiced in the midst of the inquiry and afterwards, the Committee published its findings and confidently made a number of recommendations to the Madhya Pradesh government. Among these recommendations was that a law should be passed prohibiting the use of medical or "other professional services" for making converts.¹³ One might perhaps assume that non-Christians had found the straightforward use of medical care to make converts objectionable. But in fact the mere existence of Christian medical facilities was perceived by some of those who were not Christians to present a challenge to Hinduism and even to the Indian nation. To understand why, one must attend to the context.

In the immediate post-Independence era, there was, in India, a considerable amount of anxiety about the survival of the Indian nation. Any amount of anxiety would have seemed justifiable, given the violent convulsions that attended Partition. But there were other factors that led to pervasive uncertainty about the future of the nation. In the 1950s, Portugal had still not ceded Goa. Revolutionary bands of Naga tribesmen (and women) were fighting for autonomy in the Northeast. And the final status of Kashmir remained unsettled, leading to concern about another violent conflict with Pakistan. Cold War politics of course exacerbated that concern, particularly after 1954, when the United States signed the Mutual Defense Assistance Agreement with Pakistan. The agreement not only strengthened Pakistan militarily, it also led to speculation that the United States might next set its sights on unaligned India. Americans in India suddenly became suspect as a foreign, potentially subversive element, and for this reason the Indian government revised its visa-granting

¹¹ The regularity of claims of kidnapping and abduction is particularly astounding.

¹² Goel, *Niyogi Committee Report*, 1: p. 3.

¹³ *Ibid.*, 1: pp. 153–63.

rules for foreigners, making them more difficult to obtain, particularly for Americans and American missionaries.

The state of Madhya Pradesh also worried about its own territorial integrity. In January of 1948, the princely states of Raigarh, Udaipur, Jashpur and Surguja were merged into Madhya Pradesh. The merger had two important ramifications. The first was that the *ādivāsī* (tribal or 'aboriginal') population of Madhya Pradesh increased considerably due to the fact that the population of *ādivāsīs* in the princely states was nearly three times that of Madhya Pradesh (53 percent as opposed to 18 percent).¹⁴ The second was that the population of missionaries increased considerably as well. Before Independence, the princely states had been allowed a significant degree of legislative autonomy by the British, and many of them, including some of those mentioned above, had anti-conversion laws on the books. However, at Independence, princely state laws gave way to those of the Indian states with which they merged. Madhya Pradesh had no anti-conversion laws at the time, and so the anti-conversion laws of the princely states that merged with it were therefore rescinded. Suddenly, a large population of *ādivāsīs* who had not been previously evangelized became available to missionaries. As a group, they were an appealing target, given the fact that missionaries had historically had more success among lower-caste and *ādivāsī* communities than among other communities. And so there was an influx of missionaries into the region.¹⁵ The pace of conversions increased dramatically, as did tension between Hindus and Christians. And as more and more of Madhya Pradesh's *ādivāsīs* became Christian, Hindus began to worry that they would demand autonomy (as Muslims had in Pakistan, and as Christians eventually did).

Given the variety of postcolonial concerns just described, it is perhaps unsurprising that a kind of xenophobia emerged at both the local and national level. This xenophobia came in some cases to be directed at Christians because of their alleged association with the foreign influence of America, as well as with the "Christian" secessionism of the Nagas in the Northeastern Highlands and *ādivāsī* groups in Central India. Christians, it was assumed, had divided loyalties, and could not be counted on to defend the nation. In fact, Christians were widely seen as a fifth column, a potential "state within the state." Conversion to Christianity therefore came to be perceived as a political act, and a traitorous one, and

¹⁴ *Ibid.*, 1: p. 6.

¹⁵ *Ibid.*, 1: p. 100.

those who fought against it were fighting, in their view, not just for the survival of Hinduism, but also for the survival of the Indian nation. In such a context, medical missions became suspect because they were believed to provide poor Indians with an incentive to convert.

Medical Missions: The Debate

Some of the practices of Christian medical workers described by those appearing before the Niyogi Committee were, to the extent that they occurred, clearly unconscionable.¹⁶ For example, witnesses complained that in *certain* hospitals non-Christians were pressured, subtly or explicitly, to become Christian before receiving treatment. The testimony of Shri Baredi Bhoi Gond of Mudia Araj (District Mandla) about an acquaintance of his is typical: "Anant Singh Bhoi Mukhi was called for medicine by the Father but was asked to pray before it was given."¹⁷ The implication here, and in other testimonies, was that patients were encouraged or even required to participate in or observe Christian rituals or worship services before they would be treated or given medicine (and that those who refused might be denied care).

Some of the reported incidents were even more severe. During a cholera epidemic around Surguja, a group of non-Christians approached a Church of Christ missionary, an American, at Khutipara-Chando. He "exhorted them to embrace Christianity on the pretext that this alone could enable them to avail of the medical services of the mission." They refused, and "[in] some cases the missionary totally refused help on the ground that the people concerned did not concede to becoming Christian. In other cases, though he gave some medical aid, it was neither sympathetic nor equal to what was rendered to the converts unconditionally."¹⁸

Jharihar, a *Teli*¹⁹ leper who was an inmate at the Government Leper Asylum in Raipur (which had formerly been run by missionaries), gave this testimony:

¹⁶ As with any testimony, of course, one must always consider the possibility of fabrication. It is likely that among the hundreds of witnesses interviewed by the *Report* a few may have been less than truthful. Self-interest, political aspirations, and rumors could also have tainted witness testimony. But I have attempted to focus on behaviors for which the testimony is common and widespread.

