CHAPTER 6

In Search of Wellness: Christianity and Life Itself in Northern Aboriginal Australia

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According to the most recent estimates from the Australian Institute of Health and Welfare, Indigenous Australians suffer two-and-a-half times greater burden of disease than the total Australian population (Australian Bureau of Statistics, 2010).1 To be indigenous in Australia today is to confront a life expectancy that is nearly twenty years less than average Australians and an infant mortality rate that is twice as great (Department of Health and Community Services 2004, 24; Australian Institute of Health and Welfare 2011, ix). 2 This chapter is about the ways that Yolngu people living in the Northern Territory settlement of Galiwin’ku configure Christian treatments for illness in relation to biomedical and traditional therapies to work to achieve health and wellness in the face of such immense suffering and loss. 3 The discussion is oriented toward the early stages of the “therapeutic process” (Csordas and Kleiman 1990), focusing neither on the efficacy of socio-religious therapies nor on the hermeneutics of healing, but on how Yolngu experience and interpret their quest for health and wellness in the contemporary world. Sick and well are dialectical ways of being in the world, and it is in the passage between the two where I locate my account, as this is where the aspirations and priorities of Galiwin’ku’s residents are placed into the highest relief.

1 I presented an earlier version of this paper at the 2011 Annual Meeting of the American Anthropological Association as part of the invited session Healing Legacies: Bridging Medical Anthropology and the Anthropology of Religion.

2 The rate of hospitalization for mental health problems among Indigenous Australians is also almost twice the rate for other Australians and young Indigenous Australians die at a rate 2.5 times as high as that for young non-Indigenous Australians (Australian Institute of Health and Welfare, 2011).

3 Fieldwork was carried out between 2003–2005 and in June 2007 and June–July 2009. The 2003–2005 research was supported by a grant from the International Institute of Education Fulbright Program, the Australian Institute of Aboriginal and Torres Strait Islander Studies (Grant #G2004/6934), the University of Connecticut Research Foundation, and the University of Connecticut Humanities Institute. The 2009 fieldwork was supported by an Individual Development Award from the State of New York/United University Professions Joint Labor Management Committee and by a Research and Creative Endeavors Award from the Office of Research and Sponsored Programs at the State University of New York at Potsdam.
The quest to make well and renew sick Indigenous Australians is but one aspect of the quest for the larger project of well-being, or what Charles Taylor (2004, 2007) has referred to as “human flourishing.” Human flourishing, Taylor (2004) argues, may be oriented toward this-worldly matters, such as those of health, prosperity, long-life, and fertility, and toward matters that extend beyond the “ordinary” into the divine realm. This chapter deals mainly, although not exclusively, with human flourishing of the ordinary kind as it focuses on the materiality of lived experiences of Christianity in relation to the everyday effort that well-being requires. While the broad and holistic concept of well-being has figured more prominently, or at least more explicitly, in medical anthropology writings than in anthropological scholarship on Christianity in the last few years, well-being as an object of analysis offers a common ground for medical anthropology and the anthropology of Christianity to stand on. This is because both medicine and Christianity bring with them the promise of human flourishing, whether experienced as patients, adherents, or both, or in this world or the eternal realm.

The central argument that I advance in this chapter is that the work that Yolngu do toward largely the physical dimension of human flourishing (if through Christian, biomedical, or traditional therapies or some combination thereof) is given its shape and texture by the values of negotiability, immediacy, and relatedness. In Dumont’s (1986) terms, these are paramount values of Aboriginal life. Negotiability is the tendency for decisions to be subject to deliberation and contingent on specific events—things are not really ever settled, but rather remain indeterminate and open to reinterpretation (see e.g., Dussart 2000; Myers 1986; Sansom 1988). Immediacy is the notion of “being in the present”—events of the here and now dictate social relations and life itself (see Musharbash 2008, 11). Lastly, relatedness indicates the imperative of being with and caring for kin. These values have been salient in the pages of Aboriginal ethnography (if not explicitly, then implicitly) as they pertain to such phenomena as residence patterns (Musharbash 2008), ritual (Dussart 2000), resource allocation (Austin-Broos 2003; Sansom 1988), and social geography (Myers 1986). The main question

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4 Christianity, Taylor argues, is concerned with both—with “well-being as ordinarily understood” (2004, 57) and with life devoted to something higher.
5 See Klaits 2011 for an account of how well-being can be approached through the lens of Christianity.
6 For recent works in the anthropology of Christianity confer, for example, Cannell 2006; Engelke and Tomlinson 2006; Klaits 2010; Tomlinson 2009.
7 See also Dussart 2010 for an excellent discussion of diabetes, autonomy, and relatedness.