

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



Lange, Isabelle (2016) Ship to shore: Mercy Ships, healing and faith along the southern West African coast. PhD thesis, London School of Hygiene & Tropical Medicine. DOI: <https://doi.org/10.17037/PUBS.02548625>

Downloaded from: <http://researchonline.lshtm.ac.uk/2548625/>

DOI: [10.17037/PUBS.02548625](https://doi.org/10.17037/PUBS.02548625)

#### Usage Guidelines

Please refer to usage guidelines at <http://researchonline.lshtm.ac.uk/policies.html> or alternatively contact [researchonline@lshtm.ac.uk](mailto:researchonline@lshtm.ac.uk).

Available under license: <http://creativecommons.org/licenses/by-nc-nd/2.5/>

LONDON  
SCHOOL *of*  
HYGIENE  
& TROPICAL  
MEDICINE




**Ship to shore:  
Mercy Ships, healing and faith  
along the southern West African coast**

**Isabelle Lorraine Lange**

**Thesis submitted in accordance with the  
requirements for the degree of  
Doctor of Philosophy  
University of London  
October 2015**

**Department of Global Health and Development  
Faculty of Public Health and Policy  
London School of Hygiene and Tropical Medicine**

**No funding received**



**Ship to Shore:**  
Mercy Ships, healing and faith along  
the southern West African coast

**Isabelle Lange**

**Department of Global  
Health and  
Development**

**Faculty of Public  
Health and Policy**

**London School of  
Hygiene and Tropical  
Medicine**

## Declaration by the candidate

---

I, Isabelle Lange, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Signed

*... the burning questions for me are not whether it makes sense to speak of a life before language or whether we accept the logocentric view that all experience can be put into words, but rather how we salvage, affirm, compromise, or lose our humanity in the face of catastrophic interruptions to the routines that reinforce our ordinary sense of "normal" existence. Nor am I interested in intellectual efforts to link divinity to some ontologically distinct realm, for the real and the religious mark ambiguous borderlands, not bounded domains – disorienting moments when we feel compelled to speak, but words fail us, and though desperate for understanding, find ourselves lost for words. History, religion, spirituality, culture are shopworn terms devalued and dulled by the tasks we have assigned to them, the meanings we have made them carry. I prefer the image of life at the edge of language, a shoreline on which the sea washes ceaselessly, shaping and reshaping the coastal littoral, adding and subtracting, exposing and covering – a tidal zone where neither rocky foreshore nor waves holds sway.*

Michael Jackson | The palm at the end of the mind

*In the end this is the story of the uncertainty of our senses, and the complexity of our minds and the world. There is so little we know, so much we take on trust. In a way more fundamental than we dare to appreciate, we each must make our own judgments about what is truly real, and there are no guarantees, for what is, is always cloaked in mystery. On the edge of night, when you can hear the surf crash against the distant shore, and see a white horse upon a silver hill, you reach to touch it, and it is gone.*

Tanya Luhrmann | When God talks back

## Abstract

---

In Benin in mid 2004, radio stations began announcing the forthcoming arrival of a Christian hospital ship. It was going to dock in the country's main port in Cotonou and provide free surgeries for hundreds of people over a period of four months. Presenting the first ethnographic account of Mercy Ships, this dissertation provides a lens for reflecting on the ever-growing number of faith-based organisations in West Africa. This dissertation addresses the following questions: does sought-out contact with the services and environment of this hospital ship change people – both patients and crewmembers – and the way they live, think about and understand their lives? In those circumstances when changes occur, how do they come about?

By addressing these questions, this dissertation contributes to a body of work in the anthropology of faith, healing, medical humanitarianism and international development. It not only explores the personal value and meaning for people volunteering with and treated by this faith-based organisation, but it also explores how the hospital ship is enacted and experienced, and how, perhaps surprisingly, it is both the lives of the crewmembers as well as the patients that are changed, as they project their faith and visions of lives well lived onto their ship experience. The promise of the ship as a catalyst for change in the imaginations of crew and patients; the blend of medical and social care on board; the perseverance through physical and emotional challenges; and the separation of the ship from land all blend to create powerful encounters that shape their experiences. These encounters demonstrate how the act of faith can become a form of healing, and likewise, how healing can create and strengthen faith. Throughout their journeys, patients and volunteers grapple with their faith which is intimately intertwined with their physical, social and spiritual well-being.

---

# Ship to shore:

## Mercy Ships, healing and faith along the southern West African coast

---

### Table of Contents

---

<b>DECLARATION BY THE CANDIDATE</b>	<b>3</b>
<b>ABSTRACT</b>	<b>5</b>
<b>TABLE OF CONTENTS</b>	<b>6</b>
<b>ACKNOWLEDGEMENTS</b>	<b>9</b>
<b>GLOSSARY AND ABBREVIATIONS</b>	<b>10</b>
<b>PART ONE INTRODUCTION</b>	<b>11</b>
<b>CHAPTER 1   INTRODUCTION</b>	<b>12</b>
BEGINNINGS	12
KEY CONCEPTS	13
JOURNEY TO THE SHIP	16
PORTRAIT OF THE MERCY SHIPS ORGANISATION	20
THE BENIN BACKDROP	25
HISTORICAL LINKS BETWEEN MISSIONARIES AND MEDICINE IN THE BROADER REGION	28
NONGOVERNMENTAL AND FAITH-BASED ORGANISATIONS	32
ANTHROPOLOGY, MEDICAL AID, AND INTERNATIONAL DEVELOPMENT	37
LAYOUT OF THESIS	40
<b>CHAPTER 2   METHODOLOGY</b>	<b>43</b>
NARRATIVE ETHNOGRAPHY	44
DATA COLLECTION	51
OVERVIEW OF METHODS	54
FIELDWORK PROGRAMME	59
CONCLUSION	64
<b>PART TWO PATHWAYS TO THE SHIP</b>	<b>65</b>
<b>CHAPTER 3   CALLINGS: CREWMEMBERS PATHWAYS TO THE SHIP</b>	<b>66</b>
INTRODUCTION	66
CALLINGS: PERSPECTIVES OF CREWMEMBERS	67
THE LANGUAGE OF CALLINGS	71
NON-RELIGIOUS CALLINGS	79
'AUSSTEIGEN'	83
CONCLUSION: RECONCILING LIFE PATHS	88
<b>CHAPTER 4   LIVING WITH ILLNESS</b>	<b>90</b>
INTRODUCTION	90
BEGINNINGS: FRANCINE	92
SEEKING HEALTH	95
THE INVISIBILITY OF THINGS	100
BODIES, ILLNESS AND STIGMA	107

BEING CALLED TO THE SHIP AND TO FAITH	110
CONCLUSION	113
<b>CHAPTER 5   THE MERCY SHIPS MEDICAL SCREENING IN COTONOU</b>	<b>116</b>
INTRODUCTION	116
MERCY SHIPS' ADVANCE WORK IN BENIN	117
THE ARRIVAL OF THE <i>ANASTASIS</i> IN COTONOU	120
THE <i>ANASTASIS</i> MEDICAL SCREENING IN COTONOU	122
WHAT FUELS THE CREW'S FAITH AT THE SCREENING?	133
CONCLUSION	136
<b>CHAPTER 6   PATIENTS AND CREW: ENCOUNTERS IN THE WARD AND DURING OUTREACH</b>	<b>138</b>
INTRODUCTION	138
I. INTERACTIONS AND ENCOUNTERS BETWEEN PATIENTS AND CREW IN THE WARD	139
II. MISSIONARY OUTREACH AND RELATIONSHIPS WITH LAND	149
III. AFFECTIVE INFRASTRUCTURE OF THE HOSPITAL SHIP	160
CONCLUSION	171
<b>CHAPTER 7   CREWMEMBERS' CONNECTIONS WITHIN AND BEYOND THE SHIP</b>	<b>172</b>
INTRODUCTION	172
DEVELOPMENT WORKERS: MERCY SHIPS VOLUNTEERS AND NON-MERCY SHIPS	172
THE ROLE OF FAITH AND GOD IN CREATING A SENSE OF SHIP COMMUNITY	179
WRITING HOME: TRAVEL AND SELF-PRESENTATION	192
CONCLUSION	197
<b>PART FOUR TRANSFORMATIONS</b>	<b>199</b>
<b>CHAPTER 8   POST-SHIP EXPERIENCES: PERSONAL TRANSFORMATIONS AND MUDDLING THROUGH</b>	<b>200</b>
INTRODUCTION	200
<i>'ON SE DEFEND'</i> : MAKING ONE'S WAY IN AN UNCERTAIN WORLD	201
PART ONE: PATIENTS: RECOVERY AND RE-SITUATION	205
STUCK: COMPLICATIONS AND CONFUSIONS IN RECOVERY	215
(RE)-AFFIRMATION OF FAITH – IN MEDICINE AND GOD AND FAITH ITSELF	225
MID-WAY SUMMARY: PATIENT TRANSFORMATIONS	232
PART TWO: CREW TRANSFORMATIONS	235
CREATING AND RECREATING AFTER LEAVING THE SHIP	236
SEARCHING AT HOME: <i>"WE'RE OUTCASTS ... NOT REALLY OUTCASTS ..."</i>	237
OSCILLATING: THOMAS	239
STAYING ON BOARD AND FEELING ALONE	241
UNCERTAINTY SURROUNDING THE SUSTAINABILITY OF LIFE ON THE SHIP	242
CONCLUSION	244
<b>CHAPTER 9   THE BODY AS CONGREGATION: TO HEAL THE BODY IS TO HEAL ONESELF</b>	<b>247</b>
INTRODUCTION	247
THE SHIP AS A SITE OF CONGREGATION	252
SUMMONING SUPPORT	257
CONCLUSION	264
<b>CHAPTER 10   CONCLUSIONS</b>	<b>267</b>
<b>BIBLIOGRAPHY</b>	<b>279</b>



## List of figures

FIGURE 1 THE <i>ANASTASIS</i> DOCKED IN COTONOU'S PORT	16
FIGURE 2 TWO EXAMPLES OF THE MERCY MINUTE RADIO PIECE	21
FIGURE 3 MAP OF SOUTHERN WEST AFRICA WITH FIELDWORK COUNTRIES HIGHLIGHTED	27
FIGURE 4 DZIFA AND HIS COUSIN, PHOTOGRAPHED TWO YEARS BEFORE HIS SURGERY	99
FIGURE 5 DZIFA AND A CLASSMATE IN HIS BIRTH VILLAGE	99
FIGURE 6 MERCY SHIPS SCREENING POSTER FOR THE OUTREACH IN COTONOU IN 2004	118
FIGURE 7 THE <i>ANASTASIS</i> HITTING THE QUAY IN COTONOU	122
FIGURE 8 FOUR IMAGES FROM THE MEDICAL SCREENING IN COTONOU	128
FIGURE 9 VIEW FROM THE SALAD GALLEY PORTHOLES AT SEA	161
FIGURE 10 FRANCINE, DOMINIQUE AND DZIFA REUNITING IN LOMÉ	219
FIGURE 11 ALEXANDRE AND CLEMENTINE	219
FIGURE 12 THE <i>ANASTASIS</i> AND THE <i>AFRICA MERCY</i>	246

## Acknowledgements

---

This piece has been possible through the generosity in spirit of a number of key individuals.

To my parents Allan and Hella, and my sister Melissa and niece Sophie, I happily owe a great debt for putting up with this and me in such a loving way, and for all of the ideas, patience and support with this project and most importantly beyond it from the beginning and ever before.

I am very grateful to the original nest of sustenance from those who started the PhD at LSHTM at the same point: Cécile Knai, Brita Kaltenbrunner Bernitz, Athanasios Nikolentzos, and Alison Wheatley Price each for camaraderie in different forms and as a group. For motivating and stimulating exchanges on a wide range of thesis topics I thank Antonia Keinz, Zoe Norridge, RJ Reynolds, Brendan Kramp, Katti Firchow, Paco Pozo-Martin and Paola Iaccarino Idelson. Other dear friends deserve my ultimate thank you for sustaining me beyond the dissertation throughout this entire period.

This project was breathed into life by my supervisor Wenzel Geissler's enthusiasm from the first day we met. His help in the conceptualisation of the themes to explore and his faith in these stories being worth telling were very encouraging: thank you. Thank you to Clare Chandler for officially overtaking supervision during the transition and encouraging me back to PHP. A huge thank you to Melissa Parker for coming on board during the last stretch to see that this project was finished, such careful attention to detail and the articulation of my ideas, and for the valuable encouragement and concrete advice in shaping this dissertation.

Thank you to Mercy Ships for allowing me to undertake the first phase of this research in Sierra Leone, and to individuals on board for facilitating my fieldwork in Benin and Ghana.

In Cotonou, I am thankful to Anita Sebio Kouhè, Simon Sebio, Marius Kpossì, Christoffer Steffen, and Georges Hajj for logistical support, accommodation and insights along the way. I owe my gratitude to many, many more people and friendships in Benin that influenced the last years with sometimes big and unexpected consequences even from short encounters. It is this collage of moments, interactions and feelings that create the backdrop to my understanding. Thank you.

Later, I also benefitted from my warm colleagues at CERRHUD in Cotonou, in particular Lydie Kanhonou, for providing me with such a stellar work environment through which to learn about Benin, fieldwork and research from a completely different angle than my original dissertation fieldwork afforded me. I am also very appreciative of the support of and collaboration with my colleagues in maternal health in EPH over the years.

The people who participated in this research project – my informants, some of whom are by now friends – were patient, giving and understanding throughout my fieldwork, even when they did not necessarily understand me or what my project was really about. I am grateful to them for opening up to me and allowing me to walk with them for a share of their journeys. The discussions and exchanges across all spectrums of topics spurred on many more questions and wonderings than could ever make it into this document. I appreciate the open approach and trust many people offered me to explore such an intimate subject: their lives, joys, beliefs, struggles, disappointments and hopes. Over the years I have grappled with trying to do their stories justice in writing, and hope that the process was at least somewhat meaningful and worthwhile in itself through the memories, connections and sentiments generated.

*Herzlichen Dank et merci bien.*

## Glossary and abbreviations

---

AFM – *The Africa Mercy*

Beninois – people of Benin

Buvette – simple watering hole, bar

CNHU – Centre National Hospitalier Universitaire, Benin’s national referral hospital in  
Cotonou

DTS – Discipleship Training School

FBO – faith-based organisation

Gris-gris – acts of witchcraft

IT – information technology

Kekeno – motorcycle taxi driver

Maquis – small restaurant, often road-side

NGO – non-governmental organisation

RNGO – religious non-governmental organisation

Sodabi – home brewed alcohol

Sorcellerie – witchcraft

Vodunsi – vodun priest

VVF – vesico-vaginal fistula

Yovo – white person/people, foreigners

Zemidjan/zem – motorcycle taxi

---

PART ONE  
Introduction

---

Chapter 1  
**Introduction**

Chapter 2  
**Methodology**

### Beginnings

---

In mid 2004, radio stations began announcing the arrival of a Christian hospital ship that would dock in the Republic of Benin's main port and offer free surgeries to as many people as it could help in the four months it planned to stay in the country. In November, just days after the ship arrived, a screening to select patients was held that drew over 3,000 people from as far as 600 kilometres to the north as well as from the neighbouring countries, Togo and Nigeria, to a stadium in the nation's largest city, Cotonou. This dissertation is based on ethnographic fieldwork begun before the arrival of the ship in Benin and continued after its departure. It is centred around the stories and experiences of both the crew and patients who were treated on board, collected through participant observation undertaken on board the ship and in crews' and patients' homes and communities. Although the ship treats patients for a variety of medical symptoms (such as cataracts, burn and scar tissue repairs), the patients I mainly consider had surgery for a facial disfigurement – goitres, cysts, cleft lip or tumours weighing as much as five pounds. Through a narrative ethnographic approach, the thesis follows the trajectories of people who came to the ship and explores the interpersonal and spiritual networks that formed beyond the surgical and evangelical interventions of the ship. In so doing, this thesis addresses the following question: does sought out contact with the services and environment of this hospital ship change people – both patients and crew members – and the way they live, think about and understand their lives? If so, how?

The backdrop of this dissertation is the *Anastasis*, a hospital ship run by Mercy Ships, an American Christian organisation with its headquarters in Texas and offices in sixteen countries. It grew up in the late 1970s out of the dream of a husband and wife team who wanted to create an organisation that, “following the example of Jesus, brings hope and healing to the poor, mobilizing people and resources worldwide.”<sup>1</sup> Their current goal is to serve one million people per year, supported by funding from an array of private and corporate donors.

---

<sup>1</sup> Source: [www.mercyships.org](http://www.mercyships.org) (last accessed October 2014)

While the company, Mercy Ships, draws attention to its medical work, it is impossible to divorce the ship's outreach activities for local populations from the goals and vision of the individuals who comprise the organisation. Mercy Ships' goals are as much about the practical medical results they can achieve as they are about the experiences of the crewmembers who are carrying out the work. This became apparent early on in my fieldwork, with many of the crewmembers and patients I met narrating their relationship to the ship as a *journey*; situating themselves firmly in the present while detailing the events that brought them to the ship and how they planned on negotiating their lives after they left. Throughout these narratives, there was a clear thread of a personal and spiritual transformation occurring in many of their lives – a relationship to oneself, and frequently, to God, that was ongoing and ever changing, contoured and informed by the decision and opportunity to work (in the case of crew) on board the Mercy Ship. This process of transformation, and its meaning to those undergoing it, are explored in this thesis.

The recounting of social, spiritual and physical experiences is firmly grounded in and reflective of a realm for storytelling, positioning and presenting of our lives that we currently inhabit. Narratives are a representation and creation of our lifeworlds. As Roland Barthes has said, narrative “ceaselessly substitutes meaning for the straightforward copy of the events recounted” (as quoted in White 1981:2). Through people's contextualised stories, the meanings and importance of social relationships, inner conflicts and methods of resolution, notions of practical faith, health and illness in people's lives gains a voice. With that in mind, the dissertation pays careful attention to the stories people tell – not simply their content, but their place, context and the form in which they are told.

## Key Concepts

---

### *On transformation & change*

---

Transformation, for the purpose of this dissertation, is conceptualised as an altered state of being as perceived by the self or those around that person. (At times, I use the term ‘change’ interchangeably.) In my research, this does not refer to political, geographical or external societal transformations – but consistently refers to personal changes that occur to, and

within, the person. Surroundings become important only in as much as they shape and influence the person themselves.<sup>2</sup>

I am looking at the change that occurs in this phenomenon of outreach and healing – a change that can be self-defined or defined by others. Judith Butler’s (1990) notion that identity is free-floating and not tied to any one factor is helpful here. Her theories have grown from an influence of Foucault, and are applied to queer theory and gender theories. They are relevant to the framework I explore in that identities are performed, again and again. They have the opportunity to change, and do change, as we live each day.

Working with such a fluid understanding of transformation is helpful. It foregrounds the subtleties and nuances of the way in which people define themselves in the face of their history and experience. For the purposes of this dissertation, however, I have limited the areas of focus to three general areas (in order to make more sense of the mass of data that came through observing daily living in the field). These areas are intertwined. The **body** is an obvious arena for change – given that Mercy Ships patients specifically seek out physical and medical change. However, the body as an influence on shaping one’s experience is not limited to what one might perceive as being an ill body; for *Anastasis* crew, the experience is an embodied one as well.<sup>3</sup> The **social** dimension is in response to the body and illness, and encompasses many arenas that are negotiated in day-to-day life: making a living, education, friendships, and community, to name a few. **Spiritual** aspects add an important dimension because of the explicit religious dimension to the Mercy Ships experience that its volunteers seek when serving, and the personal relationships to trying to understand the possible meanings of life and suffering that ill health can bring about. In addition, as humans, the spiritual side – or some form of an ‘otherworld’ – plays a role in each of us to varying degrees, even if it is to create perspectives or an identity in opposition to it.

---

<sup>2</sup> To relate these ideas of external influences on personal transformation to a context near my fieldsite, Charles Piot (1999) writes an ethnography of an area of Togo that is far more integrated into “the modern” than what would be expected – but he shows that the future is being enmeshed with the past every day through interactions that defy borders. Without taking up the issue of modernity at this point in the introduction, the idea that boundaries cannot be set based on preconceived ideas of what one expects to see is I think a valuable reminder in itself (Englund & Leach 2000).

<sup>3</sup> Working on the *Anastasis* takes over one’s life, in that one’s physical location and regular routines are disrupted and replaced by new practices in a new context. Sharing space and changing routine activities very much make this an embodied experience.

As laid out in the paragraph above, the research in this dissertation pays attention to self-initiated change undertaken by individuals seeking to achieve a greater sense of health and/or well-being. Health and well-being are here principally seen as an “elastic concepts” (Baer 1997), not defined through the absence of symptoms but through individual and social perceptions of how one feels well. I consider *healing* as extending beyond the purely physical dimension, having the potential to address other personal issues – those that may be spiritual, social and philosophical. Thus, healing can also incorporate an element of faith, to greater and lesser degrees.

Faith I conceptualise as a component of religion, but also as its own force; its persuasiveness, power, and complexity are independent of institutional structures and grounded in the self and the imagination of constructed lives. Faith is the “trust [...] people have in a transcendent reality” (Lunn 2009:937), that is not necessarily rooted in religion. I look at faith as a ‘cultural construct’ and ‘social fact’ (Omri 2008:59) that makes up the ever-shifting practices that construct a personal and collective framework for understanding the world. These relationships between faith and belief, and between certainty and uncertainty, are processes of meaning-making, wherein the possibility for multiple worlds and interpretations lie (Comaroff 2009). As such, I examine the significance of faith for people, its work in social contexts, and the inputs that give it shape, depth, tension and sustainability over time.