¹⁷ Goel, *Niyogi Committee Report*, 2A: p. 160.

¹⁸ *Ibid.*, 2A: p. 343.

¹⁹ *Telis* are members of a caste traditionally associated with oil-pressing.

I am an inmate of the Leper Asylum for the last twenty years. Prior to eight or nine years, it was a Mission Hospital. It now belongs to Government. I got the disease about 25 years back and tried to secure admission into the Mission Asylum [...] I was told by Munsii, pastor-in-charge that I would not be admitted, unless I become a Christian. I was not willing. I remained outside for four or five days there. When I suffered too much I told Munsii, pastor, that I would become a Christian. I was then admitted into the Asylum. My baptism took place about two months after I was admitted to the Asylum. During this time they were giving me troubles and made me to do all the work myself. They said that I would get free treatment and other facilities after baptism. Twice a week a pastor from Raipur used to visit the asylum and give instructions to us about Christian religion. I did not like it, but then I had to submit because of pressure. After baptism a Christian name was given to me [...]. During this time I used to read Bible. I was not permitted to read any Hindu Scripture [...]. About seven or eight years ago the Asylum was taken over by Government. When we came to know about this we gave an application stating that we had been forcibly converted to Christianity and in reality we wanted to follow our old Hindu religion.²⁰

Such pressure, when it was successful, affected people in very real ways. Those who converted, for example, were often socially and economically boycotted by their former communities after being discharged from the medical facility. Moreover, some non-Christians worried about the long-term effects of such conversions. One witness from Balodgahan (District Raipur) complained about the treatment of his friend, Bhurua Gond at the Christian hospital in Balodgahan: "The doctors there said 'we won't treat you unless you become Christian'. He was in distress. He said that he would become Christian. He died last year. He died as a Christian."²¹

Like Bhurua Gond, other non-Christians who were admitted to Christian medical facilities sometimes found themselves pressured in subtle and not so subtle ways to become Christian. For example, Christians, both Indian and foreign, commonly prayed and preached on the hospital grounds, and sometimes even in the wards. Dr. Sonar, a Member of the Legislative Assembly, from Achalpur in District Amravati, said, "Inducements are offered for conversion. *Pracār* of American goods from their own hospitals takes place. Injections are given and at the same time religious *pracār*²² is made by means of gramophones. This is

²⁰ Goel, *Niyogi Committee Report*, 2B: p. 68. See also *ibid.*, 2A: p. 343, 2B: p. 104.

²¹ *Ibid.*, 2B: p. 74.

²² "Promoting" (American goods) and 'preaching' or 'propagating' Christianity (by gramophone, perhaps for the playing of hymns) are both indicated by *pracār*, a Hindi term.

not desirable."²³ As is perhaps implied in this testimony, some Indians objected to the fact that they were forced to pay for American medicines in hospitals. One witness complained that all the medicines used were "allopathic medicines, mostly manufactured in America [...] and England. The mission hospitals prescribe only the American and English medicines as according to the country to whose tail they are tied. These hospitals are salesmen for such medicines. They never prescribe Indian [made] medicines even though equally effective."²⁴

Similarly, though at some hospitals all patients were charged the same rate, in others, Christians received treatment for free or at reduced rates. In District Akola, a group of non-Christians complained, "In hospitals patients are required to attend prayers. Discharge to a patient is delayed and patient is persuaded to embrace Christianity and if the attempts fail heavy bills are charged."²⁵ In District Yeotmal, one Shri Wasudeo Krishna asserted that in mission hospitals, "If a patient is found helpless, he is advised to embrace Christianity in order to get free medicines."²⁶

Oddly, one of the most common complaints was that Christian medical facilities monitored the reading of their patients. Bhagwanprasad Hota, from Basna (near Dhamtari), said that at the local Christian hospital "[Christian] religious books were given to patients and doctors expected the patients to be reading them when they paid visits."²⁷ Some hospitals even prohibited the reading of non-Christian books. A *Satnamis*²⁸ provided this testimony: "I was an inmate of the Mission Leper Asylum at Chapa [Champa, presumably]. On being admitted, the asylum authorities took

²³ Goel, *Niyogi Committee Report*, 2A: p. 91.

²⁴ Ibid., 2A: p. 310.

²⁵ Ibid., 2A: p. 135.

²⁶ Ibid., 2A: p. 119. See also ibid., 2A: p. 82.

²⁷ Ibid., 2A: p. 63.

²⁸ *Satnamis* were members of a nineteenth-century Hindu reform movement that grew largely out of the *dalit Chamar* caste. Located mostly around the cities of Raipur and Bilaspur on the central plains of what is today the state of Chhattisgarh, the *Satnamis* were heavily evangelized after 1868, particularly by Disciples of Christ and Evangelical and Reformed (later United Church of Christ) missionaries. Though there were never any mass movements among them, a good number of *Satnamis* converted to Christianity, creating what I have elsewhere characterized as a distinctly *Satnami* form of faith from elements of missionary Christianity and local religious traditions. By the time of the *Niyogi Report*, upper-caste Hindu politicians were trying desperately to sanskritize the *Satnamis* and win their political support, while undermining the influence, among *Satnamis*, of foreign missionaries and Indian Christian leaders. Not surprisingly, in the *Report*, therefore, some of the most vocal critics of Christian practices were the various leaders of the non-Christian *Satnamis*. For more, see Bauman, *Christian Identity*.

away my *Ramayan* and gave me a Bible to read. The Foreign Missionary in-charge, the pastor and the Mukadam, etc., used to tell me often to become Christian."²⁹ An inmate at the mission-run Pendra Sanatorium had a similar experience. "The American ladies used to distribute Christian tracts," he said. "Once she found me reading *Ramayan* and warned me that if I were to read *Ramayan* my health would deteriorate and that I [should not] read *Ramayan* in the hospital [because I] would not get peace of mind thereby."³⁰

And here is where the behavior of Christian medical practitioners, both foreign and Indian, becomes more ambiguous. In the incident described just above, it appears that the American missionary asks the inmate to stop reading the *Ramayana* not merely out of a desire to convert him—though that desire was almost certainly there—but also out of a sincere belief that by so doing the patient would improve his chances of medical recovery. A Christian cantor replied to the Committee's questionnaire by admitting, "Faith and treatment go hand in hand, in the treatment of patients. A Christian doctor cannot think of using his knife on a patient, before invoking the wisdom and help, of Christ, who to him, is source of all help and healing [...]"³¹ Other Christians clearly believed that Christ's power to cure extended as well to spiritual sickness. Shri R. K. Pande at Bichchwas (District Mandla) told the Committee that "sisters and mothers of the Missions visit houses and attempt to oblige people by rendering free medical advice and aid. Some of their agents do Mantra Tantra."³² The local people believe in this. These agents tell them that Father will drive away the ghost. The Father gives them [a garland made of the Gurlu fruit] with a Cross and they are asked to put it on."³³

It appears to have been relatively rare that Christian medical workers would require conversion before offering treatment to non-Christians. It was not at all uncommon, however, for them to assert that faith in Christ would speed or otherwise aid a patient's recovery.³⁴ This belief was

²⁹ Goel, *Niyogi Committee Report*, 2B: p. 102. See also ibid., 2A: pp. 302 and 310.

³⁰ Ibid., 2B: p. 104.

³¹ Ibid., 2A: p. 255.

³² "Mantra-tantra" (or *tantra-mantra*) is a term usually used to describe the work of local shamanistic healers called *baigas* who used *tantric* practices and uttered *mantras* in the ears of patients in order to deliver them from the troublesome spirits causing their illnesses. For more on such techniques, see below.

³³ Goel, *Niyogi Committee Report*, 2A: p. 158.

³⁴ One *Satnami* leader who was generally not particularly fond of Christians, said that whereas it was common for Christians to assert that converting to Christianity would have

communicated in a variety of ways, some more subtle than others. For example, the entrance to the Mission Hospital at Mungeli was decorated with a large painting that depicted Christ as Divine Physician, healing the sick.³⁵ Another Hindu recounted his experience at a Christian dispensary near Raipur, where one preacher on staff distributed tracts along with medicines, and told him the following story: "There was a leper who went to a Rishi, who was Bhakta [a devotee] of Ram, and asked him to cure him. The leper could not be cured by the Rishi. Then, while returning back, he found Jesus on the way. He prayed to him and he was cured. Jesus cured him." After concluding the story, the preacher added, "Look here [...] the difference between our Lord and your Lord."³⁶

Some Christian doctors were more forceful. Shri Dhunnaulal Soni, Secretary of the Arya Samaj at Didori (District Mandla), said, "When a villager is ill, Christian Father is approached by a Missionary agent on behalf of the patient. The Father throws away the village deity telling that it has no power to recover a patient and then gives him medicine. After recovery the patient loses confidence in his village deity and becomes a Christian."³⁷ The testimony of a convert to Christianity confirms Shri Dhunnaulal's general impression: "When I was on death bed, I took baptism in 1947. The result was that I began to recover gradually [and became a Christian]."³⁸

Many Hindus objected to the attempt, by missionaries, to associate their healing abilities with their Christian religion. In Chikhli (District Buldana), the Committee interviewed Shri Dongre, secretary of the Buldana District Jan Sangh, who said, "In Chikhli mission hospital, non-Christian patients are told that prayers are offered to Christ for their recovery. They are given medicines and thereby they recover. Poor patients are misguided. They are made to believe that Christ has recovered them."³⁹ Moments later another witness who had been to a tuberculosis sanatorium in the United States, said, "In America, no religious prayers are offered in hospitals [...]. There is no restriction on anybody about prayers. I do not believe that patients

a positive effect on a patient's health, he had never heard of a patient being told that he or she would not be treated without first becoming Christian. *Ibid.*, 2B: p. 78.

³⁵ Witnesses complained not only about the subject matter, but also that the painting had been made outside of India. *Ibid.*, 2A: p. 72.

³⁶ *Ibid.*, 2B: p. 76.

³⁷ *Ibid.*, 2A: p. 155.

³⁸ *Ibid.*, 2A: pp. 84–85.

³⁹ *Ibid.*, 2A: p. 149.

cannot be cured in hospitals without prayers."⁴⁰ But just a few minutes afterwards an Indian Christian preacher, Shri Gangadhar, stood before the Committee and said in response, "We believe that patients can be cured by prayers without medicine. It is also our experience. Even though we believe in this, we give medicines."⁴¹

As indicated by Gangadhar's testimony, many Christians in India at the time believed quite sincerely that there was a connection between their faith and the efficacy of the medicine they dispensed. As was quite common at the time, they reasoned that Christian Europe had been allowed the boon of scientific advance *because of its Christianity*. Allopathic medicine therefore, was for them in a very real sense *Christian* medicine. And though few of them would have suggested that one should pray *in lieu of* reliance on allopathic medicine, as a growing number of Indian Christians assert today (see below), most of them would have argued that prayer, and the faith it demonstrated, could increase the efficacy of allopathic medicine.