\* \* \* \*

The rest of this chapter is a description of the study site and introduces the reader to the broader context in which crewmembers’ and patients’ experiences of Mercy Ships are embedded. To this end, I start with a narrative of joining the ship and living on board, as a way of opening up some of the themes that will be explored in this dissertation. Then I address the socio-political context in which the ship operates, focusing on four main areas: 1) Mercy Ships as a Christian aid organisation, to introduce its aims and mission; 2) the current state of health care and health financing in Benin, in order to give an idea of the state-level context for many of Mercy Ships’ patients and how the organisation’s services fit in to it; 3) the historical role of Christian missionaries in medical care on the African continent, as Mercy Ships is a form of missionary work that follows in a long tradition of such endeavours; and 4) the modern-day incarnations of faith-based development work and aid, a phenomenon that Mercy Ships and its volunteers are a part of and that is an indication of global trends in



aid work. Before closing the chapter with an overview of the following nine chapters, I examine the recent work within the discipline of the anthropology of medical development and the contributions of this research to the field.



**Figure 1** The *Anastasis* docked in Cotonou's port

## Journey to the ship

---

I want you to know I remember each of you in prayers and value your prayers for me. Please pray that the adjustment will continue to go smoothly. I am so excited right now because I know without a doubt God has sent me here, but I know obstacles sometimes come up when we are unaware. Please pray for the leaders, and other Seguers.<sup>4</sup> I know wisdom will be invaluable for all of us, definitely me, anyway, as I face challenges of tight quarters, culture shock, jet lag, and interesting food.

– Crewmember writing on her public blog on the eve of joining the *Anastasis* for the first time<sup>5</sup>

---

<sup>4</sup> *Seguers* refers to people taking a course with the Discipleship Training School, a missionary training programme, onboard a Mercy Ship.

<sup>5</sup> [http://www.xanga.com/vale\\_la\\_pena\\_86](http://www.xanga.com/vale_la_pena_86) (accessed 15.3.2007)

I arrange my flights to Freetown through a small UK travel agency that, as far as I can tell, only deals in flights to Sierra Leone. The flight from London to Freetown feels surprisingly short, and in customs I eye the other passengers, trying to guess whose final destination is the same as mine: the *Anastasis*. I spot one young, curly-haired woman grasping the same letter of invitation to present to the officials just ahead of me in the tangled border-control line. Once on the ship, I will learn that her name is Sarah, she has just finished her first year of university in Florida, and wants to become a missionary doctor. We will become cabin-mates with two Dutch women in a small, awkwardly shaped room with two bunk beds in the hull of the ship. But in the meantime, five of us future crew members have gathered outside the airport with a local pastor who volunteers to meet the flights of crew, exchange their money for local currency, and escort them in rattling vans down to the beach where a hovercraft waits to transport passengers across the bay to the Aberdeen area of Freetown. The ride takes about 30 minutes, during which we make small talk and start to get to know each other, before being deposited on a bustling beach. We expected to be met, but we hang around the beach for half an hour in our winter clothes with our luggage, out of place amidst the evening bustle, before two white Mercy Ships Land Rovers pull up with the drivers apologising for their delay. It is evening rush hour, and there are traffic jams, which all of us now experience together on the hour-long drive back through the city to the port, and the docked *Anastasis*.

We make more small talk, and I am aware of feeling very “green” compared to the two crewmembers sitting in the front seats taking us to the ship. One is Norwegian and works in stores – managing the sizeable amounts of food to nourish a floating village – and the other, a Canadian, with a position in the engine room. Even though they are speaking English, their dialogue sounds like a foreign language to me. Vocabulary and references are thrown about to things that I cannot make sense of, and instead I paste my head to the window, let the images outside sink in and tag them with memories of similar sights from the past. Despite our drivers’ casual attitude and evident comfort navigating the traffic of Freetown, there is an acknowledgement on their part that they are driving us to a new, potentially transformative, experience, and it feels as though they are waiting for our reactions to the surroundings. They nod when Sarah says it is her second time out of her home state, and again, quietly shake their heads when someone talks about their nervous anticipation of what is to come. “*You’ll get used to it quickly,*” the driver assures them. We are cleared through the gated checkpoint at the entrance to the port and wind our way through hundreds of metres of rows of stacked containers, removing us from the bustle of the city, until we pull alongside the white, bright *Anastasis*. The ship is striking in comparison to the rusty tankers and weathered grey container ships anchored nearby.

As with many new ventures and locations, the ship is enshrouded in a cloud that feels at once like a private mystery world one has discovered for oneself and breathed into life, and also as though one will be just a small spoke in a very complex wheel on board, a machine already running smoothly without one's presence.

The receptionist checks us in at the front desk, and we are led on a quick tour of the ship and given a pack of assignments (getting signatures, opening ship mail and bank accounts, etc.) to complete during the next couple days before officially starting our jobs. We end up in the big dining room where some snacks have been left for us. It is nine p.m. and the cafeteria is empty. It will be days before I learn my way around the narrow passages and decks, but already by the second day I have found a quiet perch on the starboard deck to retreat to.

While it is true that being new on board can mean undisturbed times because no one knows who you are at the beginning, it is also the case that living on a vessel with no private quarters is an adjustment from the compartmentalised, spacious, anonymous lives many of the crew lead elsewhere, and people quickly learn to seek out favourite spots for some solitude.

During outreach, crewmembers travel to the ship from over 40 nations to live and work on board this former Italian cruise vessel, refurbished to hold operating rooms and wards as well as living quarters for up to 400 crew. Other than the local day-workers (translators, deckhands), recruits during the reparative shipyard phases between missions, and some office staff back in the United States, the ship is entirely run and staffed by volunteers who pay approximately 120 US dollars<sup>6</sup> a week to live and work on board. Volunteers serve for as little as two weeks, with some staying for years. Families move on board, with children attending The Academy, the ship school educating approximately 45 pupils, kindergarten through 12<sup>th</sup> grade. Living on the ship feels like inhabiting a private country, away from the bustle that lies beyond the gangway down to the dock. Whether at sea or in port, one has the same bed, same meal schedule, same ever-changing body of crew; only the view from the aft deck down to land or water will change. The narrow passages become streets that confuse the newcomers on board. Seasoned crewmembers greet unfamiliar faces at meal times and run

---

<sup>6</sup> This was the cost in 2004. Crewmember fees varied depending on length of stay, origin country, and certain exceptional cases. Prices are revised yearly, and have been further adjusted since the *Africa Mercy* has come into operation. In 2015, the fees were 700USD/month for volunteers from high-income countries staying less than three months, with the prices dropping to 350USD/month for stays over two years. Volunteers from low-income countries paid fees at half these rates. (For a complete breakdown, see <https://volunteer.mercyships.org/volunteer/accepted-crew/crew-fees/>, accessed August 2015.)

through a drill of standard questions: *Where are you from? Where do you work [on the ship]? How long have you been here? How long will you stay? Do you like it so far?*

For most crewmembers, weekdays, and life on the ship in general, consist of a highly structured routine, which replicates the typical workdays many are used to off-ship. Meals are served in the dining room on weekdays at seven, twelve and five o'clock, with any deviation from this routine being featured events talked about and looked forward to – such as a barbeque on the aft deck or a celebratory holiday meal. On Saturdays and Sundays, lunch fixings and brown bags are supplied at breakfast, the idea being to make a sandwich lunch to take along on a fieldtrip or to eat at leisure on deck. Working hours for the majority of office staff are from 8am to 5pm. However, plenty of crewmembers work irregular hours (such as galley and dining room staff, nurses, engineers, receptionists) that call for a creative application of socialising and activity planning. For example, due to shift work, those working in the dining room may get three weekdays off in a row while almost everyone else one knows on the ship is at their job. During these days, outside of mealtimes, if you remain on board you can roam the public spaces almost alone – spotting the occasional mother with a non-school age child, nurses off-shift, or patients being brought up to the decks for some fresh air with a crewmember as part of the *Adopt a Patient* programme.

A spiritual infrastructure, created by the management staff but maintained and generated by the onboard crew, shapes the experience on board. In addition to the semi-optional regular community services, Bible-study groups, early morning weekday worship and off-ship church attendance, mandatory biweekly intra-departmental devotional meetings are held at the start of the workday, in which one person leads his or her colleagues through a themed session of reflection and prayer. These acts of prayer become not only a manifestation of belief, but also a means through which individuals can form a group and transcend the daily burdens related to work and responsibility, in addition to providing a safe place for solving problems that won't threaten social relationships outside of the workplace as they might do otherwise (see Turner 1969). All of this resembles what Erica Bornstein (2006) describes as 'unifying rituals' among local and international staff in a faith-based organisation she studied in Zimbabwe.

Arrival at the ship can be a typical liminal period, full of emotional ups and downs, while also dealing with the practical steps of learning how to get by on the ship (as one would in any foreign location): where to get a cup of coffee at 9pm; how to take a shower in the five minutes allotted for water rationing two decks below where one sleeps; and finding out which

of the phones scattered throughout the decks offers the best chance of privacy for a conversation back home. As one woman asked me near the beginning of my stay on the ship, “*Do you wonder: where is everyone at night? If there are 350 people on board, how come you don’t see them anywhere?*” Knowing where ‘everyone’ is and finding one’s own activities to pass free time out of work hours play a considerable role in making the place feel like home. In addition to establishing these comforts come the responsibilities of an on-ship job that may or may not fall into a person’s area of knowledge and skills (or even interest, in some cases).

Crew work, eat, sleep, recreate, and worship together, and the religious element, in addition to featuring in many individuals’ choices to volunteer with Mercy Ships, is also an organising component that aids in the running of the ship. The act of travelling together overseas and the focus on God and teamwork foster a sense of community. The sense of community on board the ship is strong.

### Portrait of the Mercy Ships organisation

---

In 1978, Don and Deyon Stephens, a husband and wife team with a Methodist ministry (his) and nursing (hers) background, had a dream to provide health and social care services to people in need, and started the Mercy Ships organisation. According to one source, their motivation grew out of the “emotional love” they had for their son who was mentally and physically handicapped. Caring for him, they came to realise there were many people in great need and they wanted an outlet to put what they had learned to good use (Selle 2004).

Their first outreach was in response to the earthquake in the Philippines in 1980 that devastated a large area and left many people homeless. Mercy Ships, at that point just a fledgling organisation, provided medical, nutritional and infrastructural assistance. The staff undertook their service in the name of Jesus. In her memoir about her experience as one of the early members of the Mercy Ships team in the 1970s, ‘80s and ‘90s, Christine Aroney-Sine describes the process of establishing a focus for the missions and a glimpse into the vision that carried those dedicated to building Mercy Ships.

One scripture verse in particular grabbed our imagination. Isaiah 35:5-7 says, “Then will the eyes of the blind be opened and the ears of the deaf unstopped. Then will the lame leap like a deer and the tongue of the dumb shout for joy. Water will gush forth in the wilderness and streams in the desert.” We talked constantly about this. Could we perform eye surgery on board? Was it

possible to help the lame walk and the deaf speak? We began to think so. This verse seemed like a very tangible promise for the future and one that had both practical and spiritual application. We prayed for the day we would see eyes opened, ears unstopped, and the lame leaping for joy both physically and spiritually. We set our eyes on building a hospital for eye surgery and cleft lip and palate repairs. Besides that, we talked about dental ministry and mobile medical teams to work in impoverished communities. We wanted to perform procedures that would truly open the eyes of the blind and unstop the ears of the deaf. (Aroney-Sine 1996:56)

Through this passage, one sees the close inspiration of religious faith guiding the services and medical care that Mercy Ships attempts to establish. The term *mercy* used in its name embodies the inspiration for the ethos of the organisation. Figure 2 shows two transcripts of the *Mercy Minute* radio pieces that are aired daily on multiple stations in 46 states in the USA, more stations internationally, and are available online as podcasts. These pieces are meant to give examples, through the illustration of Mercy Ships' work, of how listeners can make a lasting difference in the world through enacting mercy and following the model of Jesus.<sup>7</sup> To appeal to their international audience, they are marked by non-specifics ("Africa" and "rebels" instead of naming actual locations and people) and edit challenging, involved, first-person accounts into narrated 60-second stories.

**Mercy Minute radio spots**

**Sheka**  
 Sheka tried to hide his cleft-lip by covering up his face. He recalls, "People were scared to come near me. They laughed at me and provoked me a lot. So I learned to fight. That's the only way I could prove myself." He never went to school because he didn't want to have to fight his way through school. Instead, he helped his father on the farm.  
 But when Sheka was 40 years old, a Mercy Ship came to his country. He attended the screening and received an appointment card for surgery. Later, Mercy Ships doctors performed the operation on his lip. Because of mercy, Sheka has hope. He looks forward to a new future . . . one where he no longer needs to fight his way through life.  
 Now you go, give someone hope by showing mercy to someone today. This is Don Stephens of Mercy Ships reminding you, "Blessed are the merciful, for they shall receive mercy."

⊙ ⊙ ⊙ ⊙ ⊙ ⊙ ⊙

**Zachariah Wants to Help**  
 Rebels invaded Zachariah's village in Africa. They accused Zachariah of being a spy and cut off his fingers and ears. When the rebels left, Zachariah made his way to the hospital. After his wounds healed, he went back to school. Though some taunted him because of his damaged ears, he didn't let the teasing stop his education.  
 Four years after the attack, Zachariah heard of a Mercy Ship coming to the port. Doctors rebuilt his ears and shared the love of God with him. When he left the Mercy Ship, he said, "I'm going to finish my last year of school. Then I'm registering for the three-year nursing program. I want to help others too." You see, when you've received mercy, it makes you want to give it too.  
 Now you want to go and show mercy to someone today. This is Don Stephens of Mercy Ships reminding you, "Blessed are the merciful, for they shall receive mercy."

**Figure 2 Two examples of the Mercy Minute radio piece<sup>8</sup>**

<sup>7</sup> <http://www.mercyships.org/mercy-minute/> (accessed December 2014)

<sup>8</sup> These Mercy Minutes are available online at <http://66.132.19.19/mercymminute/vol12/mmv12-53.htm> (Sheka) and <http://66.132.19.19/mercymminute/vol12/mmv12-46.htm> (Zachariah wants to help) (accessed May 2005). A list of stations that air the Mercy Minute is available here:

The official vision of the organisation is as follows: “Mercy Ships seeks to become the face of love in action, bringing hope and healing to the world’s poor, with ships serving every continent of the world in the 21<sup>st</sup> century” (Stephens 2005). Under the umbrella of “hope and healing” fall other aims of Mercy Ships, which include allowing ill people to have “normal” lives once again through medical intervention. Mercy Ships offers medical care to patients of any religion, and although it carries out some specific evangelical activities with a clear link towards converting people, its overarching aim is to spread the word of God through the volunteers’ good deeds with no overt conversion aims.

Mercy Ships claims it changes people, predominantly in three ways: physically, socially, and spiritually. It offers a range of land-based services including clinics and community outreach programmes in hygiene and health education. In the United States-based projects, this means carrying out long-term initiatives such as the construction of low-income housing, as well as shorter-term, one-off events like hosting a Thanksgiving meal for those struggling to put food on the table.

Mercy Ships has received international recognition for operating its hospital ships that sail along a set route, dock in ports, and offer medical care to local populations. This vision was first realised when the Stephenses found a twenty-year-old retired Italian cruise liner that they thought would be ideal to carry their mission. This ship later was repurposed and outfitted as a hospital ship in Greece and named the *Anastasis* (meaning *stand up* or *stand again* in Greek, referring to a resurrection). For a long time it was the only Mercy Ship in operation, sailing along the West African coast. But at points in its history, Mercy Ships has also offered ship-based care with the *Caribbean Mercy* in the Caribbean and Belize, Nicaragua and Honduras, and aid in the Pacific Ocean, such as the Philippines. Since I conducted the fieldwork for this thesis, the *Anastasis* has been retired and replaced by the *Africa Mercy* – a former Dutch ferry – larger and more modern than the leaky, creaky *Anastasis* in her last years.

The ship revisits locations in addition to seeking out new ones, staying between four weeks and ten months in each outreach site (the norm is between four and six months). The outreach that is the main focus of this fieldwork was its third to Benin in eight years. The majority of

---

<http://www.ambassadoradvertising.com/our-partners/mercy-ships/station-network/> (accessed January 2015)

the remaining time the ship spends on fundraising trips throughout Europe or South Africa, or undergoing repairs in its yearly dry-dock season.

### *The ships and crew*

---

The 522-foot *Anastasis* was the world's largest non-governmental hospital ship during her time in service. Acquired by Mercy Ships as the first of the fleet in 1978, she held three fully equipped operating rooms, a laboratory, an X-ray unit, and a 1,500 tons cargo capacity. Up to 400 volunteers could be housed on board during outreach. This is the ship I focus on with my fieldwork, having spent time on board in Sierra Leone in 2004, Benin in 2004-2005 and Ghana in 2006 (as described in the fieldwork programme in the methodology chapter).

The *Anastasis* is like a small city. It has its own rules and regulations that govern ship life. It is practically self-sufficient while at sea, and gives one the impression that it could be while in port as well. During outreach, it is filled nearly to capacity, providing a home to the complete medical staff (nurses, anaesthetists, surgeons, sterilisers, dentists, dental assistants, and so forth) in addition to the staff that provides for the smooth running of the ship (welders, engineers, etc.), community development staff (educators, administrators) and support staff (school teachers, cooks, cleaners).

While Mercy Ships offices on land are staffed by both paid and volunteer career staff, the ships are staffed solely by volunteer crew<sup>9</sup> in both full-time and temporary positions. Don Stephens, reflecting on their strategies for funding the organisation, said: "We've got corporate sponsors [and] we couldn't do what we do without them. Secondly, by the crew themselves. We have a unique business model. We charge everyone for the privilege of volunteering. Everyone pays their own way."<sup>10</sup>

Those who wish to serve on the ship for longer than two years must complete a Discipleship Training School (DTS) course run by the organisation, which involves schooling on missions

---

<sup>9</sup> In exceptional circumstances, paid crew are taken on board. One example of this is an engine problem that delayed the ship's departure from Cotonou in February, 2005 by two weeks. Ghanaian engineers were hired to assist in the passage to Liberia in order to increase the number of expert hands on board during the potentially difficult passage. The addition of paid staff in Mercy Ships offices is relatively new because of the difficulty in finding full-time volunteer staff in the western world. The introduction of paid staff contributed to the split of Mercy Ships and their parent organisation Youth with a Mission (YWAM).

<sup>10</sup> As said in an interview documented in: *Africa Mercy: Hospital of Hope*, a CBS 60 Minutes programme feature that aired in 2013.



and an outreach component (that is sometimes undertaken on one of the ships). The minimum time commitment for volunteers is two weeks, though for community-building and administrative reasons, one is encouraged to sign on for a longer period. There are currently 850 career staff and crew involved with the greater Mercy Ships organisation, coming from 40 nations. Approximately 1600 short-term volunteers serve with Mercy Ships each year around the world.

### *Mercy Ships' medical work*

---

The most common surgeries performed on the ship by the medical staff are cleft palate, maxillo-facial and tumour, eye, scar tissue and vesico-vaginal fistula (VVF)<sup>11</sup> surgeries. In their words, Mercy Ships follows the 2,000 year-old model of Jesus, in efforts that: the blind see (cataract operations), the lame walk (orthopaedic operations), and the mute speak (cleft lip and palate operations). In addition, they address women's reproductive health through fistula repairs. A primary component of their efforts is that *Good News* – the nature and character of a loving God – is proclaimed among the poor.

During outreach work in Benin from November 2004 to February 2005, 429 surgeries were performed on tumours, cleft lips and palates, hernias and other reconstructive surgeries. 273 people received eye surgery, and 31 women were treated for VVF. The dental team treated over 2,000 people off-ship. In addition, the outreach team from the *Anastasis* constructed a maternity clinic, fourteen latrines and three freshwater wells in villages about two hours north of Cotonou. They also carried out adult literacy programmes in these villages and training for facilitators in child development.

The following statistics give an example of the scale of their work over time: in the 27 years between 1978 and 2005 Mercy Ships claims to have affected 5.5 million people worldwide through (in its international activities) services such as 18,000 operations, 110,000 dental

---

<sup>11</sup> VVF is an internal tear between the vagina and the urethra generally brought on by prolonged or complicated childbirth – either the pelvic passage is too narrow or the baby is positioned the wrong way – creating pressure which can produce a hole, leaving a woman incontinent. It can also be the result of other trauma to the vaginal area, such as female genital mutilation or acts of torture. Mercy Ships says this about women who have this condition: “Often her family and husband reject her as she is considered worthless. No one knows how many women live with vesico-vaginal fistula, as even those women rendered ‘wet’ by the tear often don’t know the name of their affliction and many live anonymously on the edge of society.”  
<http://www.mercyships.org/News/News.cfm?ID=554&c=6&Type=s> (accessed 12.11.2007)

treatments, and the instruction of 5,500 local health care workers. They delivered more than \$21 million of medical equipment and supplies and visited 53 developing countries.

### The Benin backdrop

<b>Benin at a glance<sup>12</sup></b>
<b>Neighbouring countries:</b> Togo, Burkina Faso, Niger, Nigeria
<b>Major ethnic groups in south:</b> Fon, Adja, Ewe, Yoruba
<b>Population (2013 estimate):</b> 10,320,000 Ω
<b>Healthy life expectancy at birth (2012):</b> 59.2 §
<b>Under 5 child mortality (per 1000):</b> 90 in 2012 §, 160 in 1997-2001 ‡
<b>Total health expenditure per capita (Intl \$ 2002):</b> 44 ‡
<b>Religions:</b> “indigenous beliefs” 50%, Christian 30%, Muslim 20% †
<b>Major infectious diseases at high risk:</b> <i>Food or waterborne diseases:</i> bacterial and protozoal diarrhoea, hepatitis A, typhoid fever. <i>Vectorborne diseases:</i> malaria, yellow fever, and others are high risks in some locations. <i>Respiratory disease:</i> meningococcal meningitis (2004) ‡ <small>‡ WHO World Health Report, 2005; † CIA World Fact Book, 2005; Ω World Bank; § Unicef</small>

### Political background to Benin

Benin was once the centre of the Kingdom of Dahomey. The country was identified in this way until 1975, when President Mathieu Kérékou renamed it Bénin. Six decades of French colonial rule ended in 1960, and Kérékou took power twelve years later, ending a series of successive coups and counter coups. He imposed a one party state under the Benin People’s Party and pursued Marxist-Leninist policies (jokingly dubbed Marxist-Beninist by locals) (Ngokwey 1994).