And here lies a curious paradox. Many missionaries viewed biomedical practices as the cure to India's many "heathen superstitions." Destroy India's faith in her healers, so the reasoning went, and she would lose her faith in her gods. Biomedicine was considered a demonstration of rationality, and—because of its assumed connection to Christianity—of the superiority of rational religion (read: Christianity). Yet at the same time, the maintenance of that connection between Christianity and biomedicine required the perpetuation of what skeptics would call another superstition, to wit, the belief that the power and putative superior efficacy of biomedicine lay not in its sound scientific foundation, properties, and practices, but rather in the power of the Christian God.⁴²

This paradoxical thinking was quite common among missionaries and Indian Christians in mid-century India. Milton Lang, a missionary in eastern Madhya Pradesh with what would become the Evangelical and Reformed Church (and, later still, the United Church of Christ), wrote: "The might of medical missions lies [...] in the demonstration, that by attacking disease at its source and [utilizing] preventative medicine, belief in evil spirits, demons, malign gods and goddesses, and witchcraft must

⁴⁰ *Ibid.*

⁴¹ *Ibid.*, 2A: p. 150.

⁴² See, for example, Hardiman, *Missionaries and Their Medicine*, p. 13.

vanish."⁴³ And clearly Indians who worked with Western missionaries had often assimilated this way of thinking. One evangelist who worked with Lang's mission recorded in his journal that he had confronted a Hindu with this challenge: "If your science is true, contradict the English Science [*sic*] and ask any educated Hindu which one is true. If your Science is false then your religion is also false."⁴⁴

At mid-century (and still to a large extent today), many in Central India accepted the notion that spiritual forces were involved in health and healing. Religious and medical beliefs could not, therefore, be entirely separated. Because of this, even many non-Christians accepted the missionary insinuation that biomedicine was Christian science. And there is evidence that they saw in certain Christian practices an echo of the practices employed by non-Christian healers in the region. For example, the prayers offered by Christian doctors, nurses, and hospital chaplains were understood by many as mantras. And since mantras were considered a necessary part of the treatments offered by local Hindu exorcists and healers, Hindus often even requested that Christian doctors dispense prayers along with their biomedical therapies. Similarly, many in Central India at the time interpreted the Christian medical practice of taking a patient's pulse within the framework of *nārī bhed*, a traditional method of diagnosing illnesses by feeling the pulse (*nārī bhednā*).⁴⁵ Not surprisingly, then, many Hindus accepted Christian claims linking Christianity and biomedicine. At the same time, however, they were not as inclined to believe that a single successful cure proved the truth of a particular religion. Indians were quite pragmatic, piecemeal, and experimental in their search for cures, and moved freely from healers in one tradition to

⁴³ Milton C. Lang, *The Healing Touch in Mission Lands* (St. Louis: Eden Publishing House, 1932), p. 25. Also, cf. Hardiman, *Missionaries and Their Medicine*, p. 126.

⁴⁴ Entry in unnamed catechist's journal for 13 June 1908, found in journal of S. J. Scott, Mahasamund catechist, Archives of the Evangelical Synod at Eden Theological Seminary, St. Louis, Missouri 83-5 Di54 #1. Missionaries, whether Indian or foreign, were perhaps merely following the model of Scottish educator, John Wilson, who attempted to undermine Hinduism by discrediting scientific views associated with it. Hindus responded to his attacks by pointing out the Bible's scientific inaccuracies. See Richard Fox Young, "Receding from Antiquity: Hindu Responses to Science and Christianity on the Margins of Empire, 1800-1850," in *Christians and Missionaries in India: Cross-Cultural Communication since 1500*, ed. Robert Eric Frykenberg (Grand Rapids: Eerdmans Publishers, 2003), p. 194.

⁴⁵ Some believe that particularly good healers can even cure illnesses through the practice of *nārī bhed*. The practice is still quite common in central India. While I was conducting research in Chhattisgarh in 2004, I developed a sinus infection. One of my translators, an older man with a mystical bent, felt my pulse and declared that I would soon recover. I felt better the next day.

healers in another. The proven abilities of a healer generally led to confidence in that particular healer and in the ability of his or her god to cure certain diseases, but did not necessarily lead to belief in the religion he or she espoused more generally, and only very rarely led to an *exclusive* belief in that religion.

Habib and Raina have suggested that the association of Christianity with scientific empiricism constituted a kind of allurement to the faith.⁴⁶ While this may have been true in certain highly educated Hindu circles, it was certainly not true, for the most part, in this context. If biomedicine constituted an allurement in Central India, it was not generally because those who received it were impressed with its foundation in scientific empiricism. It was rather because it *worked*, and in many cases worked better than the medical care given by local healers.⁴⁷ To the extent, then, that Christians could provide biomedicine, or access to it, biomedical missions may have constituted an allurement to the faith. For the power to heal is, as I have suggested, a real and significant power. And some may have converted in order to access this efficacious medicine.