By 1990 economic hardships and rising internal unrest forced Kérékou to agree to a national conference that ushered in democracy. The subsequent presidential election held in March 1991 resulted in Kérékou’s defeat by Nicephore Soglo. The country’s human rights record gradually improved<sup>13</sup> and the nation looked forward to a calmer political period. Kérékou made a comeback in the 1996 elections, reportedly having found God, become a Christian and changed his un-democratic ways.

Kérékou’s conversion to Christianity coincided with an evangelical wave that hit Africa in the 1980s. This was propelled by the efforts of predominantly North American missionaries, who

<sup>12</sup> Some statistics are included from the early 2000s, to represent the period during which initial fieldwork was undertaken.

<sup>13</sup> According to an unpublished internal report of the Dutch Embassy in Cotonou.

facilitated the conversion of many people (Gifford 1998). In addition to African Christian independent churches gaining increased participation, Pentecostal charismatic churches saw a rise in popularity in Anglophone countries in the 1980s, as well as a bit later in a selection of Francophone countries such as Togo and Benin (Meyer 2004). Kérékou's public adoption of (Pentecostal) Christianity and his flaunting of it was a topic of awareness and conversation among urban Beninois.<sup>14</sup> In 2006, the two-term restriction forbade Kérékou to run for another term. Boni Yayi, a Christian from northern Benin, an economist, and former president of the West African Development Bank, was elected president after a peaceful race.

### *Healthcare in Benin*

---

Despite the political reform that began in 1990, Benin's economic situation did not improve sufficiently to lead to significant improvements in the social and medical infrastructure by the time of this fieldwork. In 2000, many people in Benin suffered health problems related to malnutrition (29% of children had low weight for their age) and the under-five mortality rate was 146/1,000.<sup>15</sup>

Benin trains more doctors that work abroad than at home. In 1996, there was approximately one doctor per 19,000 people,<sup>16</sup> in 2010 that figure stood at one per 10,000 (comparatively, the UK was at 2.7/1000 and Germany at 3.7/1000 in 2010). Like many of the healthcare systems in sub-Saharan Africa that declined in the 1980s and 90s (Illife 1998), Benin shows a reliance on foreign aid and NGOs to provide healthcare services and health education.

---

<sup>14</sup> Although the English term for people from Benin is Beninese, in this document I use the French term used locally in Benin: *Beninois*.

<sup>15</sup> <http://data.worldbank.org/indicator/SH.DYN.MORT?page=2> (last accessed 4.12.2014). Since 2000, according to UNICEF statistics, these indicators have improved in Benin, at a similar rate to its neighbours.

<sup>16</sup> First source is a figure from 1996 from USAID Basics II report. The second and third are from a USAID/PHNI country report from 2004.

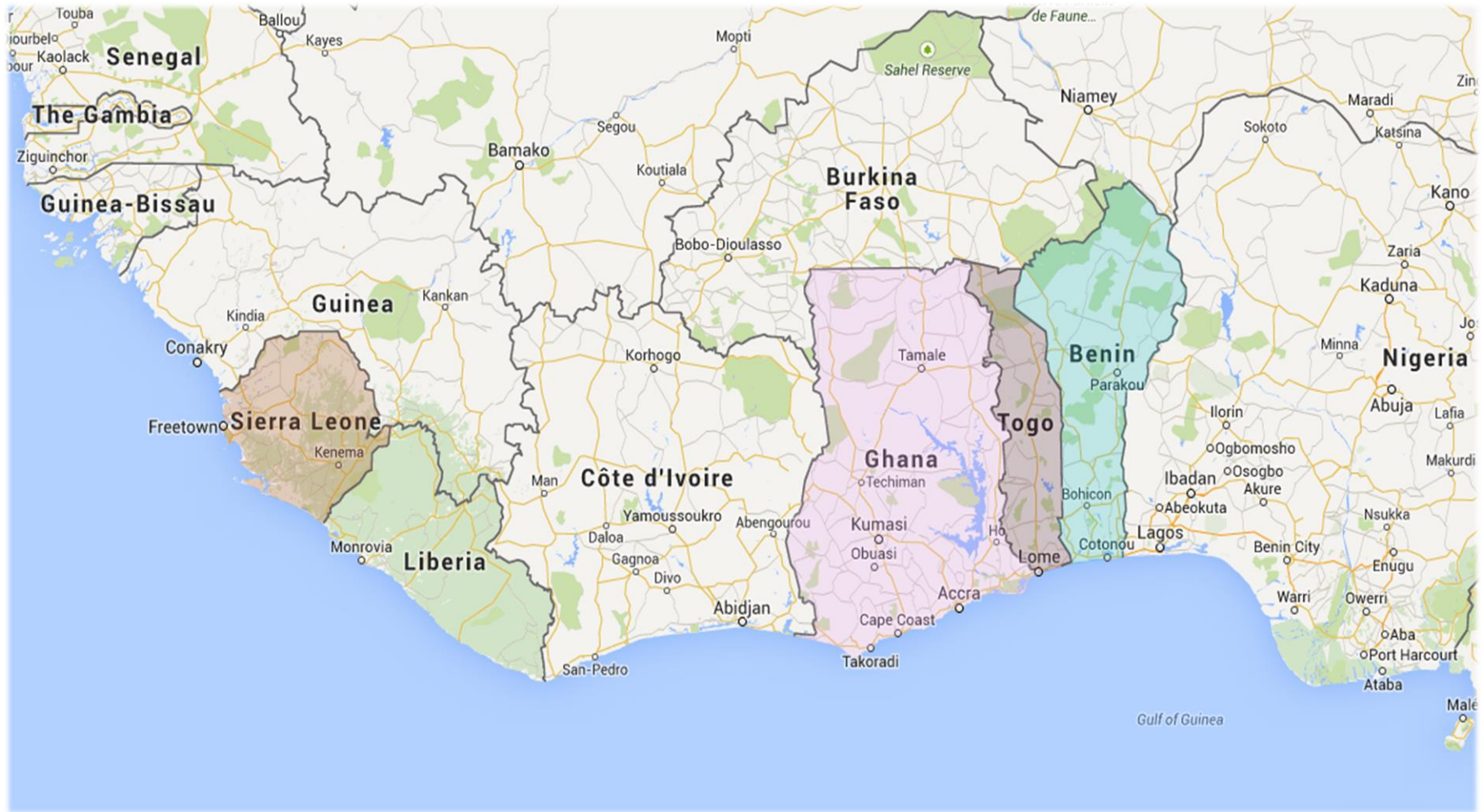


Figure 3 Map of southern West Africa with fieldwork countries highlighted

Mercy Ships is ‘invited’ by the government and, at least officially, works in collaboration with the Ministry of Health to establish goals that both parties are interested in meeting. While many of the surgical procedures – cleft lip and VVF, for example – are available in Benin, the lack of a functioning medical insurance system and low wages make paying for these procedures an unattainable dream for the majority of the population who might need them. Mercy Ships provides such surgery at no cost to the patient, and also offers expertise for certain diseases that is not otherwise found within the country.<sup>17</sup>

In Benin, at the time of fieldwork, the government relied on 64% of its funding for local health care to come from external sources; this is the highest percentage in Africa as quoted by the WHO.<sup>18</sup> This means that the slack is picked up predominantly by foreign health aid agencies. This number though can be misleading in terms of actual services that the state is able to provide for its citizens, as 90.3% of money paid for services is not covered by any sort of health insurance,<sup>19</sup> but is paid for by the health-care service users themselves or other donors they have found to help pay the bill. Self-medication and turning to private practices and informal, “traditional” healing is common amongst the population (Espirito Santo 1998).

## Historical links between missionaries and medicine in the broader region

---

The south of Benin has a larger Christian population than does the north, and it is in the southern area along the coast that Mercy Ships’ hands extend the most – an area already versed in the tradition of Christian missionary work. Mercy Ships’ mission has an evangelical<sup>20</sup> component.

---

<sup>17</sup> Mercy Ships collaborates with local doctors at the initial patient screenings and for referrals. Sometimes local doctors were invited on board to watch a procedure but Mercy Ships did not operate a formal training programme for local physicians at the time of fieldwork. However, in some countries (i.e. Liberia and Sierra Leone) a part of Mercy Ships’ outreach involves the organisation of nurse training programmes and they work with families to demonstrate techniques for changing dressings, feeding and how to perform general after-surgery care.

<sup>18</sup> WHO Statistical Information System (WHOSIS) for 2002 available at <http://www3.who.int/whosis/country/indicators.cfm?country=ben&language=en#economic>

<sup>19</sup> WHO Statistical Information System (WHOSIS) for 2002 available at <http://www3.who.int/whosis/country/indicators.cfm?country=ben&language=en#economic>

<sup>20</sup> When looking for meanings of the term “evangelical,” one comes across numerous interpretations. The term arises out of the Greek word *euangelion*, meaning “good news,” and generally refers to the act of preaching the Bible and its teachings, spreading its message and personal conversion. It also can refer to a more conservative or orthodox view of the Bible as the word of God.

How its presence, image and work are understood by the Beninois people has been shaped by their previous contact with Christianity. Christianity made its first appearance in Benin in 1680, with a greater presence establishing itself through English missionaries in the mid-1800s. I came to understand Christianity as an indigenous religion in Benin. Though introduced by missionaries, it has been adopted by many Beninois<sup>21</sup> and is now very much a part of local ‘customs.’<sup>22</sup>

Like the missionaries who came before them, Mercy Ships’ volunteers provide medical care as an effective way to quickly reach out to a large unknown population. The original way “into” a culture for religious missionaries was through medicine – nothing else was as impressive as healing a body. Healing involved the body, mind and spirit and could be a means of negotiating the boundaries and conflicts caused by the colonial encounter (Comaroff 1997). The implications of missionary work on the African continent (not restricted to West Africa) are now discussed.

Briefly, the provision of medical care and creation of public health systems were inscribed into the colonial project, sometimes as a justification for colonialism. However, it is important not to group the two (Christian missions and colonial powers) as though they were one and the same (Peel 2000). Though the missionary presence often helped inculcate colonialism, many missionaries were distressed to find themselves implicated in, and dependent upon, the colonial regime (Fabian 1991). For some, it was the desire to save the Africans from themselves that became the complex starting point and motivation for medical based contact with African people.

Despite inadequate professional preparation and limited access to resources, missionaries were often thought of as “heroes of the jungle” by people back home (Vaughan 1991:156). In 1842, for example, Robert Moffat, the founder of the London Missionary Society, hoped to paint a picture of a world in need of saviours when he delivered the following words to a British audience.

---

<sup>21</sup> The numbers that are generally quoted for religious affiliation in Benin are as follows: approximately 30% are Christian, 20% Muslim and the remaining 50% adherents of traditional indigenous religions, of which vodun (voodoo) is one of the most popular in southern Benin. Reports say that “almost all citizens appear to be believers of a supernatural order” (*The International Religious Freedom Report – Benin, 2004*, issued by the US Department of State) and I found that in speaking to people this could lean towards being the case, when including Christianity and Islam under the supernatural umbrella.

<sup>22</sup> Benin, as the former Kingdom of Dahomey, was intermittently penetrated by Christianising missions between the 16<sup>th</sup> and 18<sup>th</sup> centuries, but it was not until ten years after the French Colonisation of the region, which began in 1851, that the first evangelising Christian missions took permanent root in Benin.

Africa still lies in her blood. She wants our missionaries, our schoolmasters, our Bibles, all the machinery we possess, for ameliorating her wretched condition. Shall we, with a remedy that may safely be applied, neglect to heal her wounds? Shall we, on whom the lamp of life shines, refuse to disperse her darkness?  
(Comaroff 1993:313)

This discourse reflects the sense of a moral responsibility for the personal betterment of “Africans.” Over time, colonialism would contribute to the discourse of scientific and biological racism that painted the African continent as rough, savage, and inhabited by uncultivated people at the bottom of the “ladder of enlightenment” (Comaroff 1993:308). While Africans were grouped as subjects of study, individual perspectives or identities were irrelevant. This view imputed Africans’ culture as their cause of suffering and misfortune and included everything from having ‘inappropriate’ clothing to rites of passage (such as circumcision) (Comaroff 1997). Considering the attention given to ‘culture,’ it is perhaps ironic that the causes of Africans’ diseases were associated with the tropical environment whereas their (often externally imposed) social, economic and political conditions were ignored or overlooked (Worboys 2000).

Africans were the focus of mass medical treatment as they were understood to be part of a dangerous environment, and thus potential hosts for pathogens. The era’s popular missionary beliefs held that there were “moral as well as medical means of preserving health” (Comaroff 1997:327) with both being equally important, especially in a climate that was considered practically uninhabitable, where customs and good habits were essential to staying healthy. In fact, the missionary take on health maintenance was somewhat similar to the World Health Organisation’s current position on health.<sup>23</sup> For the missionaries, health was “understood not simply as the absence of illness but as a positive power to control oneself and one’s environment” (Fabian 1991:161).

Christians’ bestowal of care was quickly medicalised as healing was spoken of in scientific terms (Comaroff 1997:325). Yet even before biomedical advancements took hold in Britain in the late 19<sup>th</sup> century, the link between Christians and the carrying out of medical work had been well established: “Christ did not, of course, employ the methods of nineteenth century medicine, but it was assumed by nineteenth century bishops that doctors were the true successors of Christ the Healer” (Ranger 1992:257).

---

<sup>23</sup> The World Health Organization’s (WHO) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” [www.who.int/about/definition](http://www.who.int/about/definition)



Beliefs in host communities about the potential good of missionaries changed over time. While the public message was that they were coming to improve living circumstances (Peel 2000) by funneling the advances in medicine from the north, many expected to be received by locals with open arms and as “emancipators of disease” (Ranger 1992:260). The reality, however, was not as positive. Although physical healing was a way in to the society, over time the missionaries encountered a problem in that their primary goals were not reached by their efforts.

Medical campaigns during colonialism often objectified and alienated African people (Vaughan 1991). In addition, spending most of their time as doctors resulted in missionaries being seen as doctors rather than prophets of the religious word, which was a distinction they exacerbated through their work. “It was as doctors that the evangelists made most sense to indigenous peoples; through curing that their humane intent – their divine motivation, even – was most powerfully communicated in both word and deed” (Comaroffs 1997:341). The Tswana, in an example given by the Comaroffs, thought of being healed as salvation, while missionaries wanted God to be the salvation. Herein lies a significant distinction that was evident in the fact that although cures sometimes made the Tswana go to church, they didn’t necessarily convert them to the “medicine of God’s word” – just the medicine. If all their energies were not reaching their overall aim – that of “saving” the souls of the lost people of Africa and not just their bodies, were these efforts misspent? This, among more practical concerns (such as dwindling resources and the increased problematic of a lack of medical training) led to missionaries in some areas gradually choosing not to see patients, only engaging with healing when emergencies arose.

Nevertheless, even after its successes, medical work – and everything that came with it – was generally not welcomed with open arms. Rebellion by the native communities against the science of medicine and the attempts to build alliances between themselves and the missionaries was a way to reject the regime and culture of the white man, and all that they stood for (Comaroff 1985). As a result, a vaccination could never simply be a shot in a child’s arm protecting against disease; a pill could never simply reduce a fever. Although some individuals resigned themselves and some embraced the new medicine, the interrelation would always remain a charged issue in the greater sphere of cultural interaction. The packaging of the healing and the baggage that came with it, combined with the strongly ambivalent attitudes towards it on the part of the recipients, assured that this would remain coarse and complicated terrain for some time.



Biomedical practice and its attendant discourse, when filtered through Christian religious missionary work, usefully highlights the particularities of the biomedical view of disease, the body and the person as identified by Hahn (1983). Missionary medical practice has been addressed as much to the person and spirit as to the body. Such ‘dualistic’ concerns, I argue, place missionary medicine in a position much closer to traditional African medicine and to the problems its practitioners engaged with. Mercy Ships is interesting in this regard, as they juggle two normally separate categories, faith-oriented healing and biomedical methods, in going about their healing work. The arena of healing, that in West Africa is so involved with body, mind and spirit, came closest to removing the boundaries and ameliorating the conflicts that separated Africans, Europeans and missionaries from one another (Comaroff 1997). For Beninois, the link between Christianity and medicine is much more obvious, in that the identities of the two were mixed and manifested in the same people’s roles historically.

Missionaries’ aims were twofold – they sought to transform themselves while transforming others, often through medical interventions, even as religion provided the greater framework for this to happen. Mercy Ships, and its aims and actors, fits well within this tradition.

### Nongovernmental and faith-based organisations

---

So far, I have provided a brief historical account of missionary work and its relation to health care. I have also described the role of Benin’s government in managing health care. But in resource-poor settings, whose responsibility is it to provide health care in the first place? During fieldwork, the distinction between the “right to health” versus a “right to healthcare” was blurred in discussions about desires and expectations of the provision of healthcare. The term “public health” implies a government duty to care for the health needs of its people (Marsland & Prince 2012). The incongruity between public health approaches and actual means has generated a recognition that the gaps in services could be provided by outside, state and non-state actors. As such, non-governmental organisations (NGOs) – in number, scope and depth – have been on the increase over the last few decades alongside larger multi-state actors in the international community.

In Benin, the NGO presence can be seen in vastly differing forms – from a small wooden shack hanging out a hand painted “ONG” (*organisation non gouvernementale*) sign in a rural town to those with internationally recognised names, with residence in Cotonou’s most expensive expatriot quarter. Some organisations have decades of presence if not in Benin itself, then in the region.

Clark (1992) has defined the roles of NGOs as differing from other established initiatives (i.e. governmental or multi-country) in three main sectors: complementing, reforming and opposing roles. Resources and strengths that NGOs are able to tap into are a volunteer workforce, the possibility to be flexible, and a closeness to the populations with whom they work. A widespread view held of development agencies nowadays, outlined by Ferguson (1994) in *The Anti-Politics Machine*, is that NGOs allow governments to expand their presence in the lives of people without appearing to do so, while local governments are interested in the knock-on effects of NGOs’ achievements. Ideally, the state will be able to follow on to the infrastructure, phones, established links and resources of the NGOs, and have an ‘in’ to that area where previously it did not. It makes sense that international NGOs often deem themselves officially to be a-political in order to be able to carry out their work in foreign countries, but they will not necessarily have control over the impact of their actions.

In some cases, donors aim directly for political impact. Bierschenk (2009) notes that the five elections, twelve coups d’état and other political renegotiations that took place between 1962 and 1972 in Benin were only possible with outside pressure and funding to organise and mobilise groups and resources. This external support continued and Benin in fact could be considered ‘overfunded’ by outside sources: in 1999, the government itself used roughly one third of the aid committed by foreign donors. He notes that NGOs are rarely completely separate and autonomous from the government, indeed often including a civil servant as a part of the board of directors, which is also seen as a way to foster connections and strengthen networks for funding.

Local NGOs are often beneficiaries of foreign and local government funding (such as the seven local Beninois NGOs that were selected in 2011 for a total of a 55,000 USD micro-project funds

from the US government to support the assistance of vulnerable populations).<sup>24</sup> Project aims may seem uncontroversial, such as strengthening democracy and improving women's rights, and the funding may be small, but nevertheless, the direction these funds take can also send a clear message to governments and citizens as to which causes are deemed appropriate to be developed – just as the absence of funds can do the same. What follows then is also increased donor concern about the purpose, efficacy and integrity of these organisations that attract and manage public and private funds.

### *Faith-based organisations (FBOs): a branch on the NGO tree*

---

The NGO taxonomy includes secular and faith-based organisations (FBOs) (with the latter sometimes referred to as religious non-governmental organisations (RNGOs)). They both stage a strong presence in the region, and this classification becomes meaningful not only in distinguishing between secular and non-secular organisations, but also in examining the differing characteristics of non-secular organisations themselves (Thaut 2009). However, this thesis only focuses on one FBO, an interdenominational one, and so it is through the experiences of its volunteers that the organisation will be discussed.

As NGOs have been on the rise, the numbers of FBOs active in the international development field have also increased in the same time period, particularly since the 1990s. A study of US aid organisations between 1939 and 2004 working internationally showed that “evangelical organizations accounted for 33% of all relief and development agencies and 48% of the total number of religious humanitarian agencies” (McCleary and Barro 2006). As will be further explored throughout this thesis, a central identifying factor contributing to the perception of Mercy Ships is the religious element of the organisation, as defined by its volunteers, aims and mission statement. Their funding and operational structures also have aims in common with those of other FBOs.

In Europe one hears a great deal about aid organisations of Islamic or Christian denomination, but this domain is of course not exclusive to them; many other religions make up the field of FBOs. The faiths of Judaism, Buddhism, Quaker, and Baha'i are a few others with an active network of groups working in international development. For this discussion, the characteristic factors of

---

<sup>24</sup> <http://irinnews.org/PrintReport.aspx?ReportID=27395> (last accessed December 2011).

FBOs lie in the moral message and programme aims at the mission and organisational level, as individuals' goals and attitudes will be espoused across all development sectors, whether they are faith-based or not.

Distinguishing between FBOs and secular organisations is not always straightforward. Unlike the narratives of early missionary work, the “faith” in FBOs is not necessarily about impacting (or converting) the spiritual lives of recipient populations, but instead can refer to the organisation being driven by its faith to carry out its mission. As Falk (2001) notes, faith also contributes a duty-oriented aspect to organisations that, while perhaps encompassing some of the same values of non-FBOs such as taking a rights-based approach, comes from a place where the underlying origins of the notions of justice, reconciliation and transformation differ.

Berger (2003) attempts a classification amongst FBOs, but steers clear of their in-depth comparison with secular NGOs, which may share many similar characteristics of the four dimensions of FBOs that she identifies: religious, organisational, strategic and service. The spiritual or scriptural undercurrents that shape the “religious” dimension not only show a similarity in mission statements across FBOs, but with non-faith-based NGOs as well. Her work emphasises that motivation in FBOs is based on religious faith, rather than other aims. It is interesting that an overlap in aims should not be considered, as a conviction in humanitarian values, development, or science can also be defined as having a ‘faith.’

In terms of its religious dimension, Mercy Ships' values as quoted in crew literature are: “Desiring to follow the example of Jesus, we seek to: 1) Love God; 2) Love and serve others; 3) Be people of integrity; 4) Be people of excellence in all we say and do.” Arguably, the language used to define its mission statements is what sets it apart from secular organisations, which might espouse the same values as Mercy Ships (except for the “Love God” part) but frame them differently. Expressing these goals in this way, as an institution, shapes not only the product resulting from trying to realise these four values but also those who are enacting and carrying them out – the ships' crew.<sup>25</sup>

---

<sup>25</sup> In addition to these values being iterated in crew material one receives upon arrival on the *Anastasis*, they can also be found listed on the following webpage: <http://www.mercyships.org/About/AboutList.cfm?c=5> last accessed 10.09.05

The secular world tends to be sceptical of them, but in Benin, FBOs fit into the local schema quite well (as will be seen through stories of interactions between the ship and local communities later). When overt religious agendas are not pushed (and in some cases also precisely because they are) they are able to find a home and succeed in these areas, at least from a standpoint of shared values. FBOs have a reputation of taking the whole person into account (not just their economic unit) in terms of their project, and are characterised by a vast network of individuals, congregations, and other NGOs (Berger 2003). One aspect that can distinguish FBOs from other NGOs is that the former will attempt a more holistic approach to their aid, which follows along Bornstein's (2005) observation that in "African Christian culture" the "realms of the spiritual and material cannot be easily separated: development is both spiritual and material" (Bornstein 2005:49). Like many other FBOs, in addition to their pay-to-work operational scheme, Mercy Ships seeks private financing in order to remain independent.

### *Spirituality and development*

---

While there has been a notable shift in the last decade towards opening up to the study of the role of faith in development, anthropological scholarship has historically had difficulty approaching this subject. Ver Beek (2000) offers reasons as to why spirituality is often left out of development dialogues: the fear of imposing an outsider's perspective on a population; "respect" for local culture; a fear of conflict; fear of accusations of pushing religious beliefs; and a lack of a model or models to guide the discussion around the integration between spirituality and development.<sup>26</sup>

One interesting idea he alludes to is the secularising nature that is traditional of 'northern' practice (and, I would argue, also holds in southern cultures operating under northern ideological rules in the form of funding and/or institutional structure) that "dichotomises the sacred and the secular" (Ver Beek 2000:40). While he asserts that this hampers individuals from discussing and linking spirituality to development work being undertaken, I argue that in fact this aspect goes even further, in that the very interpretations of reason and fate in life preclude any divide. The nature and origin of life circumstances – bad luck, disease, death, good fortune – are not up for

---

<sup>26</sup> This final aspect has been addressed in the considerable amount of literature produced on the subject in the years since Ver Beek's piece was written (for some examples see Lunn 2009, Whiting 2008, and Tomalin 2012).

debate in many of the “developing” contexts to which Ver Beek refers because of religion’s perceived role in bringing them about, taking their public discussion off the table.

FBOs, however, are not exempt from the repute of secular NGOs mentioned above either. Among others, Manji and O’Coill (2002) assert that FBOs continue to be in collusion with “colonialist structures”, having recast themselves upon nations’ independence in order to be able to perpetuate their previous structures and aims (Kurti 2005). Analiese Richard (2009) calls for an examination of the intermediaries that cause these shifts in state and governmental movements towards change, as brought about by the presence and role of NGOs. In Benin, though my research did not focus on this, the most obvious understanding was that churches and foreign communities played a vital role in propelling forward collaborations and structural inputs that contributed to creating change and development at both individual and community levels.

Holenstein and Tyndale (2005) discuss the taboo surrounding religion in aid and development work and why secular organisations try to distance themselves from the work and identities of FBOs. The two factors their research found were the intention to separate themselves from the “conflict and oppression” in the history of missionary activities in certain regions of the world; and the socialisation practices that kept religion out of professional activities due to the western notion of religion and faith being considered private. I think it is worth noting though that this idea of “socialisation” does not pertain to all western cultures, with religious beliefs being a vocal and normative part of many work places. Perhaps a more critical look at this would reveal that amongst international development and aid workers, the pressure to keep religious beliefs private is stronger than in other sectors. Instead, the assumption is that a faith in development comes from a humanitarian, rights, or science-motivated perspective rather than a religious or spiritually based one. Anthropologists have looked at the dynamics that create and perpetuate the moral, economic, social and historical underpinnings that contribute to the dominant structures in development and health work on the African continent. This will be explored further in the next section.

### Anthropology, medical aid, and international development

---

International development has been an exciting subject for anthropologists for some time, especially over the last few decades. Anthropology has long been intertwined with

humanitarianism (Barnett and Stein 2012), even before applied anthropology gained increasing support in the 1970s: anthropologists have knowingly or unknowingly invoked the humanitarian ethos in order to make political or ethical points, employing compassion and empathy in their research and its dissemination. The realm of health and healthcare combined with the drive towards globalisation have created a new terrain for the study of the ideologies, actors and the consequences that have resulted from this changing landscape.

Within the social tradition linking suffering and charity (Redfield & Bornstein 2012), there has historically been a strong link between Christianity and humanitarianism (Fassin 2012). Despite these topics long being intimate areas of study for anthropologists, the first authors point out that there have been few ethnographic accounts of humanitarian organisations (though recent years have seen an increase in this arena). Their volume, *Forces of Compassion*, attempts to examine the dominant practices in the contemporary aid world and place them within the relevant historical and geographical contexts. Another edited collection (*Sacred Aid*, Barnett and Stein 2012) focuses precisely on the phenomenon of faith-based organisations. Religious organisations play a more substantial role within the broader aid community than ever before, with the “humanitarian market” having grown in the last decades assuring that practically every potential donor can find an avenue that expresses the cause which they want to fund (and the method they would like to fund) (Hopgood and Vinjamuri 2012).

These organisations have become more dominant in the last decades, and represent the current relationships between the global community and Africa. The pieces in the volume edited by Prince and Marsland (*The Making and Unmaking of Public Health in Africa*, 2014) demonstrate the shift in the creation of subjects for anthropological study. They examine the forces that have shaped public health on the African continent, paying particular attention to the relationships between actors, history, resources, and health and political systems, and chronicle the emergence of a *global* health onto the scene. The contributions highlight the role of Africans as not existing solely as passive recipients of health interventions, while also acknowledging that the biomedical vehicle there has been framed by its association with missionary and colonial regimes of power. The authors look at the various incarnations of public health that have emerged, insisting that they are “pluralistic and polyvalent” and, by thinking them through, open up the possibility for the development of different trajectories for actors and systems in the future.

Hansjörg Dilger, Stacey Langwick and Abdoulaye Kane's edited volume (*Medicine, Mobility and Power in Global Africa*, 2012) explores how the transformation of the health care system in African countries over the last four decades has played out on the practices, options and engagements of those who live there. The trans- and intracontinental movements of people, resources, and ideas have been accompanied by the emergence of a wide range of social, institutional, and cultural configurations that allow African citizens to deal with health-related challenges and to make sense of, and respond to, individual and collective suffering. These changes led to not only the migration of Africans to Europe, but also to the immigration of funding and medical professionals from beyond the continent (mainly Europe and the USA). Johanna Crane's ethnography about the creation of global health science through the international community's response to the AIDS epidemic (*Scrambling for Africa* (2013)) addresses the benefits that resulted for many foreign stakeholders, while others lost out. (The last decades have seen what has been referred to as "an invasion" of academics and students into Africa (Janes & Corbett 2009).) It was this imbalance and inequality that prompted Nguyen (2010) to carry out his ethnographic exploration of HIV in the Ivory Coast, looking at the role of therapeutic advancements introduced by global actors and managed by those living with the illness. Indeed, Pfeiffer & Nichter (2008) state that one of the responsibilities of medical anthropology in global health is to consider more broadly the boundaries of what constitutes health in these settings: including looking at the sophisticated political manoeuvring required, reflecting on the economic self-interests of states and thinking so far as issues of security and trade.

Wendland (2010) writes that historically, most of the work depicting healthcare in Africa has reduced bio-medicine to something that is imported and separate from the healing communities there, while in the past it has had a rich history and has undertaken its own growth on the continent independent of or in tandem with the medical advances in the North. By following the students of the Malawian medical school, this ethnography shows that even biomedicine is influenced by different contexts and sometimes the fact that it requires a more creative, spontaneous, empathetic approach influences how doctors are "created" in the process.

Not only are doctors influenced by the contextual inputs, but actual diseases are shaped by these contexts as well. Livingston's research on a cancer ward in Botswana (in *Improvising Medicine*, 2012) chronicles what she calls an emerging epidemic on the continent, but shows that even though cancer has an isolating power over its victims, in this context it is experienced as a disease



that generates and nurtures relationships between people, in a sense being a disease that occurs *between* people, and is penetrated by *care*.

In summary, the current work of anthropologists in the field of medical aid and development health in Africa as reflected by recent publications indicates an interest in the ethics, morality, and transformation of health systems in an age of continued inequalities. They examine the effects of research and humanitarian initiatives and investigate a wide array of actors' roles in the process.

Many of these themes are picked up in *Ship to Shore*. This dissertation looks at a comparatively small ship in the wider context of transnational relations, humanitarianism, private development funding and the permission-to-treat granted by big state actors, who otherwise play a minimal role in the provision of healthcare. I have taken this backdrop of the changing landscape of development aid in Africa to look at the personal moralities and trajectories of those who find themselves as willing participants in the endeavour, even if they have not intentionally chosen involvement with all its implications. This ethnography explores the relationships people have to themselves and with others, and how a context of healing, community and mission intertwines to produce potential and actual transformations of the soul, body and mind. Mercy Ships' overarching systemic aim of "making the world better" and "practicing love" is mapped out alongside the pragmatic and individual utilitarian value of helping the individual. Through this, the workings of a global phenomenon, and the personal manifestations thereof, are exposed.

## Layout of thesis

---

*Ship to Shore* is organised chronologically along the trajectories that brought my informants to the ship and away again, describing the processes, experiences and transformations that occurred (or did not occur) along the way. As such, it is presented in four parts.

Part I, along with this introductory chapter, is comprised of a second chapter which discusses the methodology shaping the development of this dissertation. Here I outline the ideas behind narrative ethnography – the approach that guided fieldwork and analysis – before presenting the specific methods used to collect data. The chapter closes with a breakdown of the activities that were undertaken in each of the four main fieldwork phases.

Part II, *Pathways to the ship*, describes and analyses the lives and movements of crew and patients before their Mercy Ships experiences. It begins with chapter three, which introduces crewmembers and their pathways to volunteering on board the *Anastasis*. I suggest that the narrative descriptions of their journeys and motivations are presented as *callings*, in that they understand their presence on the ship as the result of being called by God or another force. Non-religious crew also frame their experiences in a manner similar to the religious, and in this chapter the characters, concerns and quests of the volunteers are brought to the reader. Chapter four gives the contextual background to the illness narratives of the patients who come to Mercy Ships to seek care. Through the exploration of one individual's story, I touch on a number of themes that are pervasive in the lives of Africans living along the coast of Ghana, Togo and Benin. These include the integration and tension of different religious and spiritual beliefs, the limits to the availability of affordable medical care and the tremendous role that faith can play in the development of an identity, and in making sense of what is happening in one's life.

In Part III, the *Anastasis* arrives in Benin. We move on board the ship and witness how individuals become either patients or crewmembers through their respective roles in *Encounters*. This part of the dissertation considers the ship and its actors as a site for change and transformation. Chapter five begins with the work of the ship's advance team in Benin, sent to prepare the region for Mercy Ships' medical and outreach activities. This chapter focuses on the medical screening for potential patients held at the beginning of each outreach, and illustrates the process of people with illness presenting themselves in order to receive free health care. I close this chapter with a response to the question of how crewmembers maintain faith and motivation throughout the screening.

In chapter six, I discuss the interactions between patients and crewmembers in the ward and off ship. The first part of this chapter focuses on the medical encounters and I show how the care on board is shaped by a social and spiritual approach that sets it apart from the care of other hospitals in the region. The second part examines non-medical encounters in the form of the relationships that crewmembers foster off-ship with locals, and underlines how the distance they keep from land (by living on the ship) influences the way in which they perceive their role as missionaries in West Africa. I close the chapter with a reflection on the affective infrastructure of Mercy Ships, looking at how the ship becomes a healing space beyond the medical acts carried out on board through the layered construction of its space and rituals. The focus on the crew is picked up

again in chapter seven, where I look at the onboard community – away from the medical and geographical aims – and its importance as an instigator of reflection and change for its members. This is explored from three angles. The first is the public perception of Mercy Ships volunteers by their development counterparts in the region, as seen through both the literature and the responses of others working in Cotonou. The second is the impact of communal living on their journeys, and the third is the significance of crewmembers’ self-representation of their experiences and spiritual lives to their family, friends and sponsors back home.

*Transformations*, Part IV, moves to the post-ship experiences of crew and patients, and examines what has and has not changed in their lives and perspectives. In chapter eight, I argue that while the medical care Mercy Ships has provided for the patients allows for physical transformations, the next steps to build a life post-illness are not evident and require considerable negotiation, faith and fortitude to weather the upsets that remain a part of their lives. This chapter also examines how the healing the ship offers fits into patients’ constructs, enabling the re-affirmation of their belief in God, medicine, and faith itself. The role of faith and trying to make one’s way in the “real world” is then examined when shifting over to the lives of crewmembers, in the second half of the chapter.

The final chapter of the dissertation, chapter nine, poses the question of who forms a part of a patient’s therapeutic community and what the act of rallying together and summoning faith can do for both the patient and the community. Following this, the conclusion expands on the major arguments of this work, and places the study within the larger disciplines upon which it draws and to which it contributes.

Like many of the Mercy Ships crewmembers who were my informants, my path towards the *Anastasis* and this research topic emerged out of general circumstances that could have panned out quite differently. I applied to the PhD programme with a project on NGOs in Madagascar, but after meeting my supervisor in London and explaining that I had developed a different idea in the intervening months, I decided to pursue them both simultaneously until it was clear that the project on Mercy Ships could get off the ground. During fieldwork, I learned to see the possibilities of framing my path to the ship as a ‘calling’ that many of my informants also had, which embedded my research into a part of the phenomenon I was studying instead of simply penetrating it from the sides.

Shortly before starting the PhD, I visited my sister in Munich where, one night staying up too late on the living room sofa (which doubled as my bed), I turned on the TV and clicked through to a brief documentary about a German doctor volunteering his time to work on the *Anastasis*. Themes surrounding faith, commitment, displacement, hope, health struggles, estrangement and the layering of different health beliefs filtered through the night. It may have been the sleepy haze of 2am, but immediately I believed I had found my thesis topic through this documentary. In the following months, after travelling to the *Anastasis* myself, I heard dozens of stories from patients and volunteers about how the *Anastasis* came to be a part of their lives, the pivotal moments on the ship framed by what happened before and after – each detail on the pathway being given meaning based on the events that came afterward and how things played out.

Methods and theory for fieldwork and analysis are interconnected. As my broad aim is to investigate ethnographically if and how people’s lives are changed through sought contact with the *Anastasis*, my methodology was designed, and manifested itself, to provide a strong, cohesive set of techniques sensitive to the stories people lived and to the framework of the PhD. This chapter introduces the methodology which made it possible to document the individual experiences of people with the ship, and organise them as personal trajectories resulting from the stories embedded in the phenomenon of pre-, during and post- encounters.

I have used a narrative ethnographic approach to guide the fieldwork, writing-up and subsequent analysis of the data gathered. This approach was selected to help me understand the social and personal experiences of participants in this multi-sited project, where the common experiences involved the ship, but geographies, histories, connections, and networks were very separate.

Ethnography as a descriptive and analytical research process dates back to the first decades of the last century. It is largely concerned with occupying a critical stance towards data collection as a process as well as towards the interpretation of the data collected. Narrative ethnography<sup>27</sup> is a way for researchers to seek solutions to field based research and data collection problems that arise from living and working in a dynamic social environment. Field workers strive to make sense of their relationship to their research site and themselves in that site, as well as to the people, relationships, beliefs and practices that constitute it. One of the advantages of concentrating on narratives is to be able to take note of how presentation and representation of life experiences, goals, emotions and thoughts change over the course of fieldwork.

My research in Benin radiates out from the collection of people's stories of being sick and well, and those who are working as part of a missionary movement. These stories, or personal narratives – oral accounts of a person's life and experiences – and the issues involved in faithfully reporting and contextualising them are my primary data. Narratives are not just a means to an end; they are an end in themselves.

Narrative is a critical concept in the sense that I am using it. Following the spirit of the ideas outlined by Michael Jackson (1989), narrative usefully shapes and lends profundity to fieldwork and participant observation. Central to Jackson's approach is establishing the agency of individuals within, and in response to, their social environment. He emphasises that "human life is never merely a matter of apathetic assent to givenness but an active relationship with the circumstances that befall a person" (Jackson 1989:20).

---

<sup>27</sup> Not to be confused with "narrative analysis" (or "conversation analysis" or "content analysis"), another methodological approach at times used in psychology, anthropology and other disciplines that calls for the careful balanced transcription and dissection of oral texts, focusing on scripts, coding and sequence of events. I also do not employ standard literary critical theories of narratives.

Jackson is one of several anthropologists who, using a phenomenological approach, responded to a concern that the body was a passive object in theoretical analysis of embodied behaviour – one that was rendered merely a symbol through cognitive and linguistic analyses (as expressed by Lock 1993). In *Paths Towards a Clearing* (1989), Jackson describes the gathering and telling of narratives as a research model. His approach emphasises that we learn about people through the filter of ourselves, and that people and their stories are our key to understanding. Our writing and research should therefore reflect the fact that objective problems or issues are always subjectively experienced and understood through the self.

With these ideas, Jackson is articulating more than an idea of reflexivity. He suggests that people's own images of themselves are created through their perceptions of other people. A variance on this notion is well captured by Gillian Feeley-Harnik, who states, "We have no knowledge of past *people* except through present *people*; we have no way of knowing others except through ourselves" (Ingold 1996:213). In Jackson's words:

A story is thus suggestive rather than definitive of meaning. It begins in the experience of one person, but others make it over to themselves and give it new uses and interpretations. But even more important to me than this hermeneutical openness of narratives or even their ability to communicate the fullness and immediacy of life, is the way they reflect and embody one fundamental modality of lived experience: the journey. ... These images disclose the intimate connection between our bodily experience in the everyday world and our conceptual life. (Jackson 1989:18)

Jackson's insistence that the realities of different stories be taken into account is important for my work. He observes that by weaving together different, unique stories about a single phenomenon, it is possible to gain a grounded and multi-faceted understanding of the perspectives and 'truths' of those involved, both patients and crew members alike, including, to some extent, the ethnographer who is witnessing and experiencing multiple lives-in-progress, including her own.

Part of the reason for a focus on narrative is that to understand possible transformations I need to understand how a life undergoes changes over time, and how past events are perceived and expressed in light of present circumstances. Given the structure of this research, I am largely relying on narratives to help me understand people's experiences before they came to the ship. I meet some of them before their surgery, but no one (patients nor volunteers) before they ever

think about going to the ship or make that first physical contact. So the narrative approach allows me to layer stories upon stories to get a picture of people's notions of the past and present.

In his work on oral history, Portelli (1991) brings up some of the issues that precisely this probing into the past can play out on both the narrator as well as his or her story. The past is framed differently when viewed from the future. Perspectives and memories are affected by time and context, and to whom the story is being told. Personally, recounting the past provides a chance to try out different versions of what did happen – or what could have or should have happened.

Personal experience, then, both reinforces and limits the affirmative view of history. On the one hand, it prompts narrators to insist on the usefulness and success of their lives, by stressing the positive aspects of reality. On the other, it forces them to come to terms with the deferral or cancellation of their ultimate goals, with the limited and precarious nature of actual gains, and with the personal sense of discontent and loss of meaning. (Portelli 1991:113)

In telling stories we are forced to reconcile our inner dreams and resolutions with the way we present ourselves to the world. Going through this process can change something not only at the textual level, but also on the understanding of our beings and how the past and future occur.

### *Critiques of narrative ethnography*

---

Some have argued that the narrative ethnographic approach is too reflexive and that the focus on the subjects and field site is lost in the researcher's discussion of herself (Beidelman 1989, Sangren 1988). This is a legitimate concern. However, the structures of research mitigate against a professional ethnographic investigation collapsing into biographical travel literature through an orientation to research objectives and towards the intellectual problems that drive the work. Research is always about *something* and the presence of the writer is necessary to facilitate the subject's emergence, without an over-presence that risks overshadowing and clouding the subject.

Others question whether anything is added to the "narrative" by examining the contextual construct of the narrative in addition to the narrative itself (Wikan 2000). This is essentially an appeal for an 'art for art's sake' approach to data presentation and suffers from the possibility that people are displaced to data on the one hand or, just as problematically, rarefied and exoticised on the other.

Another critique, which also seems to work against Wikan's concerns, is the issue of trustworthiness – how well can one believe both the intentional and unintentional representation of life through an informant's narrative (Moss 2004). This is an age-old concern in anthropology about the discrepancy between what people say they do and what they actually do. The truth that Moss apparently fetishises should be substituted in interpretive ethnography for conceptualisations of accuracy.

Attending to untruths and discrepancies is sometimes more valuable to a field researcher for the issues they bring-up than is listening to strictly accurate descriptions of circumstances and events. Accuracy is, in part, a consequence of more information rather than less, which in turn is an aid to interpretation. Narrative ethnography attends to such concerns despite criticisms to the contrary.<sup>28</sup>

By concentrating on the interplay between researcher and the field and applying the whole of the approach – which calls for participant observation and other field methods to inform the social constructs surrounding the narrative – ethnography can achieve its potential.