Christian missionaries therefore found themselves in the paradoxical position of proclaiming, as one missionary did, that "magic" had been "the greatest enemy to human progress,"⁴⁸ while they were at the very same time asserting what one might call the "magical" power of prayer and faith in Jesus Christ. And one suspects that some of them were sensitive to this paradox. And one also suspects that they were consciously or unconsciously aware of the fact that the association of Christianity with biomedical institutions benefitted Christianity and indirectly at the very least constituted a kind of allurement to Christianity. And this might account for the fact that they did little to contradict the belief that the efficacy of biomedical practices was rooted in the power of the Christian God.⁴⁹

⁴⁶ Irfan Habib and Dhruv Raina, "The Introduction of Scientific Rationality into India: A Study of Master Ramchandra," *Annals of Science* 46 (1989): p. 601. Quoted in Young, "Receding from Antiquity," p. 193.

⁴⁷ For a description of similar kinds of medical experimentation among the Igorot, see Arun W. Jones, *Christian Missions in the American Empire: Episcopalians in Northern Luzon, the Philippines, 1902-1946* (New York: Peter Lang, 2003), pp. 228-29.

⁴⁸ A quote from an unidentified book in M. P. Davis, "Indian Touring Notes, Parsab-hader," ca. 1930, Archives of the Evangelical Synod at Eden Theological Seminary, St. Louis, Missouri, 82-14 Qu2, Davis, M. P., Quarterly Reports, Articles, Newsletters, 1916-1935.

⁴⁹ For a similar claim about missionaries in another part of India, who had "little desire to demystify what appeared to local people to be a form of 'superior magic,'" see Hardiman, *Missionaries and Their Medicine*, p. 175.

However, by the time that the Christian Missionary Activities Inquiry Committee was conducting its interviews around Madhya Pradesh, some non-Christians had recognized the paradox, and had begun to criticize Christian missionaries for their inconsistency.⁵⁰ Here the old essentialist and orientalist notion that India was a hotbed of quackery and superstition whereas the West was home to reason and science breaks down. Some Indians found it difficult to believe that Western doctors would perpetuate the notion that religion had anything to do with physical healing and health. Shri Tiwari, a witness from Khandwa (District Nimar), described a local hospital where doctors, he said, "compel a patient to pray [to] Jesus Christ and on recovery, ask [the patient] to [thank] him. They stress the point that Christ has improved [the patient] [...]. I do not understand why doctors, who believe in science, should attach so much importance to religion."⁵¹ Having in some sense assimilated the notion that western medicine rested on hard science and reason, many educated non-Christians found it difficult to fathom that doctors really believed that Christ had anything to do with healing, and therefore interpreted Christian assertions to that effect as a cynical attempt to lure the gullible to Christianity.

Christians themselves did not see it that way. Dr. B. D. Sukhnandan, Medical Superintendent of the Mission Hospital at Mungeli, known far and wide for its eye-clinic, reported to the Committee:

Before our hospital work commences, we have a prayer, and similarly in the Eye-camps also before starting work we used to gather for prayers. We attended the prayers as well as the staff and the patients. Although we do not preach [...] we do explain the implications of our prayers to the effect that we are merely instruments in the hands of God and that real healing is done by God alone.⁵²

Dr. Spiker, a missionary doctor interviewed by the Committee at Basim (District Akola), agreed with Sukhnandan: "We do not baptize, we merely preach. We do not expect patients to come for prayers. There are no prayers in wards. We have come to India out of sheer love, for the people and the country. We spread the love of Christ wherever we go. We do not force

⁵⁰ The argument in this section was first developed in Chad Bauman, "Miraculous Health and Medical Itineration among Satnamis and Christians in Late Colonial Chhattisgarh," in *Miracle as Modern Conundrum in South Asian Religious Traditions*, ed. Selva Raj and Corinne Dempsey (Albany: SUNY Press, 2008); and Bauman, *Christian Identity*, chap. 4.

⁵¹ Goel, *Niyogi Committee Report*, 2A: p. 101.

⁵² Ibid., 2B: p. 99.

anybody. We have come with love for people. That is Christ's message."⁵³ The testimony of one (formerly Hindu) Christian preacher supports Dr. Spiker's assertions. "I am the son of a Pandit," he said; "I became a Christian willingly because of the circumstances in which my community [the Balahis] was treated by other [communities]. Temples were not open to us [...]. Balahis are converted by love, love in [the] hospital. When the Christian missionaries love us so much in the hospital, naturally we feel that there must be some great love in their religion."⁵⁴

On the other hand, many non-Christians in Madhya Pradesh worried that Christian motives were not purely charitable. The *Niyogi Report* itself quotes from *Rethinking Missions*, the result of an enquiry into worldwide missionary practices funded by John D. Rockefeller and directed by Harvard philosopher William Hocking in the 1930s:

[...] when medical aid or education are thus consciously subordinated to explicit evangelism there are unfortunate effects in various directions including the quality of education or the medical aid. The service ceased to be disinterested. It has an 'ulterior object'; the philanthropic object is likely to be pursued in a manner savouring of a commercial interest in the promotion of one's own type of piety.⁵⁵

The testimony of one Christian seems to confirm the non-Christian belief that there was more to Christian medical work than pure love. Rev. Gaikwad, of Basim, argued before the Committee, "If we are not allowed to preach, there is no point in our running the hospital."⁵⁶ Gandhi himself complained about ulterior motives of this kind: "Christian missionaries have been doing valuable service for generations, but, in my humble opinion, their work suffers because at the end of it they expect conversion of these simple people to Christianity [...]. How very nice it would be if the missionaries rendered humanitarian service without the ulterior aim of conversion."⁵⁷

⁵³ Ibid., 2A: p. 137. See also ibid., 2B: pp. 158–60.

⁵⁴ Goel, *Niyogi Committee Report*, 2A: p. 109.