#### *Personal Transformation and Reflexivity*

---

*My first few days on the Anastasis, I remember distinctly feeling that it would be easier for me on the ship if I “had God” as my fellow crewmembers did. Living with three other women in a small bunk-bedded cabin, getting up at five a.m. to work fourteen hour shifts in the kitchen, dodging cockroaches and attending a high number of prayer services for a religion I did not view as my own each day made me take note of people who “listened to God” during their adjustment to ship life with a heightened sense of awareness. I grew to be able to see my difference as an advantage in being able to carry out the research I had set out to do. – Fieldwork notes*

The onboard community is shaped before crewmembers meet one another. Applications to volunteer as crew are vetted to maximise the likelihood that faith-based and other spiritual goals might be achieved through time spent on board the ship.

---

<sup>28</sup> Reflexive writing in the field of anthropology is marked by early efforts in the 1950s and 60s (i.e Lévi-Strauss 1955 and Bowen 1964) but was more officially announced on the scene in 1982 with a compilation edited by Ruby (1982) on reflexive perspectives in anthropology that fuelled the debate of the 80s on the hows, whys and ifs of reflexivity in the discipline. Since then it has become all but a given that good ethnography is reflexive to some degree (Englund & Leach 2000). I aim to be reflexive in my writing in that I allow the audience to see that the producer, process, and product (to borrow from Fabian 1971) are all pieces of one consistent intentionality.



Mercy Ships' central administration is concerned with the Christianity of potential crew in recruiting members of staff.<sup>29</sup> As my application to serve on the *Anastasis* passed through Human Resources in the spring of 2004, I received a call at my desk in London from the ship's pastor in Sierra Leone. She informed me that she had received my application and wanted to make sure that I understood that the ship was Christian-based as "unfortunately, that's not made very clear on the website" and apparently in the past a few applicants were surprised by the religious affiliation once they had been accepted.

The application requests a recommendation from a pastor or spiritual leader, and, not belonging to a church, I provided a character reference from my father, whose influence, I figured, served as a guide in my life. At the time, I had the feeling that the phone call's purpose was not only to inform me about Mercy Ships' religious roots, but also to make sure that I would be a member of the team and "belong" during my stay on board.

I grew up with a Catholic influence in the German part of my family, but it was a version of belief that encouraged doubt, questioning, re-interpretation of the dogma and a permission to view certain rules as not-applicable and out of sync with modern times. I had not had to seriously occupy myself with trying to understand, in an intimate way, people who held deep, unwavering religious beliefs before embarking on fieldwork, nor with realising the repercussions of different interpretations of scripture. After some discomfort with certain religious expressions that I encountered on board in Sierra Leone, I welcomed the chance to interrogate my own beliefs, perhaps placed in the "spiritual, not religious" box (a simple descriptor for people open to non-institutional forms of spirituality or at least exploring its possibilities).

As such, my fieldwork began before my arrival in Benin. Through emails, phone calls and my pilot trip to Sierra Leone to work as associate crew on board the *Anastasis*, ideas of what was important emerged and generated questions about the people who work for the organisation as well as those they were "reaching-out" to.

---

<sup>29</sup> However, Mercy Ships has a relatively fluid approach towards drawing attention to its Christian base when dealing with certain fundraising and publicity activities, in some cases not mentioning its religious roots.

I wondered if it were possible for this ship (the *Anastasis*) to run (successfully) as it does *without* being based in faith. I wondered about the motivation of a doctor who worked 48 weeks a year in a general hospital in Cologne, Germany and spent his few free weeks operating twelve-hour days on a boat and paying for the opportunity. And I wondered what it meant when local people I met in the market in Sierra Leone – not patients or family of patients – told me that Mercy Ships crew were angels.

This process continued in Benin as I became more and more aware of what was “asking to be studied” within my framework. My journey with Mercy Ships, and eventually with a share of the people they offered surgery to in Benin, has been one through which I trace my own personal and scholarly path. The transformation of the researcher is one that is well-documented within the field of anthropology. Writers such as Rosaldo (1993), Geertz (1993), Clifford (1988) and Fabian (1991) among others, have written at length about the researcher’s role in shaping the field and also, in turn, being shaped by the field. It is important to locate the field and to locate the anthropologist within the field as well. Some have referred to fieldwork as a rite of passage.<sup>30</sup>

With my work, I see the necessity of being reflexive in my writing in order for the reader to be able to understand and think along with my data. In addition, I found that when responding to a public health audience at LSHTM, there was considerable concern about me undergoing a “conversion experience,” one that would make me not objective (read, critical) enough of the phenomenon I was studying.

Going back to grounding this thesis in narrative ethnography, it is essential that I relay the *interaction* between myself and the field and whittle away the boundary between the observer and the observed (Stoller 1997). As Roland Barthes (1972) has asserted, authors do not write free from historical and cultural conditions – meaning that this work is shaped by my past experiences and the context in which I have been trained, as much as by the experiences of my informants.

---

<sup>30</sup> Some have written of feeling as though they are “second rate” anthropologists if they choose not to go into a conventionally exotic field as their rite of passage. Wengle (1987) speaks of a symbolic death of identity that occurs while in the field. He offers two options of coping with fieldwork – one which centres around resisting the local culture and seeking out and maintaining ties to home, the other which he terms as “secondary identification” popularly known as going native. This is in response to a potentially anxiety-inducing threat on one’s identity, in which one internalises and experiences a sense of belonging.

In *Death without Weeping*, Nancy Scheper-Hughes describes the significance of the interaction between researcher and the researched (people, topic) in producing a particular kind of knowledge, both as a means and a method.

To use the metaphor from Mikhail Bakhtin (1981), the ethnographic interview here becomes more dialogic than monologic, and anthropological knowledge may be seen as something produced in human interaction, not merely “extracted” from naïve informants who are unaware of the hidden agendas coming from the outsider. (Scheper-Hughes 1993:25)

As an offshoot of this interactive component, I try to make anything relevant from my own narrative clearly present in this work. Similar to Rosenthal (1998) in her exploration of Vodun practices across coastal Ghana, Togo and Benin, I allow myself to show narratively, in my writing, when I overlap with the subject matter and when revealing my place lends itself to better explaining the themes and circumstances I am exploring.

### *Researcher's alliance*

---

My research questions do not pit one group against another. In fieldwork and writing-up, my aim has been to avoid erecting a dichotomy between ‘ship-people’ and ‘land-people.’ A fundamental assumption is one of variation between subjects rather than absolute difference. This work intends to go beyond analyses that result in setting the West and Africa in opposition to one another in terms of power and development. A useful metaphor is the exploration of a sculpture in which one walks around the object of study, touching it, looking at it in different lights, imagining it, etc. The problem addressed in my research is one concerned with circumstances that give rise to change, not rehashing Africa-West oppositions. As a narrative ethnographic approach indicates, the goal is not to highlight the boundaries between the observed and the observer, but rather to focus on the participatory experience and the interactions between subject and method.

As fieldwork is based on personal relationships, it follows that some relationships are easier or more difficult to establish and maintain, and the rapport among actors in research varies with the affinities created between all involved. As an ethnographer, however, the challenge remains to navigate the personal relationships, maximising access to resources relative to my research

questions. It is a given that some data and people were more accessible than other data and people. A few sections later I briefly address these complex relationships.

## Data collection

---

### *Location*

---

My research is, inevitably, multi-sited. It demonstrates the interconnectedness of the actors involved in this research, a primary element being their movement to and from the ship in their quest for spiritual and physical change. George Marcus outlines this multi-sited approach in his 1995 piece for the Annual Review of Anthropology:

This mode defines for itself an object of study that cannot be accounted for ethnographically by remaining focused on a single site of intensive investigation. It develops instead a strategy or design of research that acknowledges macrotheoretical concepts and narratives of the world system but does not rely on them for the contextual architecture framing a set of subjects. This mobile ethnography takes unexpected trajectories in tracing a cultural formation across and within multiple sites of activity that destabilize the distinction, for example, between lifeworld and system, by which much ethnography has been conceived. (Marcus 1995:96)

As Rayna Rapp shows through her work on emerging reproductive technologies across the United States, multi-sited fieldwork is a process that “endeavour[s] to break the connection of space, place and culture” (Rapp 1999:12). I follow people’s trajectories not just across time, but also across space. Research related to this project has taken place in Benin, along the southern coasts of Togo and Ghana, Sierra Leone, the UK, Germany, and the USA; on board a ship and on land; by way of computer screens and telephone wires. Though I chose to live in Cotonou, the economic capital of Benin where the *Anastasis* was docked during the second phase of my fieldwork, which facilitated easy access to the ship and those subjects (patients and crew) who lived locally, some patients resided in nearby towns, in other parts of Benin and neighbouring countries.

In some respects, exploration of my research question is not upset by the multi-sitedness of my field because conceptually my research is built on the idea that a field site is not static nor bounded. Rather it is assumed to be experiential and motile. The flip-side to this is that moving

between places could have limited my ability to enrich data collection through long-term participant-observation in some instances. In other respects, the passing between different lives and geographies ended up linking them to each other conceptually and spatially.

My methodological choices have been made with these circumstances in mind. Narrative ethnography enabled me to gather people's experiences (patients, family, friends, acquaintances) over time through stories as my primary data. It is possible, then, that my analysis may have a low truth quotient relative to how the data is collected, shared and reflected upon with informants within their social contexts, but that it gains in comprehension as interpretations and meanings are layered and built up over time.

### *Selection of informants*

---

I originally followed twenty patients and fifteen *Anastasis* crewmembers to inform my research with a view to developing detailed case studies. This means that out of the larger number of people I was speaking to and hanging around with, I either spent more time with these individuals and/or carried out more structured interviews with them than the dozens of others I encountered over the course of my fieldwork.

#### Patients

I was unable to find some former patients after I returned from London for the second phase of Benin fieldwork. Phone numbers changed and families moved during the seven months I was away. While I tried to track them down through other connections, I was not always successful (though the searching was sometimes illuminating in itself!). Also, some individuals were easier to keep in touch with than others, due to both researcher and informant preferences. I made efforts to meet both male and female patients, old and young, rural and urban. In two instances, I befriended the families of a baby and a child who were undergoing procedures for facial disfiguration.

Geography played a role in informant selection as well. I did not spend as much time with those who lived further away as I did with those who lived in and around Cotonou. Some of these I then visited at their homes only once during the first phase of fieldwork after their discharge from

the ship. About half lived in Cotonou (or environs), and we were able to meet regularly during ‘normal’ life, as well as for trips to birth villages. The remaining patients lived primarily in three clusters: Lomé, the capital of Togo (which I visited every two or three weeks); Savalou (a four hour drive north from Cotonou); and Lokassa (three hours northwest) – the last two towns with approximately 20,000 inhabitants.

Between the first and second phase of fieldwork in Benin, the number was pared down to approximately five patients in-depth and ten crewmembers, with the benefit of being able to concentrate my time and resources and increase my in-depth understanding of these people’s stories, and deepen connections with their networks or non-Mercy ship individuals.

To follow my original research question surrounding the visibility of illness, I especially sought contact with patients who were being treated for a facial disfigurement. More often than not this was a tumour, though some sought medical attention for goitres, cysts, cleft palette, or a different form of cancer. Two patients were treated for symptoms of noma.<sup>31</sup> I did not restrict my connections to only these individuals though, and a few of my initial informants were burn victims and women who had procedures for the repair of fistulas.

### Crewmembers

Mercy Ships informant crewmembers’ home locations were split between England, Germany, Holland, Ghana, and the U.S., and perhaps 60% were still serving on the *Anastasis* after my second phase of fieldwork. Their ages ranged from 20 to approximately 65 years old. Some of them (usually the younger) were associate crew who came to the ship for three to six months as a break from their “real” life, while others lived on the ship alone or with their spouses and children for many years at a time. I initially tried to include a variety of different types of crewmembers (in length of stay, education, age, being on board solo or with their families, etc.) in order to better see what similarities emerged in their narratives.

---

<sup>31</sup> Noma is “an acute, necrotizing ulcerative process involving mucous membranes of mouth or genitalia. The condition is most commonly seen in children with poor nutrition and hygiene. There is rapid spreading and painless destruction of bone and soft tissue accompanied by a putrid odour. Healing eventually occurs but often with disfiguring defects” (Mosby’s 1987). The disease is attributed to poor hygiene and malnutrition, and is said to spread in conditions of extreme poverty. Untreated, noma is fatal in 80% of cases. This disease was documented in Europe and the United States in the 18<sup>th</sup> and 19<sup>th</sup> centuries, but disappeared in these regions after the introduction of hygiene awareness and periods of famine ceased, except for its reappearance in Nazi concentration camps.

I got to know some of my informants during the pilot work in Sierra Leone. Others I met either through these initial contacts, through my days in the ward later in Benin, or when I stayed four days on the ship as a guest in Ghana the next year. In addition, I met former volunteers through networking back in London.

## Overview of methods

---

As previously stated, I collected data through participant observation, individual and group semi-structured and in-depth interviews, discussions and document review. However, experiences in my first period of fieldwork in Benin showed me that formal interviews were not the most successful method to learn about a patient's life, unless I had already established a relationship with the individual. Narratives that emerged through spending time socially with patients and their families, over meals and errands, while working and relaxing, proved to yield the most comfortable, open discussions that gave me more insight. The different contexts allowed for diverse aspects of their stories to emerge and, in some cases, contradict earlier versions.

Hammersley and Atkinson (1995) mention the benefits of arranging meetings in familiar settings for informants in order to provide a space that is relaxing and known. It is after establishing a relationship that structured interviews were able to reveal the various layers of the person in front of me, and that led to more questions, interpretations, layerings and meanings over time.<sup>32</sup>

### *Participant observation*

---

Most of my fieldwork has been achieved through participant observation and the informal discussions during this period, as it also allowed me to gather stories in a non-interview setting. Unlike non-participatory observation, which is not as passive as it sounds and directly generates data too, participant observation is a technique which “involves the observer (researcher) in the activities of the group being observed” (Bowling 2002:359).<sup>33</sup> There is some question as to how

---

<sup>32</sup> Hammersley and Atkinson (1995) point out that all interviews are ‘structured’ to some degree by both the researcher and the informant. However, I continue to use the term ‘structured’ to distinguish between interviewing techniques.

<sup>33</sup> To make it clear how this technique actually looks in the field, I give some examples below.

‘participatory’ any participant observation is, but I have defined it along the following lines: being able to engage with the actors and environment, ask questions, and have the opportunity for informal, unplanned discussions and observations offers a participatory experience without the observer having to match the roles of those with whom they spend time.

Employing participant-observation as a method means it is essential to attend to how people live and negotiate their everyday environment. Michel de Certeau (1984, 1988), in his two-volume study *The Practice of Everyday Life*, undertakes an archaeological-like project to uncover ways of recognising the significance of quotidian action that is usually overlooked as too common to deserve attention.

Central to his thought is the notion of creative responses to the bricks and mortar of culture, which is to say one’s experientially developed style of doing what one does within the environment in which one lives. This is particularly relevant to my research since the narrative ethnography methodology entails giving attention to and recording how, why, when, in front of whom, etc. stories are told rather than just the story itself.

The everyday for de Certeau is a practice (praxis) of possibility realised through the living of life itself. De Certeau has been criticised as offering a shallow approach to culture that lacks

---

On the ship in Sierra Leone, I worked as crew in the galley and thereby was an active member of daily operations on the ship. This gave me the chance to speak to crew members on a casual basis with whom I established relationships through working together and through the proximity of eating, sleeping, praying and recreating exercises, from the standpoint of a colleague in a similar position to them.

In Benin, in addition to working at the screening, over the course of regular visits to the *Anastasis*, I became known to many of the medical staff and patients and was an expected face on the ward. Although my role was one of research, I assumed a similar position to those members of crew participating in the *Adopt a Patient* programme, who would visit a patient for the duration of their stay on the ward as an exchange between the two parties. The fact that I did not live on board the ship may have meant that my visits were less frequent; however, I often stayed for many hours at a time and visited with a number of patients.

I got to know some crew members better over time, and we would eat dinner together onboard, run errands together in the markets of Cotonou, or go to church or lunch at Beninois’ contacts houses. In this way, I was actively participating in their recreational activities, during which I employed the use of ‘participant observation’ to further my studies.

In Benin on land, similarly, I participated in the social life of my informants. My goal was to be aware of their lives both on a day-to-day basis as well as to gain an understanding of their perception of how they move through the world. Because my research was largely urban and multi-sited, some degree of structure was necessary to spend time with informants, and I aimed to be present during “down-time” – average daily happenings – as well as during celebrations, special events, hospital visits and travels. For example, I visited one patient at her *taillerie* (studio), as she attended to clients and sewed, but was also present at a “thank you” party she threw two weeks after returning home from the *Anastasis*, to which she invited family, neighbours, and *Anastasis* staff.



historical and cultural contextualisation. In addition, the difficulty this body of thought presents for me is its post-structuralist grounding which understands and imparts greater value to disembodied intentions (tactics and strategies and their inter-relation) than to people, their social relations and hence identities and so runs counter to some of my fundamental assumptions regarding illness, health and change which see people in social environments as initiating change through self-agency. So there are things that I took from de Certeau's writing to inform the practice of observation and the layered interpretation of collected and observed data, but my research requires an orientation that engages with the person as much as with what the person does.

By focusing my analytical point of departure on the subject of change in the scope of personhood, faith and the body, I was able to concentrate my energies on those themes that arose from my engagement with my informants while spending time with them and listening and discussing. This time allowed me to invest in the relationships and gain familiarity with the region on a small scale that gave me insights otherwise unobtainable.

### *Language*

---

An estimated fifty-one languages are spoken in Benin, with French being one of the most common denominators, but it is certainly not spoken by all.<sup>34</sup> Although during my first fieldwork stint I took weekly private instruction in the predominant local language of southern Benin, Fongbe, the skills I gained basically amounted to being able to make small talk. That said, many of my informants came from other parts of the region with other native tongues and did not speak Fongbe, so I eventually dropped Fongbe and focused on improving my French.

I worked with a research assistant, Marius, to help me make sense of languages and situations at times when French or English were not understood.<sup>35</sup> As my research focuses on the narrative,

---

<sup>34</sup> School is taught in French in Benin, so those who stayed in school longer generally speak French better. More people speak French in the city than in rural areas.

<sup>35</sup> As in any similar work, my job was not only to make sense of my informants but also of my research assistants and the matters we spoke about. A translator is perhaps best referred to as an interpreter, as he or she shapes the message that changes language as it changes hands. Temple (1997) discusses the collaboration with interpreters to best reach informants and comments on the importance of discussing conceptual issues with translators to ameliorate understanding between the researcher and assistant, referring to them as "co-agents."

my selection of French-speaking Beninois and Togolese patients was tactical, in that the stories did not need to pass through a translator before reaching me. However, sometimes family members of patients, or some patients themselves did not speak French or English, and we spent time together communicating through translators, friends, or by not speaking much and relating through food, sign language, or shared activities.

Inevitably, this meant that I lost access to some members of the population who did not speak French or English, and as indicated previously, knowledge of French is largely a class and education issue in Benin. In order to retain the strength of narrative in my research, some of those who did not speak French were selected out, both over time and already at the beginning at Mercy Ships' medical screening, where it was easier for me to approach patients with whom I could communicate myself.

Not having a grasp of local languages or an understanding of how the landscape is shaped, described and manifested through (untranslated) indigenous terms, is a limitation to my work. In this sense, focusing on narratives – how a life/experience is told and represented to me – allows me to centre my research on the way in which someone chooses to offer his or her version, although I am aware that I have restricted the choice by restricting these stories largely to French and English.

Interestingly, Malinowski (1935), in his *Coral Gardens and their Magic*, states that language does not mirror mental processes nor does it mirror reality. Hence, all attempts at language are a translation. French is a local language in Benin, in the sense that it is a language arisen from local needs and resources and thereby connects language and culture. French has been subject to these influences just as the typically considered local languages have.

As far as research on Mercy Ships crew goes, the official ship language is English although approximately thirty mother tongues are represented on board, and in this sense, I was able to study the ship and its axis through its indigenous language. Though alliances and friendships are made across national and language borders on the *Anastasis*, there is some degree of partitioning off among the Germans, Dutch, etc., as people navigate towards their own kind. I met a few of my informants simply because I spoke their native language, as is often the case when thrown into new settings. Crew interviews were carried out in English, German or French.

### *Record-keeping*

---

I recorded some interviews with a mini-disc or digital recorder upon receiving consent from informants. Most of these recorded interviews took place after a relationship had already been established, sometimes over many months. Most data were collected through participant observation and linked discussions. I took notes on these that I expanded on later. I filled handwritten notebooks but primarily kept a record in the form of a computer journal and emails that chronicle in detail my conversations and impressions of meetings and social events.

This part of my methodology was quite important, not only to be able to draw on data later, but also because in the process I created a narrative of my own experience with the people, location and subject – documenting my journey with the theme of transformation and my own potential transformation as well, which added texture to the analysis and writing-up of my data.

### *Document research and review*

---

In addition to the published academic literature relating to my thesis, I reviewed multimedia sources of information about Mercy Ships. These included the Mercy Ships website ([www.mercyships.org](http://www.mercyships.org)); newspaper articles and other media (television, radio and print); publications by Mercy Ships crew or ex-crew (including Stephens 2005 and Aroney-Sine 1996); blogs; and email newsletters from current crewmembers. While I continued to travel to Benin for work in the years following the completion of fieldwork, and see some of my informants during those trips, I also kept up with the lives of volunteers through the blogs they wrote, where with a click at my desk in London I am reminded of the atmosphere on board and the particular issues, problems, thoughts and situations that present themselves there. When I started fieldwork there were very few Mercy Ships crew blogs, but with blogging's popularity increasing in general and an improved Internet connection on board, many more people are documenting their stays online.

### Ethical approval

I applied for and received approval from the LSHTM Ethics Committee before heading to the field in October 2004. Benin's medical research ethical approval process was formally instituted in 2009, with the formation of the Comité National Provisoire d'Ethique pour la Recherche en Santé (CNERPS) (later CNPERS). At the time research commenced, I was instructed to explain my research in my application for the Benin visa, which was then granted.