⁵⁵ Ibid., 1: p. 156. The quote is from The Laymen's Foreign Missions Inquiry Commission of Appraisal, *Re-Thinking Missions: A Laymen's Inquiry after One Hundred Years* (New York: Harper & Brothers, 1932), p. 67.

⁵⁶ Goel, *Niyogi Committee Report*, 2A: p. 137. Though Gaikwad's was the standard view among medical missionaries in the late nineteenth century, by the time the Niyogi Committee conducted its research many Western missionaries had begun to detach evangelism from social service in missionary hospitals and other institutions. See Hardiman, "Introduction," p. 25.

⁵⁷ Quoted in Indian Bibliographic Centre, *Christianity and Conversion in India* (Varanasi: Rishi Publications, 1999), p. 130.

Few of these missionary activities—praying, preaching, etc., in hospitals—would have been objectionable to non-Christians had it not been for the fact that medical workers were essentially in a position of power over their patients. An advocate from Sagar, B. L. Saraf, said:

I entirely disagree with [Christians] in their views that they should [witness to Christ, which they say is acceptable] in the case of a doctor to a patient [or] a teacher to a student [or] a manager of an orphanage to an orphan. I consider this bad, as the patient and the student and an orphan are so situated that they cannot displease them, and it would be taking undue advantage of their situation as a patient, student or an orphan.⁵⁸

Living as they had for so long under colonial authority, newly-independent Indians understandably desired to preserve their right of self-determination, not only politically, but religiously. Despite the temptations of theocracy, those who drafted the Indian Constitution declared India a secular state and protected religious freedom. But the Constitution assumed, as it were, a level playing field, that religious groups would not take "undue advantage" of the situation. What many of the witnesses who appeared before the Niyogi Committee suggested was that in fact the religious playing field had tilted, that the Christian community's ability—because of its connections to the West—to provide valuable medical services which the government itself could not adequately provide, constituted an unfair advantage.

Faith Healing and the "New Breed" of Indian Missionary

Given the history recounted here, one might predict that controversies involving missionary medical practices would decline as technological modernity increased and biomedicine became the norm. But in fact the issue remains a live one and has become even more salient in recent years. There are two reasons for this. The first is that adequate health-care still has not been extended, through public or private effort, to the significant portion of India's population that lives in rural areas. The second is that there has been an appreciable increase in mission work by a new kind of Evangelical and Pentecostal missionary. This "new breed"⁵⁹

⁵⁸ Goel, *Niyogi Committee Report*, 2B: p. 165.

⁵⁹ Scott Baldauf, "A New Breed of Missionary: A Drive for Conversions, Not Development, Is Stirring Violent Animosity in India," *Christian Science Monitor (Online)*, 1 April 2008. See also David Hardiman, "Christianity and the Adivasis of Gujarat," in *Development*

of missionaries, most of them Indian (often from the South), are not only more aggressive and assertive in their evangelism, but are also inclined quite strongly to believe, and to proclaim, that Christ heals. And whereas the mainstream Protestant and Catholic missionaries who dominated Indian missions for much of the twentieth century proclaimed the healing power of Christ and prayer *only with ambivalence and along with that of biomedicine*, this new breed of missionaries does so confidently, suggesting all the while that biomedical etiologies are only part of the story and that reliance upon biomedicine may in fact indicate a lack of faith.⁶⁰ Their diagnoses of illnesses give rise, then, to dual (and dueling) etiologies. The natural causes of illness are not ignored or denied. But Christian faith healers assert that the natural causes of illness are enacted or manipulated through black magic, by malign spirits, or by God himself (as a test of faith). The spiritual etiology, then, not the natural etiology of the illness, is the more important of the two.

These missionaries and their followers differ significantly in this regard from the Western missionaries of the colonial period and the Indian missionaries who replaced them in the immediate postcolonial period. This difference is due in large part to their responsiveness to indigenous world-views which very often, and still today—particularly in the less modernized, lower-caste and *ādivāsī* communities from which such a large portion of Christian converts are drawn—attribute sickness and misfortune to the machinations of nefarious spirits.⁶¹ Pentecostalism, of course, generally operates with a theology that presupposes the active involvement of the spiritual world in human affairs. This allows Indian Pentecostals to rather easily accommodate the widespread popular Hindu fear of spirits by naming them demons and doing battle against them in the name of

and Deprivation in Gujarat: In Honour of Jan Breman, ed. Ghanshyam Shah, Mario Rutten, and Hein Streefkerk (London: Sage Publications, 2002), p. 190.

⁶⁰ Most western missionaries in India in the late nineteenth and early twentieth centuries believed that the time of miraculous healings like those performed by Jesus was over, and that "in contemporary times... miracle-workers were generally charlatans, and their supposed cures fraudulent." Hardiman, *Missionaries and Their Medicine*, p. 13. Because of this, there was no room for "magical practices, such as exorcism, the laying-on of hands or the use of charms. Such practices were, rather, seen to be positively dangerous, as they would concede too much ground to the enemy, which at that time included both 'heathens' and Roman Catholics who continued to perform such rituals" (*Ibid.*, p. 126). See also, Hardiman, "Introduction," p. 26.

⁶¹ Michael Bergunder, *The South Indian Pentecostal Movement in the Twentieth Century* (Grand Rapids: Eerdmans Publishers, 2008), p. 147; and Sushil Aaron, "Emulating Azariah: Evangelicals and Social Change in the Dangs," in *Evangelical Christianity and Democracy in Asia*, ed. David H. Lumsdaine (New York: Oxford University Press, 2009), p. 105.

Christ.⁶² Western missionaries had been reluctant to give any credence to belief in spirits of the unhappily dead (e.g., the murdered, those who died in childbirth, those who died young, those not properly remembered by their survivors, etc.), and often operated under the assumption that Christ's victory had conclusively destroyed the power of demons. Their Indian coworkers and eventual converts were less easily convinced, however, and today in popular Christianity among all denominations, belief in these spirits remains quite prevalent.⁶³ The ability to accommodate beliefs such as these, and address them in ways that give converts confidence in life, is one of the primary reasons for the meteoric rise of Pentecostal-style Christianity in the latter half of the twentieth century, and not just in India, but throughout Asia, Africa, and Latin America.⁶⁴

It was not only Pentecostals, however, who adapted themselves in this way. Many Indian Evangelicals, particularly those engaged in missions among less developed communities, were also essentially forced by the belief systems of those among whom they worked to address the putatively spiritual dimension of sickness, and to engage in spiritual healing.⁶⁵ Sushil Aaron, for example, describes the work of the Gujarat Christian Workers (GCW)⁶⁶ among *ādivāsīs* in the Dangs, Gujarat:

Healing has been the main impetus turning people to Christianity ever since GCW's arrival in the Dangs. Interestingly, in a ministry that does not have charismatic origins, spiritual encounters are a major factor in people's embracing Christian faith. Yet this may have been inevitable among an almost entirely illiterate tribal group whose mental landscape is dominated by spirits. It again illustrates GCW's theological elasticity, especially as many workers have an Anglican background. Although GCW recruitment began in a revival with charismatic overtones dating to the 1960s in Tamil Nadu, the workers themselves generally do not indulge in glossolalia or related enthusiastic practices.⁶⁷

The result of this accommodation, suggests David Hardiman, who has also conducted research in the Dangs, is that missionaries like those just described eventually encouraged *ādivāsīs* to rely on Christ and avoid going to see biomedical doctors. Their message "offered the *Adivasis* a solution to their many problems through mass conversion to a cosmology which

⁶² Bergunder, *South Indian Pentecostal Movement*, p. 125.

⁶³ *Ibid.*, p. 147.

⁶⁴ *Ibid.*, p. 126.

⁶⁵ Hardiman, *Missionaries and Their Medicine*, p. 131.

⁶⁶ "Gujarat Christian Workers" is a pseudonym. The group originates in South India.

⁶⁷ Aaron, "Emulating," p. 104.

would, it was believed, invite supernatural intervention on their behalf." This accommodation, and the perceived ability of Christian missionaries to heal, led to a surge in baptisms.⁶⁸

The willingness of Indian Christian pastors, evangelists, and missionaries to engage in spiritual healing practices brings them into direct conflict with Hindu shamans, exorcists, and healers (e.g., the northern *ojhās*, *baigās*, and *bhuvas*, or the southern *mantiravāti* or *camiyāti*), as well as with gurus of local or international fame (e.g., Sathya Sai Baba) who engage in healing practices as part of their spiritual repertoire. In fact, just as with the missionary hospital doctors described above, the methods of Christian faith healers are quite similar to that of these Hindu figures, who frequently utilize mantras in their healing; Christian prayers such as "In the name of Jesus, be healed!" are perceived by many, Christian and non-Christian, as efficacious mantras.⁶⁹ Not surprisingly, then, many Indians, even Indian Christians, are quite pragmatic about healing, and will not necessarily confine themselves to their own religious tradition in their search for succor.⁷⁰

Good health, then, is the default state for Christians of this theological persuasion. Illnesses and addictions are signs of sin and/or spirit affliction to be overcome by the pious. There are, of course, economic benefits of good health, and of breaking addictions like alcoholism. Because of this, the Christian claim to ensure good health, through healings and help with addiction, draws people toward the faith.⁷¹ That many have converted after receiving healing or help with addiction draws the ire of Hindu nationalists, who raise again the accusation of allurements. And certainly spiritual healing is attractive, particularly in places like the Dangs, where biomedical care is inaccessible and/or unaffordable.

In fact, Hardiman interprets the anti-Christian riots in Dangs, Gujarat (1998) at least in part as a response to a surge in conversions, many of which resulted from Christian healings or other purported demonstrations of spiritual power.⁷² And here again, the common portrayal of Christianity as a purveyor of modernization in the context of more traditional

⁶⁸ Hardiman, "Christianity and the Adivasis," pp. 190–91.

⁶⁹ Bergunder, *South Indian Pentecostal Movement*, pp. 156 and 160–166. For some examples of these spiritual contestations, see Hardiman, "Christianity and the Adivasis," p. 185.

⁷⁰ Bergunder, *South Indian Pentecostal Movement*, pp. 125–26.

⁷¹ Aaron, "Emulating," pp. 108–09.

⁷² Hardiman, "Christianity and the Adivasis," p. 190.

religions gets flipped on its head, for very often Hindu critics of Christians have accused them of being:

[...] guilty of [superstition], by duping credulous 'tribals' into conversion through what they depicted as trickery [...] [Christian missionary] activities were contrasted to the Hindu religious workers who were seen to provide [...] 'legitimate' health care. According to this line of reasoning, it was not acceptable to link healing with religion so far as actual medical technique was concerned; religious figures were expected to encourage and employ 'modern' methods.⁷³

There is of course a certain irony in the accusation, from Hindu nationalists, that Christians are not adequately modernized, since in many other situations Indian Christians are accused, by dint of their presumed connections to western Christianity, of being peddlers of a "foreign" (and threatening) modernity.⁷⁴

Conclusion

In both of the contexts discussed in this chapter, the mere ability of Christians to heal, to make whole what was broken, to provide succor for suffering, was appealing to non-Christians. It was a demonstration of potency, of ability and power. And Hindus perceived in this aphrodisiacal power to heal, whether through biomedicine or merely the power of prayer, a kind of allurements to the Christian faith, a perception not at all unjustified in the context of postcolonial imbalances of wealth and power, and in the context of an ongoing lack of access, for many Indians, to secular biomedical care. The Divine Physician does indeed, therefore, have an advantage.