### Recruitment and informed consent

I made efforts to assure that patients and crewmembers whom I spoke with understood that I was in Benin/Sierra Leone to do research on health and identity and that speaking with them contributed to the project. While I was occasionally mistaken as an *Anastasis* crew member by family of patients and outsiders, those with whom I established a relationship understood my role as a student and a researcher and not a member of the Mercy Ships team. Early on in the introductions with patients, I tried to make it explicitly clear who I was so that I was not granted access because it was assumed I was a crewmember (and therefore might influence the quality or nature of their care, or that they were under obligation to collaborate with me).<sup>36</sup> Nevertheless, as I discuss later, my identity was sometimes conflated with the ship's, especially in instances of praise and gratefulness for giving attention and care to a sick member of a community. This was often offered in a spirit of sharing an experience, but people I peripherally engaged with did not necessarily understand my role as researcher (and understandings of research will vary anyway).

### Fieldwork programme

---

My fieldwork was spread out in a number of phases, each of which presented different opportunities for data collection and understanding. I outline the main activities and circumstances of each phase below in order to demonstrate the evolution of the project over time.

---

<sup>36</sup> Bledsoe (1985) writes about how anthropologists in the field have been known to be cast into the role of medicine supplier and/or medical expert. While this occurrence was rare for me, it is undeniable that in my foreignness I was regularly perceived as being an opportunity for some of the Beninois that I met. At times there was a dance around money, resources and connections as we negotiated relationships with one another, as Pink (1998) outlines so clearly in her article on the lumping together of anthropologists, development workers and other foreigners in Guinea Bissau.

### *Pilot Study in Sierra Leone (six weeks in 2004)*

---

The decision to go to the field for a short pilot period early on was two pronged. First, I thought that a trip to the ship could advance consultations with the members of Mercy Ships with whom I was negotiating permission to undertake the research. I had written a research proposal that was under review by the onboard administration and in Texas outlining my plan, laying out various scenarios of how I envisioned a collaboration. The second reason for going at this point was that, if I was successful in securing permission to research, the opportunity on board would give me a better idea of what was possible in terms of a study on the ship to shape the direction of my research.

Activities undertaken in Sierra Leone during pilot work:

- As an associate crewmember with a job first in the galley and then the kitchen, I lived on board and partook in work and community responsibilities aboard the *Anastasis* during outreach in Sierra Leone and the sail to Tenerife
- Accompanied weekend missions to Mercy Ships community development projects, specifically, a housing project for people with polio
- Engaged in discussions with crewmembers in many departments about their motives for coming to the *Anastasis* and their experiences on board

### *First phase of fieldwork in Benin (five months, October-March 2004/5)*

---

Five months after the pilot, I travelled to Benin three weeks before the *Anastasis* was due to arrive as I wanted to be able to get myself settled and follow the activities of the Mercy Ships advance team and their efforts preparing the field for the surgical and outreach activities. This included hiring day workers, spreading the word through local media about the upcoming medical screening, and preparing the fieldsites for land-based outreach activities. Two days before the ship arrived, I received an email from the director of communications and the head office in Texas saying that Mercy Ships had taken the decision not to allow me to continue my research on the organisation.

I was at the dock amidst the welcoming crowd when the *Anastasis* sailed into port, and soon after I met with the communications director (who had been my liaison on research matters in Sierra Leone) in order to figure out how to proceed. She showed me the string of emails that had been exchanged between the ship and Texas over the last months, but I was not able to read the details. She took the decision to allow me to continue to spend time in the ward with the patients. Originally, I was given a special guest pass that allowed me relatively unencumbered access to the ship when I wanted. After about a month I lost access to this type of pass, but was still permitted to independently proceed with my research through daily visitor passes. I made appointments with my onboard contacts to sign me in, at which point I would go to the ward, as guests are meant not to have unaccompanied access for wandering around the ship.

This undoubtedly changed the course of my research. Hearing that the head office did not want Mercy Ships to be the focus of my study was worrying, especially as I had already set myself up for this project in Benin. This feeling was soon replaced by the ambiguity of being given permission to continue what I had started and to focus on patients.

My liaison also invited me to volunteer at the Mercy Ships screening that took place just days after the ship's arrival as one of the only non-crew present in that capacity. This was a crucial step in my fieldwork. At this screening, I introduced myself to hopeful future-patients, explained who I was and asked them if they would stay in touch with me. There were no refusals, and it is from this pool of individuals that I was able to touch base with future patients before they had their first surgery. Some received appointments for weeks or months later, and we were able to have meetings before the surgery happened. Other informants (patients) I met while hanging out later in the ward or through Marius, a day worker translator who was also my research assistant.

Activities undertaken in Benin during phase one:

- Liaisoned with the *Anastasis* advance team before the ship's arrival in Benin, accompanying members on missions and errands
- Volunteered at the Mercy Ships screening on November 8-9, 2004
- Undertook weekly language instruction in French as well as in basic Fongbe, the predominant language in Cotonou and southern Benin
- Established working relationships with one main research assistant, a sociologist who was also a translator in the ward on the ship (Marius, a day worker), and two other research assistants. Two were peripheral to help with general questions and interpreting

help with informants, while Marius, due to his role as a translator in the ward also helped contact patients, establish and maintain relationships, think through research questions, and accompany me on some meetings with informants.

- Visits to the ship ward, November 2004 – February 2005 (generally about twice a week – sometimes more, sometimes less) to spend time with patients
- Visits to social quarters of the ship to spend time with Mercy Ships crew, upon invitation
- Established contacts with approximately twenty Mercy Ships patients and followed up by meeting them after they were discharged from the ward (some were also met at their homes before their surgeries)
- Participant observation with patients and their families
- Informal interviews with former patients and their families and members of their community
- Reconnaissance work to lay a foundation of knowledge on the local attitudes towards health, disease, religious faith and personhood through various investigatory practices.

Two examples:

- weekly sessions with a local healer to learn about his practice which employs herbal medicine and Vodun
- with the assistance of interviewers, conducted a survey on illness and healthcare options of approximately 40 families in Akpapa, Cotonou, to learn more about what people were talking about in terms of illnesses suffered, methods of treatment and attitudes towards different healthcare providers

### *Second phase of fieldwork in Benin (ten months, January-November 2006)*

---

Between the first and second phases in Benin, I upgraded to a PhD in London and presented work from the first five months of fieldwork at two conferences. This initial examination of my data and the occasions for feedback informed my subsequent research. My return to Benin was delayed, and as I had limited contact with Beninois informants while I was away (some for lack of telephones and internet connections) I spent considerable effort locating and reconnecting with informants. Through networking, I also got in touch with a number of new former patients that I had not been in contact with before.

Being in Benin without the ship allowed me to shift my focus to life lived in the absence of Mercy Ships and the comfort that the possibility of medical treatment afforded those who had benefited from its services. By this point, some of my informants needed follow-up care and I navigated with them the weak support that was left in the wake of the ship: doctors in Cotonou who were either too busy and important to have the time for poor, unpaying patients, or those not equipped with the specialist medical instruments necessary for the complex cases. The disregard that met my contacts and the difficulties they had in gaining proper (non-Mercy Ships) medical attention permeated the rest of my experience in Benin (to this day).

- Follow-up visits with former patients and continued participant observation at informants' homes in Benin, Togo and southern Ghana. As participant observation entails, this included going to church, shopping, visiting at places of work, hanging out at home, eating together, and so forth.
- Accompanied some informants on visits to their home village for home stays
- Collection of life histories of informants as a way of building up narrative logs and opening up veins of discussion
- Interviews with the families and friends of patients to be able to create a narrative through a prism of many overlapping and transcending stories
- Interviews in some cases into the extended networks of key informants, such as the pastors of a church service regularly frequented
- Continued communication and visits with Mercy Ships crew contacts made through fieldwork in Sierra Leone and Benin
- Research on secondary sources of Mercy Ships material as detailed earlier in document research section
- Daily documentation of field notes, with an emphasis on organising collected narratives and their associated life worlds on individual levels
- Four day stay on the *Anastasis* as guest while it was docked in Tema, Ghana, where I visited one of my key patient informants on board for follow-up treatment and crewmembers I knew from previous fieldwork



After my second phase of fieldwork ended in Benin I spent two months in Germany (November-January 2006/7). During this time I visited some crewmembers who had subsequently left the ship or were between missions. A year after leaving the field I was hired as an anthropologist for an unrelated research project that brought me back to Cotonou three times a year. While I was no longer in the throws of conducting fieldwork, this afforded the invaluable opportunity of spending time with some of my informants in Togo and Benin and to understand what had happened in their lives and how they were making sense of things not just in the months or year after their surgery, but as a part of their greater life course. These continuing relationships demonstrated how the challenges of poor health and the ‘miracle’ of recovery (or in some cases the absence of this miracle) were integrated into ongoing living.

Activities alongside writing-up of fieldwork:

- Sustained contact with former patients in Benin and Togo through return trips to these countries
- Meetings and correspondence with crew members, both past and present, in addition to visiting some in their home environments in the UK and Germany
- Reading blogs and other websites of volunteers to keep up with the world on board
- Presentation of preliminary analysis at conferences and workshops

## Conclusion

---

This chapter has laid out narrative ethnography as my conceptual approach to fieldwork and analysis, and addressed other issues concerning the methodology of this study. The annotated timeline of the different fieldwork phases at the end of this chapter also serves as a map of the way in which the trajectories of patients and crew were followed over the years. The next chapter starts with the ethnography of volunteers’ journeys to the ship, detailing their decisions and considerations before travelling to join they crew on board the *Anastasis*.

---

## PART TWO

### Pathways to the ship

---

#### Chapter 3

### **Callings: crewmembers' pathways to the ship**

#### Chapter 4

### **Living with illness**

### Introduction

---

This chapter opens part two of the dissertation, which sinks into people's recounting of experiences of life before their Mercy Ships encounters. It focuses on crewmembers' experiences on their path to volunteering with Mercy Ships. My aim is to give the reader a sense of the kind of beliefs and values that crewmembers hold. This provides a context for the site of realised and unrealised transformations that come about after time spent on the ship. However, the path to transformation begins before volunteers' arrivals on board. Having a desire and hunger for change is a vital part of being open to the potential transformations ahead. What follows are volunteers' '*callings*' to the ship, narratives which illuminate their future interpretations and expectations of what happens on board. As this study is rooted in narrative ethnography, paying attention to the stories people recount about their lives and their paths to the ship is a key part of piecing together the variety of understandings they had about the events in their lives.

This chapter begins with one nurse's story of her journey to the ship. It then opens up a discussion on *callings* by placing these narratives alongside conversion narratives. From there the signature language that is used in these callings is explored, both in the literature and through crewmembers' experiences. After this, I consider the characteristics of different types of callings, concluding that the concept of callings can also be applied to volunteers' personal narratives of their arrival on the *Anastasis*, even when not defined by religious motivations.

In addition, summaries of three crewmembers' paths to the ship are placed in box texts as 'crew profiles' throughout this chapter. These are intended to share other circumstances beyond those that are directly analysed in the body of the chapter. The volunteers in these profiles appear again at other points in this thesis.

*A shift in Christianities: Karin*

---

One evening, while checking emails in the *Anastasis* internet café, Karin (a nurse I had met in the ward earlier in the day) struck up a conversation and asked what brought me to the ship (we were in Tema, Ghana, and I was a visitor on board rather than crew). It was after dinner and people were shuffling through, coming and going from movie-night gatherings, prayer groups, and lounging with friends in the Sala Victoria. There was a gentle sway to the floor as waves hit against the ship. We chatted a bit about my research and then I asked her how she came to the *Anastasis*. “*There’s a short story and a long story – which one do you want?*” Of course, I wanted the long one. She looked up to the ceiling and replied, “*Well, it’s kind of a God thing,*” and launched into her story as we sat at computers across from one another. Still in her scrubs after just completing a long shift in the hospital ward below deck, we fell into conversation about how she found her way to the ship and how her relationship with God had changed over the years, leading her to believe that she was in the right place now, on a Christian hospital ship, docked in a port in a West African city, practicing her profession and engaging in missionary activities. I use her words here, largely as she recounted them, in order to preserve the details she found relevant to her journey to the *Anastasis*.

*I was living in Canada and was working and living at my parents’ house. Growing up I went to this church and it was sort of a traditional church, like, the people believed in Him [God] but it wasn’t a very personal relationship.*

Here she explained that she found that at her first church members were not very creative in their relationship with God and that while people attended church on Sundays, the connections they fostered were more ‘casual’ and less ‘personal.’

One day while she was home alone, a man named Daniel came to the door looking for her father. Her father and Daniel both had farms and had met each other through their work. Even though she didn’t know him, she invited him in for coffee and they started talking, and talking, and talking ... and after four days she decided to go and with live with him in New Zealand on his

farm. She booked a return ticket for six weeks, but already at that time she had a sense that she might end up staying longer.

*On the plane over there, I felt this amazing peace. I can't explain it, but I felt like I was doing the right thing. Pretty soon after I got there I realised it wasn't going to work out with Daniel, but I felt as though I were home. That I had arrived home, and I wanted to stay. In order to do that I had to get my nursing training transferred to New Zealand and that was going to take a while. I travelled awhile with a friend, we travelled around New Zealand for a month, but after that I still had two or three months to wait. During this period I was really into finding out the Truth. I was reading a lot, reading anything about how to find the Truth and about God.*

*During that waiting period I stayed with some friends I had met through Daniel. They were really nice and I felt at home with them, but we had different faiths.*

*So, they - he and Judith - invited me to go to their church, a little Pentecostal church that at first I didn't want to have anything to do with. I thought that they didn't know their religion, they couldn't intellectualise their God and I just really didn't like the feeling about it. But I went once, and I thought, hey, OK. OK, I can do this. I had totally been resisting the place.*

*Once when I went there was a Portuguese man speaking that day. And he was this great man who had done many missions all over the world, a lot of people had heard of him before. He was speaking a really long time and at the end he asked people who wanted to be prayed for for healing to come to the front and he would pray for them. And I was kind of glad, because I thought 'good, its coming to an end, we can go home soon.'*

*But he said it again – 'for those who want to be healed, come to the front.' I didn't think to go up because I thought, 'well, you know, this is kind of stupid – I don't need to be healed, I'm not sick...' and so I stood in the back and he started praying for people in the front, and all of a sudden I fell over and it didn't hurt or anything, but people came around and held me and prayed for me and since that day things have never been the same. I felt drunk. I wasn't drunk, but I felt drunk.*

*Nothing was ever the same since then. I ended up staying in New Zealand for four years. The church became my total home. It was my base and the people there carried me.*

*We went to a conference in Sydney, in Australia, that is absolutely huge, it has all sorts of speakers from all over the world coming – it is a religious conference for missionaries. I went there and heard this man speak, totally inspirational, he had been involved in so many projects, travelled the world doing Good. I heard a lot of inspirational people speak. It was just this amazing experience.*

*Anyhow, this is getting long. I left New Zealand, it was time for me to leave, I wanted to do other things, and I was so far from my family, they wondered what I*

*was doing and why I was so far away. And I went back home, but I wasn't sure what I was going to do next. For a long time I had been thinking of water, and, wait, I should say that in my church, when I was growing up, there was this woman, Lori, some years older than me, who had done Mercy Ships. She had come back and spoken at our church and I remembered hearing about it but I never considered that it was something for me. But when I went back home I remembered her, and of course I had heard about Mercy Ships in Sydney, and come across it from time to time.*

*So, I had Mercy Ships in the back of my mind but my parents and others told me to find something else. They didn't believe in this path, for some reason. No one really supported me on this, it was weird, because no one could really give me any good reasons. It was more, I think, they wanted me to stay home since I had come home and seemed aimless, and get some work and stay put. But deciding what was next was driving me crazy. Like I said, I had been thinking of water for a while, it just kept coming to me. One night I prayed and I had so much energy that I was just running around my parents' apartment – running and running. I was home alone, and something had to happen. I just distinctly remember this overwhelming feeling of being in the house at night alone and pushing things to finally come out. I asked for a sign – please, for a sign! – and I opened my Bible and read and my finger was on a passage where, are you familiar with it? No, well, it's a passage that speaks about going out and healing others.*

Upon hearing her interpretation of the passage, I wondered how she concluded that the sign she received pointed her towards Mercy Ships, over all the other medical missionary groups out there. It reminded me of the passage in a novel by Augusten Burroughs (2002) in which the protagonist, when referring to someone's habit of (randomly) opening the Bible to hear God's message, speaks in admiration about her ability to interpret the meaning therein, "I like how she spoke fluent Bible."

*And it was just clear to me. I didn't need to listen to what my family was suggesting, because they had their own reasons, even if they wanted the best for me. But I knew that the Lord intended for me to go serve on board the Anastasis, maybe I had been resisting it before. I applied and was accepted and initially I was only going to stay six months but now I've been here eight and I will stay but I am not sure how much longer, what with all the changes.<sup>37</sup> I'm trying to figure it all out. I love it here.*

Karin neared the end of her narrative.

*You know, I used to be Christian before, and I believed in God but I wasn't certain that my God was the only God and I felt like 'Who am I to push my faith on someone else?' and you know, maybe we are all really praying to the same*

---

<sup>37</sup> With "changes", Karin is referring to the retirement of the *Anastasis* and the deployment of the *Africa Mercy*, an externally imposed structural shifting point that featured in the narratives of many individuals in the second part of my fieldwork.

*God. I thought it was, you know, egocentric of me to tell other people what to believe. But now I know that that isn't the case; that the only way to God is through Jesus. That Jesus is the key. It's not always easy. It's not like, because I am a Christian my life is easy.*

At this point, another woman who had recently arrived at the internet café joined in from behind her computer, laughing: “No way! *Becoming a Christian is the hardest thing I've ever done!*”

\* \* \* \* \*

Karin's narrative highlights a number of points that illuminate her journey in the scope of defining and presenting a calling. She situates herself within one group and apart from another, in addition to placing herself in the 'after' part of her life in relation to a 'before' that was Other. Karin finds explanations for the unexplainable and for her subsequent decisions. She implicates God's voice in, in a sense, giving her permission to do something that she wanted to do but was not otherwise socially supported in doing. She interprets the Bible to guide her and speak directly to her needs. She does all this in a narrative intended to relate to the listener, a stranger. I will elaborate on these points.

The term *calling* in this thesis refers to the personal transformations of individuals that bring them from their pre-ship lives to the ship. These are essentially pre-ship transformations, but living on board and experiencing the lived form and the culmination of the calling, and the life-change it resulted in, is an essential part of framing the narrative. This study focuses on individuals who actually realised their Mercy Ships calling, so it is not possible to draw conclusions regarding those people for whom it remains a dream. However, as indicated above, there can be many diversions on the path to being called and at which point the narrative turns to become packaged as such, with the language employed emphasising God's hand in matters. The 'lived', realised, calling actually completes the calling, as it is through this that the language used to describe it is validated (i.e., if God wanted it to be, then it must come about), the path affirmed and commitment reinforced. The ship provides a collective point for people who are aspiring to a change in their lives. The potential experience on the ship fulfils a longing for transformation. Narratives and expressions that are presented differently are unified through the collective lived experience. Later (in chapter 8), it will be seen that the ship, and callings, are cast as defined entities for resistance as well.

As explored below, the experience of being called can organise life experiences and fosters cohesion among individuals; creating membership in a group by going through individualistic, often isolating experiences. As a mechanism for this, the language surrounding one's travel to the ship is important. Narratives are woven in a way to create personal meaning out of the past in addition to setting oneself up for what is to come. What is seen is that the concept of callings has both a *personal* and *public* role in the organisation of life events. They give sense and meaning to random occurrences and unpredictability and heighten and intensify experiences by providing them with a collective outlet.

The personal is not only created through the presentation and representation of the self to others (which is a common way to create and feel identity). It is also created in the packaging and presentation of one's own story; through the process of gradually learning what one's story means to oneself, figuring out what one would like to happen next, and discovering which experiences were meaningful in the past.

### The language of callings

---

Crewmembers articulated their coming to the ship as a packaged story, with their motivations and destination organised in a way that held them inextricably together. A language was used that was meant to be easily recognised amongst others that identified them as belonging to a group. Language is a starting point for understanding *conversion narratives*, which provide a point of study in the examination of religious belief.

Vincent Crapanzano (1994) describes stories of this kind as having a 'stock' quality to them – all variations on the same theme. In his article exploring his relationship with "Kevin," a born-again Rhodesian soldier who meets the author during a critical transition period in Kevin's life, Crapanzano describes the stories that made up the interviews he had with him.

It is his version of a stock conversion story with much of the conventional imagery: a sense of emptiness, meaninglessness, isolation, sinfulness; experiences of the presence of God, of holy terror, plenitude, and illumination; and feelings of love, community, and purpose. Kevin is very much in control of the narrative – indeed, a fixed character in it, comfortable within it. (Crapanzano 1994:873)



Crapanzano's openly judgmental analysis identified the above themes in his piece, plunging not only into Kevin's story, but also into his own role as a listener and witness: his relationship to Kevin's experience. While Crapanzano's portrayal of Kevin sees him as turning into himself and feeling insular when recounting his life, this can in part be attributed to his actual struggles, as well as to the impression and impact he wants to make on the author.

However, while Crapanzano speaks of 'conversion' stories, in this section I develop an important narrative along a similar vein to conversions: *callings*. While Karin does not preach for a living (nor had she done much of it in an official capacity by this point), there are elements to it that mimic the themes – of emotion, surrender and transformation – found in other narratives of callings. In this instance I do not know the details of the rest of this informant's life, but I have chosen her story to open this section for what it represents to the genre of 'callings.' The lack of contextualisation necessarily illustrates the translatability and transferability of her story, presented in a manner so that it can be understood without context. It gains part of its value precisely because the broader context and finer details of her life remain unknown to the listener.

Susan Harding, in her study of Baptist gospel (2001), considers the interaction that exists between the speaker and the audience in witnessing scenarios. Even when it is an apparent monologue on the part of the speaker, a dialogue is in fact taking place. The act of listening becomes witnessing and a potential conversion when the narrative "reconstitutes" its *listeners*, instead of simply describing and identifying the speaker in his or her unique context. Harding focuses on actual language as being a cradle for conversion, beyond other conversion methods such as inflicting bodily markings, physical stress or pain, silence, and social seclusion. "[T]his approach," she writes, "at least when plied by those who see conversion as a kind of brainwashing, overlooks how persuasive in a quite unsensational way the recruiting rhetoric is. It overlooks the extent to which the language of conversion as such "divides" the mind and contributes to bringing about conversion" (Harding 2001:36).

Language is critical to understanding the calling narratives. First, it provides a way for individuals to assert and reassert their lives. They give meaning to their stories by emphasising, tweaking and revising their histories depending on their audience, leading to new ways to understand themselves, to understand their experiences, and to be understood. Second, it is a primary way to preach the gospel and carry out their religious duty, an act that many on board the ship take seriously. Prayer, another crucial oral tradition, can be liberally defined, and is a twin to

the narrative stories that manifest a product of prayer and dialogue with God. “There can be no doubt at all that prayer is the heart and centre of all religion,” Friedrich Heiler (1958) stated. While prayer is at the heart of religious expression amongst crewmembers, the act of testimony and narrative witnessing was also an important form of reifying their belief and connecting on a social level to their fellow Christians.

A variety of classes are offered to the crew during outreach for further learning about God and missions, or to simply enhance their experience of serving the Lord on board the *Anastasis*. These classes range from casual Bible study groups and chorus practice to classes organised by the ship’s educational department for newer crew, such as the “Introduction to Missions” class, which was held one evening a week in a lecture format in the room that doubled as the church. As the title implies, this class included instruction on both practical and theoretical elements to missionary work, such as how to reach out to non-believers and how to define one’s role while on mission. In one session, the teacher explained the “Five Ps of Evangelism” – presence (prayer), proclamation, persuasion, preservation and propagation – through which one builds a house of good example, good will, and good news for those to whom one is administering. One essential component of successfully reaching out to populations, the teacher said, is to learn the language of the people being ministered to. He quoted from Brewster: “You don’t learn language to do ministry, language **is** ministry.”<sup>38</sup> While this is an ideal, the short-lived nature of Mercy Ships activities and specifically many people’s stays on board make it difficult to learn either French or the local languages of the communities they are working alongside, aside from adapting to pigeon English in Sierra Leone and Liberia. While importance is given to other components of language – the language of healing, body language and smiles, hugs and kind gestures – a substitute code for other language occasions lost are *calling* narratives. These are translatable and transferable because they follow a format common to many story telling cultures – the story of struggle and resolution.

A young woman who worked on the *Anastasis* in Sierra Leone as part of the Discipleship Training School (DTS),<sup>39</sup> a training programme in missions run by the Mercy Ships head office in

---

<sup>38</sup> The Brewsters (Thomas and Elisabeth) developed a curriculum for missionary work and were popularly referred to in issues of cross-cultural communication during evangelisation activities. This is from: *Bonding and the Missionary Task: Language Learning Is Communication Is Ministry* (Brewster 1982).

<sup>39</sup>At the time of fieldwork, in order to serve on the ship longer than two years one had to complete a DTS (as a prerequisite for being designated as long-term crew). These are often land-based courses all over the world (South America, Asia, Africa, USA) that are a mix of classroom and field-mission activity, lasting

Texas that all long-term crew undertake or begin by the time they have been on board for two years, spoke about how “*they teach us ‘crusades’ ... because you’re expected to have a story to tell and how God changed your life and all these things.*”

In an interview two years after she left the *Anastasis*, she describes her stay on board while being a participant in the school (unlike most other crew) in the following way:

*Lucy: Well, DTS is the Discipleship Training School, so it’s basically: we had lectures in the morning about different spiritual things – all on the ship, it was in the main meeting room – and then during the afternoon we’d work as crew members so that was kind of the thing. So that was for three months, and then for two months we’d kind of like go and apply what we learned or whatever so we’d live on land and like... That’s when you went to Ghana and Benin...*

*Isabelle: And apply what you learned – like, practically learned?*

*L: Yeah, so we’d live in villages and join churches in doing whatever they were doing and we’d have like, you know, we’d work in orphanages or do health teachings and different things and also like, [smirks] crusades, as they would call them, in Ghana anyway. It was just like if a church wanted us to like preach in front of like a village we would and stuff.*

*I: You learned how to do that?*

*L: Yeah, it was kind of part of it, yeah.*

*I: How to preach?*

*L: Well, I mean, just to tell our story basically. So, yeah, that was... Eugh, it’s kind of shocking when I hear myself say it. . . but yeah. [Laughs] I mean it’s a great word to use, right? Why would you use that word in the first place? I don’t understand why they would.*

Language and the way it was used were tools that Mercy Ships harnessed to further its aims. To “tell one’s story” was repackaged and labelled as a *crusades* activity, a powerful action in itself with the ability to make an impact, in parallel to other missionary work. Here it is clear that the power of the story has been recognised and is seen as something to be practiced, developed, mastered and employed as a simple means of reaching the target population. The audience, for its part, responds by ‘witnessing.’ According to Harding, this is a response that can take place for both the more formal and informal expressions of belief:

Witnessing and preaching are the two main situations in which believers speak the gospel most intensely. Preaching – the sermon – is a formal oration addressed to a body of believers and nonbelievers by an ordained or anointed speaker in church services and revivals. Sermons occur in the context of clear

---

about six months, sometimes longer. Some DTSs are carried out in conjunction with a Mercy Ship, which takes on the role as an outreach point for its students. Some crew start on board as short-term crew, and when they want to serve longer will leave to go back to Texas or to another DTS location, and upon completion return to the ship as long-term crew.

ritual format, of a collective, sanctifying scenario in which the mode of interpretation is enacted. Witnessing is more informal and often occurs in the course of what appears to be no more than a conversation between the witness, who is *saved*, and an *unsaved* listener. (Harding 2001:36)

During this interview, with retrospect, Lucy expressed discomfort with her role in the expectation on the part of the audience to witness her story. The line between the responsibility to have a story, and the responsibility to make that story heard and create an impact (that potentially converts someone) becomes a contested area for her. The personal aspect to her narrative is in conflict with the public performance her *crusade* requires. Having a story, and the process of creating, learning and shaping a story, are critical to a certain kind of Mercy Ships experience – the degree to which God and a calling moulds the narrative depends on the individual and the experience they seek. These stories are cultivated on board (or also, as in Lucy’s case, through classes and programmed activities). They are drawn from events past and present, assigning meaning to previously meaningless happenings and interpreting future possibilities in light of the path of the story. When asked if she had a story, she said yes, she did, but that she had learned to weave a narrative out of her experiences through “*learning the culture.*”

*I mean, it was uncomfortable because I didn't feel like, um, I didn't feel comfortable doing those things in those types of settings, just because it's awkward, also the public speaking thing, and I didn't, like, believe it enough for me to want to convince everyone else of it. For me personally, like, I think I can believe that, you know, God may have done things in my life or whatever, or I'm a product of good circumstance that could be attributed to God or whatever, but not to say 'oh, you should believe this' and that's kind of like what was expected, like the world needs to be saved and stuff.*

As Lucy shows above, callings are not only relevant to the re-organisation of an individual’s life, but also pertain to the Mercy Ships experience because recounting one’s tale to the greater public is seen as a rite-of-passage for crewmembers, and a chance to personally engage in Mercy Ships’ evangelism activities when filling a ship-based role (as most people do). Other activities that fall under this umbrella will be explored in later chapters, but in terms of the specific conversion narrative, a good example can be found in the sermon of a crewmember at a morning church service I witnessed.

Rob was a deckhand who had been a crewmember for about eight years at the time I accompanied him on this church visit in Ghana. He invited me to come along one Sunday morning to his speaking engagement at the local church of one of Mercy Ships’ key contacts

while docked in Tema on outreach. The contact had scribbled instructions on a crumpled scrap of paper and while Rob reviewed the text he had printed out to guide his talk, the taxi driver we hailed outside of the Tema port confidently drove us to a relatively new neighbourhood of Accra. Eventually the suburban sprawl of incomplete brick houses, dusty paths and empty lots gave way to nothing but indistinguishable landmarks and circular routes and we became lost. It was in this landscape that eventually we arrived at an expansive, grey, unfinished church, half of which was filled with white plastic chairs.

To the assembled churchgoers, Rob quietly, evenly, avowed that Mercy Ships had saved his life. He described himself as a good-for-nothing lout who had been hanging out with the wrong crowd; hanging around going nowhere except towards trouble with his life. Even though he had been a Christian for some time before joining Mercy Ships, the way of life his faith preached had never really “stuck” with him, and he credits Mercy Ships, and thereafter specific crewmembers and mentors on board, with taking a chance on him, changing his life, and providing him with the possibility to serve and keep serving on board. He was able to complete his training and gain certificates, over the years moving up from deckhand to filling in for the foreman. Through the sponsorship of his home church in Australia and his mother’s management of donation cheques, he could continue to find a home on the ship. His intention with the talk he gave at this church on the outskirts of Accra, he told them, was to show people the possibilities of the Lord, emphasising how he had been on a dead-end street before he was saved, by Mercy Ships and by God, wholly intertwined and in collaboration. (For without God, there would be no Mercy Ships; but Mercy Ships was the vehicle that brought him closer to knowing God.)

The focus of his talk was to convince people that he had been on a poor path in life and that he needed saving without seeing any visible prospect of it. Having come from so far away, working on a shiny hospital ship that travels the globe, he already seemed worlds removed from the sweltering audience, fanning themselves in their Sunday best. After his talk, ministers stood up in front of their congregation to drive his point home – no notes or reference points needed, translating Rob’s mild mannered speech into an emphatic Ghanaian English, repeating his words and tangling up the details, calling on the audience to shout, to move, to engage, to respond to this call.

Mercy Ships relies on action (following the example of Jesus) to preach and convert, and this will be explored in chapters five, six and seven, which focus on the experiences of the crew and

patients on board the *Anastasis* during outreach. Webb Keane, in his chapter *The Evidence of the Senses and the Materiality of Religion* (2008), examines the semiotics of religious experiences. Keane, as does Harding, writes that conversions are not only about a change in belief, as many people who undergo a conversion remain within the same system of faith as prior to their change, but that full conversion implies the ability to have learned to speak the scripture.

Interestingly, in his analysis, Keane brings up religions that are suspicious of language – such as the Quakers – “that focus on the same linguistic and pragmatic properties that other traditions may seek to exploit” (Keane 2008:116), therefore concluding that response to various forms of language will vary according to historical and cultural contexts. When listening to the translation of Rob’s talk into the insistent, energised, persuasive language of the Ghanaian pastors, one sees here too the rich material that language, in both words and expression, is mined and the trust placed in it to reach and convince others. In the case of Rob’s Sunday sermon, the value and meaning he wished to impart was not enough, it had to be repackaged in a way that people in this congregation would understand and be able to relate to.

While Keane’s analysis focuses on the role of language in conversion, he implies that language is not always the crucial element for the enactment of a religious belief but that the materiality of that religion is. In his words, “The intuitions or experiences to which I refer, however, are not the source of these practices so much as possible consequences. Beliefs can be understood as parasitic on activities, rather than activities as expressing – or as evidence for – prior beliefs” (Keane 2008:114). In the case of Mercy Ships’ outreach activities and the feeling of belonging to the community and culture on board, I would argue that really language is a crucial component as a tool for expression, and that in this case the materiality of the Mercy Ships brand is the healing acts that the ship performs; the two are inextricably linked. Even if a crewmember is not personally involved with the medical acts, identifying with the purpose of this larger healing body, and expressing that through narrative, is a primary part of becoming and being a crew member with the *Anastasis* in Africa.

The following section elaborates on the ways in which the recounting of stories creates paths to the ship, and how the paths to the ship, in turn, create stories which crew identify with. In these stories, diverse reasons for coming to the ship are presented, thereby illustrating motivations for leaving home and revealing pictures of what life was like before joining Mercy Ships.

#### Crew profile: Sarah

Sarah grew up in Florida with her mother, brother and sister. At the time of coming to the *Anastasis* she was nineteen years old and had just finished her first year of college, where she was planning to complete requirements to graduate with a pre-medical degree. She was clear and determined about her career goal to become a missionary doctor, and viewed this trip as a way of finding out more about the profession and in a sense getting her “foot in the door”. On the ship she worked in the galley in the salad section, rising to team leader after about six weeks on board. Her total time on the *Anastasis* was about four months, staying with the ship from Sierra Leone through most of its 2004 public relations tour in Europe, before heading back to Florida for the start of the autumn semester of college. Aside from a group trip to Ireland the year before to discover her ancestral roots, this was her second trip outside of the United States and her first time travelling alone.

Sarah is heavily involved with her church. She grew up in a religious (Christian) household, but considers herself to have been reborn when she was 12 years old after involvement with a Christian summer camp and subsequently attending church services held by a pastor who inspired her to take her commitment to God to another level. After two or three years involved in this Evangelist community, her mother and sister also joined the church. Her 21-year-old brother, who has a baby with his girlfriend, has not joined the church and was deployed on rotation in Iraq during Sarah’s first year of college. She feels estranged from him since he has begun serving in the military.

#### Crew profile: Sasha

Sasha and her family served with the *Anastasis* for a total of three years. Sasha was a nurse back in their hometown on the East Coast of the United States, and undertook special training in emergency and tropical medicine. A few years before coming to the ship, Sasha and her husband Mike had lived in Singapore as expats where Mike was an executive with an international company; this gave them an interest in living overseas and the missionaries they met there planted the seed for the shape of their own future missionary work. From a young age, Sasha had felt the call to missions. The couple got married and Mike became more religious, his interest in becoming a missionary growing as well. After many years praying and one false start, they sold their house, attended the seven month Gateway course (an introduction to missions course) at Mercy Ships headquarters in Texas, and packed up to join the ship in Cotonou in 2004.

During the three years on the ship, both Mike and Sasha changed to more rewarding jobs following the acquisition of skills that were closer to their specific interests. Sasha began as the nurse for the serving crew and then went on to work in the ward as a post-operative nurse. Mike worked in security and information technology systems.

The couple had two primary-school aged daughters who went through a tricky period of adjustment to living on board the *Anastasis*, but eventually found friends and were comfortable in the environment. The children’s struggle in addition to sponsorship gaps and various personal events happening back home in the U.S. made the first year on mission a very trying time for the family. Finally, when the *Anastasis* was due to retire and be replaced by the *Africa Mercy*, they made another difficult decision to leave their foreign service with Mercy Ships and went back to postings at the headquarters.

## Non-religious callings

---

Thomas, who did not identify as a Christian believer, spoke about his decision to make changes to his life in a similar way as other crewmembers, except that he did not refer to God as having guided him through these changes. While he used a different vocabulary, the path of his story shared many features with “God” driven stories, and in fact can be interpreted as a calling too.

We had met on the boat ride from the airport to Freetown, and fell into easy conversation partly due to Thomas’ discomfort chatting in English (despite all ship work being conducted in English) which limited his socialising; I was a ready German discussion partner. One evening during the first week, after dinner when we were hanging over the portside railings on the upper deck, watching the city wind down for the day, Thomas ‘outed’ himself to me telling me that he was not “like the others.” Thomas believed in a higher power, but was highly sceptical of the Bible and the Christianity he encountered on board. He gleefully told tales of fantasising about putting certain devout believers on the spot, making them account for things in the Bible that could not really have happened and questioning their right to eat shellfish.<sup>40</sup> He loved to read both classic and pop philosophy, and was very interested in Christianity, fuelled by his continuous quest to find meaning in his life. In that sense, he was not unlike the others, he said, because he was looking for meaning – but a defining trait of his identity seemed to be that he had not yet ‘settled’ for knowing what that meaning was. His journey to the ship is presented in more detail in the following paragraphs.

When he was 36, his elder brother Markus, who lived in a town a few hours away from Thomas, died of a brain aneurysm. Markus had lived what Thomas called a traditional path: he had finished his training, started his career, married and had children, bought a house, and worked long hours at his job. After his death, what contact Thomas had with his brother’s wife and their children soon dwindled and became non-existent, thereby removing him even further from the presence of his brother. Thomas was divorced and working long hours in information technology

---

<sup>40</sup> This is in reference to the Bible passage Leviticus 11:10 which states: “And all that have not fins and scales in the seas, and in the rivers, of all that move in the waters, and of any living thing which [is] in the waters, they [shall be] an abomination unto you.” This passage, among others addressing what water-creatures can be consumed, has been interpreted in different ways.



(IT) for his own business at the time, having taken the step towards self-employment three years previously. He had long had a desire for a dramatic change in his life, but kept putting it off. The unexpected and sudden death of his brother caused him to re-evaluate how he lived his life and of what it was composed. It wasn't just the fact that his brother had died young, giving him the sense that life could be taken when least expected, but that he had not done enough with the opportunity he had to live. Thomas decided that he did not want to lead a life like his brother had, which was too 'normal', but rather he wanted to live extraordinarily and make more out of the time he had left. Deciding what this 'more' entailed would occupy him for the years to come.<sup>41</sup>

While he recognised that his wife, children and career were in all likelihood meaningful to Markus, the value of these did not resonate with Thomas' own life, as he did not have his own family and he ultimately deemed his career occupation simply a job, a means to an end. This he determined to be the primary problem – that so much time was spent being a slave to earning money instead of actually spending time pursuing pastimes that were more meaningful.

He decided that by the time he turned 40, he wanted to be free from being a slave to a job. He put his affairs in order, gave himself a three-year plan, and devoted himself to making more money through working very intensely for some years in IT. At 40 he was able to retire with enough money in the bank to pay himself monthly instalments of 500 Euros for the next 30 years. With that he sacrificed considerable elements of his previous lifestyle. He moved out of his apartment, scaled down his belongings, sold his car, and bought a camper van that would be his base, which he parked in the countryside not far from his hometown. He kept two horses (a hobby of his) at a neighbour's farm and took on short-term teaching and consultancy jobs to top up his bank account when the opportunities arose.

---

<sup>41</sup> Over time I came to think that another event in Thomas' life actually spurred on his re-evaluation, involving his divorce in the years before his brother's death. He and his wife were living together, but living past each other, and growing further apart. His wife became passionate about horseback riding (also a hobby of his), and especially about a certain style – Western. She spent more and more time at a ranch near where they lived. Finally, he discovered that she was having an affair with the cowboy there who ran the ranch, a sort of horse-whisperer type. Thomas had picked up on this guy over the months and was full of disdain for him and his smooth, pseudo-deep horsey image. He was devastated. He went to confront the cowboy at the ranch, in the fields, and they stayed up all night in a hut drinking whisky and talking, talking, talking. In the morning they watched the sun rise together; (and as I remember it) they were drunk and exhausted and had come to terms with each other. The cowboy asked if he should step away from his wife and Thomas said no, you can have her, and for him then the issue was finished. Marriage finished; he moved on. I think actually that this was the event that caused him to really re-evaluate his life. Then his brother died.

He chose to institute a pronounced financial restriction in order to have plenty of time at a later point to engage in pursuits more valuable to him than working. Time and autonomy were more important to him than money and the status norms (which he identified as, for example, bigger houses, faster cars, more liquid capital) were to those with whom he grew up and lived with. The potentially expensive pastime he did wish to retain (in addition to the horses) was to travel and see the world.

In discussions, he described ‘meaningful’ and ‘more’ in terms of how he wanted to live in the future, rather than how he had been living in the past and present. The key components to his new life were to involve the following: to be in charge of determining how he used his time (instead of a boss having this privilege); to travel and see the world; to live within his budget; and to not lead an ordinary life. Other goals he had were to be useful in the world and put his skills towards a good cause that could benefit from them. He longed for a romantic partner to accompany him. ‘Ordinary’ for him was to live an unquestioned, unexamined life, and he even registered a domain name with a catchy phrase about meaning-seeking in order to launch a website probing life’s great questions. His hope was to create a forum for like-minded people to exchange ideas and to challenge one another in their quest for enlightenment.

Thomas began looking for projects that would allow him to realise his new life goals. He recognised that he would not be able to travel much on the budget he gave himself – it would hardly pay for a flight to Thailand (for example), let alone maintenance while he was there. His solution was to combine travel with service, finding projects where he would be reimbursed financially (short of a salary) or where the costs he would have to stand for were at a minimum. While he also applied to other projects, Mercy Ships was the first one that worked out. After researching the organisation, he decided the religious aspect wasn’t going to be a problem for him, and was happy that the Mercy Ships team valued his IT skills. He felt apprehensive about going to Africa and planned the first trip to be primarily during an *Anastasis* PR leg in Europe, but he flew to Gambia, caught the last few weeks of the outreach there, and from there sailed the following three months in Europe.

Thomas, at this stage, often spoke about how he wanted someone to join him on his adventures; it seemed that he most missed having a life-partner during this period. He tried dating websites but found them to be like job applications for inquiring women. What he sought more than anything

was someone who did not have an ‘average’ outlook on life; someone who did not desire to do what everyone else was doing. With these words, he was revealing important aspects of himself, as well.

Not believing in God separated him from other crew physically and spiritually. He did not attend the supposedly mandatory weekly community meetings (a mix of worship and news), and, although he attended, he did not participate in the smaller, more intimate, departmental devotionals, which are led by a different individual each week. He also complained quite regularly, a trait that seems to be associated with non-believers, about not being able to have a glass of wine at the end of the day (it is a dry ship; no alcohol allowed on board), about colleagues, about being bored and feeling restless. Unable to lock into the language and rituals embraced by the others, he faced a fissure in the reasons for adhering to ship policies that other crew could respect and find sense in.

Interestingly enough, when I met him in Sierra Leone, it was Thomas’ third time serving on board, and over the course of my fieldwork he served again for nine months in Ghana a couple years later. Every time he has volunteered, he has broken the commitment and not worked to the end of his contract, yet he is always drawn back to the ship and tries again. On the *Anastasis*, he did not make deep friendships nor was he satisfied with the nature of his job on board, but something about the ship always beckoned him back when he was home in Germany, planning his next adventure.