Whether that advantage is unfair, and whether these allurements are illegitimate, is of course another question altogether. And the answer might be different depending on the context. For example, an argument could be made, perhaps, that the ability to offer access to efficacious biomedical therapies in contexts where they are otherwise unavailable constitutes a greater (and therefore a *more* unfair) advantage than the assertion that illnesses can be cured through prayer and faith in Christ. Whereas the former implies access to wealth and power, the latter does

⁷³ Ibid., pp. 190–91.

⁷⁴ Ibid., p. 191.

not; local healers could presumably compete with Christian faith healers on a relatively level playing field.

Of course that presumption requires a kind of skeptical scholarly materialism that assumes all claims to spiritual healing are equally spurious. But what if it could be shown scientifically that Christian faith healers were more effective than their non-Christian counterparts (or *vice versa*), even if only marginally so? That would certainly constitute an advantage, but would it be an unfair one? Could one be faulted for engaging in superior faith healing practices if the superiority of those practices did not in any way depend on having greater access to Western wealth?

Questions such as these lay bare the thorniness of this issue. For even if it could be proven, for example, that Christian faith healers were more effective than their non-Christian counterparts, how could one know whether their greater effectiveness was rooted in the superior power of their God or in the superior power of their rhetoric to convince people that they can be cured through prayer and therefore—since the influence of mind over body is well-established—to actually cure them, at least in some cases? And if their greater effectiveness lies not in their God but in their more effective psychological manipulations, does *this* constitute an illegitimate allurements to the faith?

Does the Divine Physician, then, have an unfair advantage? Clearly the Divine Physician does have an advantage. That is to say, Christians have an advantage, in terms of attracting people to their faith, when superior biomedicine is offered by them in contexts where it is otherwise unavailable, or when people are convinced that Christians possess the power, through prayer, to heal (and heal better than others). But whether that advantage is deemed an unfair one will of course depend on many factors, most important among them how one decides which kinds of advantages—spiritual, material, rhetorical, psychological, scientific—are fair and which are not.

And how one makes *that* decision depends to a significant degree on how one theorizes religion and religious conversion. If one understands religion to be the domain of the purely spiritual, and believes not only that it is possible that actors might guide their religious actions according to purely spiritual concerns, but also that outside observers possess the ability to confidently discern such situations from others where material considerations enter the picture, then one might be inclined to attempt to decide which conversions are purely "spiritual" and declare all others illegitimate because they involve material considerations, and therefore various forms of allurements or subtle forms of coercion.

But that is an inadequate understanding of religion and conversion. It is common to assert that the lines between religion, politics, and culture are more difficult to discern in India than they are in the West. And it is true that the idea of "Hindu dharm" refers to more than what Westerners commonly think of as "religion." But that, in my view, does not mean that Indians are somehow more materialistic, or political in their religious activities than are their Western counterparts. Apart from the obvious orientalism involved in such an assertion, the idea that Westerners are on the whole more intellectual about their faith is also overly simplistic. As implied by the distinction now commonly made by Westerners (and others), "I may be spiritual but not religious," the religious life always includes more than the purely spiritual. What those who use the phrase fail to recognize about themselves, however, is that even they are not 'purely' spiritual. All religion involves a messy concoction of what we might call 'material' and 'spiritual' concerns, a mixture of the pursuit of answers to life's big questions and a more intuitive search for belonging, respect, and self-esteem. This would be obvious, it seems to me, if we had the ability to truly know what was going on in the minds of others, which would of course imply that we had the ability to know, at the very least, what was going on in our own minds. (We do not.)

And this, then, suggests that scholars who deal with conversion must get out of the business of trying to determine motivations for religious conversion. The tendency to attempt such determinations derives from so many faulty assumptions about religion and religious behavior that it is a wonder anyone still engages in it at all (though I am as guilty as any). Above all, it seems to me, the obsession with motivations, and the desire to differentiate 'spiritual' from 'material' concerns relies upon what is, in the end, a kind of *religious* assertion that religion is a privileged and unique domain of human life and experience: that religion is a source of individual and communal identity that is somehow substantially different than sources like language, ethnicity, or political ideology. Post-Enlightenment political secularism, notions of church-state separation, and the privatization of religion have led many to think of religion in this way. But the secularist assertion that religion and politics *should* or *could* be distinct does not mean that they are.

It is only those who think of religion as a privileged and unique realm, somehow special because it involves a person's "deepest beliefs," that are shocked that material motivations might play a part in conversion and scandalized when they do. But those who understand religion as a social phenomenon not unlike politics are less likely to be ruffled by such

realizations. They might still be inclined to make value judgments about or hierarchize the reasons why people remain part of or change religions, just as they would about the reasons why people support one political party rather than another. But they would do so armed with a more nuanced and sophisticated theory of conversion that recognizes, as a matter of simple fact, that religious behavior, like all human behavior, operationalizes ideal *and* material interests, goals, and concerns.