Thomas is a special case for me, because, as he said himself, “*Someone like me shouldn’t be able to exist on the ship.*” Yet he does, and he repeatedly wants to go back (though he says he has decided this really was his last time in Ghana). He is a non-believer finding security and a safe haven in a sea of believers, yet of all the people I have met on the ship, he is the one who seems largely dissatisfied and struggles the most evidently with his life-path. He may use different vocabulary to illustrate his search, but there are decided parallels between his journey and the journeys of his fellow crewmembers. Thomas is not the only non-believer on board (though he is the only one I met who I recognised as such), but his experience as an *outsider on the inside* illuminates for me the meaning-making and unifying mechanisms on board, how they are enacted, and what about them resonates with participants engaged in the process.

A term that Thomas used when discussing his life plans was *Aussteigen*, a German word which translates as “climbing out.” It is similar in meaning to the English term *dropping out* of regular life; of, as he put it, the normal “0815” lifestyle.<sup>42</sup> *Dropping out* can have more passive and negative connotations – it is less organised than *Aussteigen* might be – yet there is a similar sense of removing oneself from the pervasive, standard, popular culture that one feels other people are a part of.

In talking to me about his decisions – whether about *Aussteigen* or other decisions he makes – he also tried to express them in scientific terms, in accord with what I mentioned about his probing personality when introducing him earlier. For example, he talked about the *Bauchhirn*, translated from the German literally as ‘stomach brain’, but refers to the ever popular ‘gut feeling’ to which people often attribute otherwise inexplicable notions. As we discussed the dilemmas surrounding how to make good decisions for oneself and knowing which path to follow, he spoke earnestly about research being done on why so many cultures and languages have this reference to ‘listening to your gut,’ and that the stomach and intestines are so complex that even though scientists have not been able to get to the bottom of it yet, perhaps there is something inside these organs to explain this other sense that people have.

This is an example of his struggle, as he tries to make tangible the feelings he has around purpose and meaning. On the one hand he looks to science to explain the reasoning behind his motivations – which to him make sense and are rational, and on the other hand he is willing to have some uncontrollable, unexplainable higher power – God – be the reason for his path.

*Aussteigen* factored in for people who were joining the *Anastasis* long term, or making a long-term commitment to Mercy Ships through repeated visits over years. Through discussions with crewmembers, it became clear that the ideas embedded in this term resonated with many others on board the ship. Certain factors may not have allowed them to leave for good – family responsibilities, an ongoing job or training, financial issues – but they nevertheless turn to their relationship with Mercy Ships as an outlet for the faith and the life they want to live.

---

<sup>42</sup> *0815 (null acht fünfzehn)* refers to a standard gun used in the First World War and is a slang way of referring to what the speaker considers boring, normal and conservative choices in German popular culture.

While there are volunteers on board Mercy Ships that have served for many consecutive years, for many *Aussteigen* cannot be done on such a permanent basis. Some obvious examples that fall into this category are the majority of the medics on board, who live a professional career off-ship through which they retain and gain skills, earn money, and maintain professional accreditation. Some doctors dedicate two to six vacation weeks a year to serving on board, and balance out their commitments in this manner.

Georg, a surgeon in a residency programme in Germany who has spent the majority of his last four years' holidays on the ship operating, welcomes the opportunity to work with the *Anastasis* team for a variety of reasons. One of the most important aspects is the relaxed atmosphere between colleagues on the ship, a relief to the stressful environment in which he is employed at a cosmetic and plastic surgery department at a university clinic. In a statement echoed by other nurses and doctors, he said that his visits to the ship were a reprieve from the backstabbing he endured by those wanting to climb the career ladder back home. Here he was able to focus on the medicine, and immerse himself in a close-knit like-minded community very quickly. Medicine and community were the key positive outlets in his experience.

When I visited him at his home in Germany, I noticed a programme attached to his pin-board, detailing the schedule for an upcoming conference on "Religion and Medicine" with medical doctors from various German clinics speaking on how to marry belief in God and medicine. He said he was lucky because the chief surgeon he worked for in his real (land-based) job was also a Christian, and that this had been an important factor when accepting the position at the university. He describes Germany as a 'spiritual wasteland,' and considers himself and his wife (a nurse whom he met on the ship) to be abnormal in 'regular' society. Regular society, he says, is interested in personal success and gain, and most people his age (35 while on outreach in Cotonou) are trying to fund a nice car, a bigger apartment, sexy holidays, and surround themselves with a community of people who are just like them. Georg, too, has sought a community made up of people like himself, both in his real-world professional life (where he is fighting not to have to marginalise his Christian belief) and on board the ship, where he is able to spend about four weeks a year.

### **Crew profiles: Greenfield**

Greenfield is a Ghanaian crewmember on the *Anastasis* in his 40s who started as a day worker and was eventually invited to join the permanent crew. He has been involved with Mercy Ships since 2002, working on the ship and undertaking training off ship. The arrangement involves Greenfield putting his new skills to work for the benefit of Mercy Ships for a couple of years, after which he plans to find a first or second mate position in the international shipping industry.

Greenfield was born near Keta, along the coast of Ghana close to the Togolese border. As he says, his father thought he was a very clever man, which made him take many wives and produce too many children – of which Greenfield was about the twelfth. While he stayed close to and supported his mother, he lost respect for his father and did not maintain contact.

He studied painting and decorating, but then began working for the Ghana Port Authority at Tema Harbour. It was during this period that, while trying to win the affections of a woman he was courting, he became a committed Christian, and started going to church in order to win her approval and spend time with her. Eventually he worked as a deckhand on a ship with a Ghanaian officer, which took him sailing around West Africa. A pivotal period of his life was when he was in Sierra Leone on the ship working with the UNHCR transporting refugees from the local wars.

The crew had not been paid for many months, and when they were instructed to sail the vessel back to Ghana in order to receive their salaries, they refused, fearing that once the ship was at “home” in Ghana they would be fired without pay and a new crew simply hired to take their place. So the ship and crew remained anchored near the port of Freetown, beginning a process that would last three years.

Living circumstances on this petrified vessel were both psychologically and physically taxing, and Greenfield moved off the ship and worked a series of jobs before applying as a day worker on the *Anastasis* and being accepted. After completing the outreach in Freetown he sailed with Mercy Ships to Ghana, where he was then offered a position on the condition that he completed a DTS, which he carried out in Ghana. Until September 2006, he lived and worked on the *Anastasis*, when he left for England to undertake a training course in Newcastle-upon-Tyne to gain qualifications in Seamanship to further his career, sponsored by Mercy Ship. After these two years away, he went back to the new *Africa Mercy*.

### *Climbing out into religion: Scott*

---

Another form of *Aussteigen* with a faith component is one that sees a vessel (i.e. Mercy Ships) as a means to change one’s life, when details about how and what needs to be changed are not yet well defined. In this scenario, what one wants to renounce becomes clearer because of and through the path chosen. In this sense, the ship finds you, instead of you finding the ship. For example, you may want to dedicate more time to selfless giving, but choosing to live on the

*Anastasis* is different to volunteering in your home community once a week. One such example of ambivalent searching follows.

During my fieldwork, one of the more high profile crewmembers on the *Anastasis* was Scott, the official ship photographer for one year. In his late twenties, he joined the ship from the United States for the Benin outreach and stayed on for the following Liberia outreach. Similar to Rob, he shows his calling as a chance for a reversal in his life; however, unlike Rob, the framing of his story is one where he retains more agency regarding his move towards the ship. Scott obviously had some pleasure in his life, but the way he describes it, the pleasure became his burden. If he was living in excess and tiring of the gluttony and overabundance, choosing to pare down and live the opposite lifestyle was something he could also have done without being Christian. The values he speaks about are not necessarily standard Christian values, but the following interview shows how it all fits together nicely:

I was a nightclub promoter for many years and wanted to do a year of humanitarian service. I googled them [*Mercy Ships*] because I heard there was a hospital ship and they weren't hard to find. The idea of being with a bunch of surgeons who volunteered to operate for free sounded incredible and I'd always been interested in medicine.

I was a party kid. I would travel around the world and throw parties. I would go to work normally at 11 and come back at 5, drunk...

[5am?]

Yes, 5am. My life was chasing fashion week parties and throwing them. It was years of very selfish living, not caring about anyone else, not helping anyone.

I grew up in the church and deeply rebelled at eighteen years old. I did everything the opposite. I got into as much trouble as I could in the last ten years. I sort of had a spiritual re-awakening and realized I was miserable and living very selfishly. It was sort of this empty feeling, having got what I thought I wanted. I started to explore spirituality again, but in a different way, in more of a personal way. It's been a spiritual journey, I guess.

So you know, for ten years I lived, ah, the most selfish, ah, sycophant life that I could and I was absolutely miserable so, you know, I just bailed and I wanted it to be extreme. You know, I said, 'Hey, I wanna go to the poorest country in the world and I'll dedicate a year of my life to humanitarian service and I'll see where it leads.'<sup>43</sup>

---

<sup>43</sup> While this is a public recounting of his life for a video feature on an entertainment and promotional website, it is very similar to other public accounts he has given and what he told me in person as well. (The public recounting of his story – to newspapers, other media outlets and curious minds – is an important part of Christian practice as well as testimony, once again for the new life chosen over the life left and the role God takes in all of it. This will be addressed in more detail in chapter seven.)

Through his words, one gets a sense of a story with many motives unfolding. There is an element of Scott wanting to do penance for sins committed; there is also an element of curiosity and a type of voyeuristic impulse that he exercises simply because he is able to. Notably, even with the notion of penance in the background to his reasons, what seems to be lacking in his primary motivation is a religious calling. If there was a spiritual element, it was personal (faith inspired) rather than religion-inspired. While Scott's calling was a deeply moving one that resulted in a drastic life change for him, it only became religious because he picked a religious organisation to serve with, and this shaped both his experience and his narrative. Or, one could say, it only became religious because in his narrative he calls up memories from his past to frame his decision to make his life change through a religious organisation. As he says above, his primary thoughts were about a "*poor country*" and "*humanitarian service*," not necessarily God or what he immediately conceived of as Christian-based. But he sought to confront the lack that he felt in his life with a Christian organisation, which also met the criteria in his quest for the furthest extreme to his previous lifestyle. For Scott, who has by now left Mercy Ships and started up his own successful charity providing access to clean water in rural Africa and other parts of the world, this testimony explaining his radical switch not only fits with the marketing approach he takes to help spur on the new charity. It also melds with his desire to pare down, to live more simply, and to give back to people, which merges seamlessly with Christian values as well.

That said, his new life (which is focused on making a success of his charity) has strong elements of his old life, in that it is fast paced, can be exhausting and he requires a high profile in the circle he moves in. The photos of his current fundraising events show many fashionable and famous people smiling out from parties in Miami and New York, the same features he has mentioned in other interviews as wanting to leave behind with his move to the *Anastasis*. The product of his efforts and energies is drastically changed, and working on the ship afforded him a path which guided him in growing up (as he considered it), no longer 'rebellious' against the church he was raised in, weaving in messages and memories from his childhood and piecing them into his adult life.

In his case, I believe he followed an impulse to change his life, and that choice and change subsequently led to his identification with the ship community and its values, commonly presented as Christianity. Turning to the ship through a great lifestyle change solidified the



impact the adjustment could have on his life and guided him through the alterations he was seeking to make.

## Conclusion: reconciling life paths

---

Stromberg (1990) undertakes a detailed narrative analysis of two interviews with people who have converted faiths in his piece *Ideological Language in the Transformation of Identity*. Through his case analyses, looking at manners, tone, articulation, and choice of words, his informants repeatedly used the terms “difference” and “connect” in their narratives, revealing the processes through which they forge their new identity in the light of their conversion. He claims the narrative is part of a progression through which a converted person is connected to God. Actual emotional ambivalence, unresolved or created by the conversion, is still maintained and expressed through articulated stories and explanations. He writes:

The conversion narrative, like the ritual, induces a sort of “solidarity,” in this case a solidarity of motives. The conversion narrative enables the believer to forge a sense of coherence by using the ideological language to embrace intentions that, as the analysis has shown, persist in spite of being denied. It is this sense of coherence that signals, both to the believer and to the observer, a transformed identity. (Stromberg 1990:54)

While I did not conduct a formal narrative analysis of the conversion stories I heard, this resonates with my interpretation of the narratives of the volunteers because Stromberg allows for the conflict and contradiction to continue during and after conversions and recognises that these can be part of the acknowledged transformation as well.

The above are callings, of which an essential part is a “crossing-over” to a new life, a rupture with the perception of who one was before. An important aspect of these narratives is that they are always amendable and changeable as time goes on. What may appear to be the end of a story might not be. Karin moved to New Zealand and joined a church, which could have been the end of the evolution of her relationship with God, but by peppering her story with notions of a quest and continued yearning, she creates an open-end, leading her on again, away from New Zealand, back home, and to the *Anastasis*. God continued to call. Her narrative, while persuasive in its motives, is at the same time fluid and open to more input and information; possessing the ability for meanings, intentions and purposes to change with time under the guise of a deeper

understanding of God's purpose. For those who come and go to the ship, such as Georg and other medics, the path is more muddled and their narratives accommodate the past, the present and the future while remaining situated in the present. This could be part of the larger process, but the point is that in these callings, and their narratives, there is felt and expressed the continual movement towards something – towards God's will and purpose for themselves.

In sum, this chapter explored why and how crewmembers came to serve with Mercy Ships. The stories crewmembers tell provide a version of the constructed narrative "*I once was lost, but now I'm found.*" However, these are framed within a structure of already having found religion, and trying now to find how to best live out the mission and responsibility that their faith has afforded them.

*Aussteigen* proves to be a useful complement to the more Christian vocabulary of conversion and callings. It represents a rupture with either the past or with a parallel form of life; a self-generated move to a different way of life. This was seen in both narratives that did and did not refer to God as guiding their path.

This kind of narrative raises an interesting issue in this fieldwork: callings have a sort of currency on board, and being able to recount them in a way that resonates and makes sense to others is a learned skill. The way language, content, emotion and testimony are employed are all a part of setting these apart from other stories. For this reason, it can be tricky at times to tell life apart from *stories of life* – but that is also part of the point. Their lives are successfully remodelled into a narrative form that provides a clear trajectory and stability, even when there is considerable uncertainty.

“It takes a strong act of consciousness to denaturalize disease and contemplate it as a cultural domain.” Byron Good (1994:2)

## Introduction

---

A sunny morning in March, I took first a collective taxi out of the city and then a *zemidjan* (a motorcycle taxi) to a sprawling collection of villages a couple hours to the northwest of Cotonou with Marius, a translator in the *Anastasis* ward and my research assistant. There we tracked down Alexandre, a former patient on board the *Anastasis*, who was back in his birth town for a couple weeks to take a break and rest from the comparatively hectic life in Cotonou (where he was convalescing post-surgery). It was a surprise visit on our part and we all hugged and high-fived before making our way to a *buvette*, a little restaurant/bar, a couple of hundred metres down the road. We ordered big bottles of cold Coca Cola and sat back to catch up. Marius and I, hot and thirsty from the road, gulped down one of the bottles right away, while Alexandre took a plastic syringe out of his backpack and suctioned it full of Coke, which he then transferred to his mouth, swig by swig. The three of us toasted the reunion – clinking glasses and syringe – toasting our health. At this stage in his treatment for cancer of the face, Alexandre didn’t have lips to close around a glass, and managed to drink in this way.

Alexandre told us a bit about his life growing up here. He was born in 1976 in this town, Tori Gare, into unhappy circumstances. His mother (Felicité) and father (Toussaint) were cousins, housed and schooled by an uncle in the family compound. Their love grew and despite the protests and warnings from their family, they got engaged. His mother became pregnant with Alexandre, even though the parents of his father remained extremely opposed to the relationship and pregnancy. Whereas Felicité’s mother supported the pregnancy, Toussaint’s mother did not, and “under the influence of hate,” turned to *sorcellerie*, a form of witchcraft, to do what she could to sabotage the relationship. He was born into opposing worlds and suffered from a troubled childhood because of the disagreements between the families, and moved to his maternal aunt’s

house at a young age. Despite being short on money, he was able to study up to the licensing year in physics at the university in Calavi, in the suburbs of Cotonou.

Marius, a 28 year old Beninois Christian male at the time, had told me that Alexandre was an Evangelical Christian: “*very practicing and very attesting Jesus Christ through his prayer.*” After Marius heard him recount the angry circumstances of his birth, he pulled me aside and nodded at me sadly as if he had solved a mystery: “*This is why he has had these problems. This is how he became ill.*”

\* \* \* \*

In this chapter I describe the lives of individuals like Alexandre who seek out care from Mercy Ships, and place their experiences within the larger context within which they forged their way in sickness and health. I step back to their lives before Mercy Ships, and examine how they lived with their illnesses. I start by introducing Francine and the story of how she became sick. This forms a backdrop from which I pick a few themes that set the stage for a better understanding of the scenes of health, health seeking, and belief that my informants lived in and navigated.

After looking at how illness is managed and treatment sought in the lives of my informants, I go on to explore, in *The invisibility of things*, the underlying energies and dynamics that are not always evident or visible at the surface of daily life in this region but influence social relationships and encounters. This part of the chapter looks at the influence of local incarnations of belief on illness origins. I explore the realms of witchcraft, Vodun and Christianity together, as the lines between their boundaries are blurred in the contexts I moved in. In the following section, the chapter looks at the effects of illness-related stigma and loss of bodily capital on my informants’ well-being and their place within their communities. The last part of this chapter explores how faith can influence and sustain people through their illnesses and search for solutions.

Due to the nature of this fieldwork, I only met patients after they had sought out Mercy Ships for initial care, and so the content of this chapter is, in a sense, a reconstruction of recollections of what life was like at the onset of the illness until being treated by Mercy Ships. More aspects to living with illness that transcend the pre- and post-operative phases will be taken up in later chapters.

## Beginnings: Francine

---

Francine recounted to me the history of her illness and how she came to the ship in more detail after we had known each other for about a year. She had received care from Mercy Ships in Lomé about three years previously, and had been on board in Cotonou two years later for follow-up surgery. She told me and Dzifa (another former Mercy Ships patient, who translated) most of the following story one afternoon at her father's compound in Lomé. Both her and Dzifa's tumours were benign and not cancerous; they were caused by overactive tooth enamel that did not stop growing, though Dzifa's did not grow as large before it was operated. With access to care, a dentist would have removed the tissue before it ever showed, but left unchecked the tumours can grow quickly, weigh a few pounds, and eventually cut off passage for food and air, causing their victims to choke or starve to death.

Francine grew up in her birth village in Ghana, but came to Lomé at a young age to stay with her older brother. By the age of eight, she was already serving as a housemaid to a family in Lomé – a job she carried out for four years. She washed the children's clothes, cleaned the house, cooked for the family and missed her own family all the while. Bit by bit, she saved up some money and was able to leave this job when she started buying and re-selling children's clothes at the market, in the meantime moving to her father's compound in the heart of the city. Some days she would sell several dozen garments and other days just one or two, and the instability of this work was demoralising. She was always on her feet, trying to advertise her wares as she did not have a fixed stall, and the pollution from selling her products on the street in traffic got to her. Her dreams of studying seemed impossible because she never attended school. Francine stopped selling after three years because of poor health, which she said was due to malaria. For a full year she stayed at home, sick and recovering, and couldn't get back to the market to continue her work. Things were rough, and then she discovered an abscess in her mouth...

Her illness started *petitement* when she was fifteen or sixteen years old. One morning when she was brushing her teeth, she saw a small growth along her gumline. A week later, it was still continuing to grow and affected all of her teeth along the lower right side. Two weeks later, she alerted her mother about what was happening. People around her suggested it was a

haemorrhoid, so she picked up medication for haemorrhoids at the pharmacy. This seemed to help matters, but then the swelling came back. Within a year, it had taken over her whole mouth, with the growth disfiguring her face as it pushed out of her jaw. Eventually, she could no longer eat or drink on her own, and had to tilt back her head to open the passage so that someone could pour fluids into her mouth.

Before it got to this point, she went to the hospital in Lomé, but they couldn't help her – saying they didn't know what the disease was. She was becoming disillusioned as none of the treatments she tried worked. Some people told her to put her faith in God; some people whispered that she had been infected with the disease by being with a man, implying she was “loose.” All the talk and rumours got to her.

*When I left the house in Lomé, I was ashamed because people would ask me so many questions when they saw me. So, I usually stayed in the village, far away from people who would talk to me. If I did go out, I'd cover myself in a shawl so that people wouldn't speak to me and ask me about my face.*

In her village, she tried at first to blend back in to old family structures. Francine had attended the Assembly of God church when she lived in Lomé but she went to a Pentecostal church in the village, as that was the only denomination present.

Her sister took her to Korle Bu, the teaching hospital in Accra, where she was again told in consultations that the doctors did not know what the disease was. However, one of the doctors took her to the side and told her that he could heal her at his private clinic for an outrageous sum. They did not have the money but struck an agreement with him to pay in instalments, and continued to travel to Accra to meet him, each consultation costing 20,000 cedis.<sup>44</sup> Finally, a day for the procedure was agreed but when they showed up for the appointment the doctor told them that he hadn't been able to borrow the “*machine d'operation*” from his friend because he was away. “*Basically, after all that we understood that the doctor was conning us. I was so disappointed by this story that I couldn't eat for a time. I suffered.*” To pay for the advances to the doctor and multiple five-hour journeys by collective taxi to Accra from her village for herself and her sister, she had taken money from acquaintances who had pity on her, as well as her parents who had been saving money in every way they could. She felt humiliated by having

---

<sup>44</sup> About 4 GBP

nothing to show for all the energy she had put into finding a solution and for the efforts of her network.

Still, they kept searching for a cure. Her aunt was a powerful healer, but no one in her inner circle thought that Francine was cursed, so she couldn't help other than with strengthening herbs and financial support.

*We went everywhere. We went “chez les traditionnels” but in vain. My dad took me to a vodunsi [Vodun priest], but even after taking his herbal concoctions I wasn't healed. I couldn't disobey my parents and so I followed them wherever they took me. Eventually I left everything to God because I was tired and I wanted to die because I was ready to die.*

Francine reflected constantly about her life and illness from the early stages of the tumour because it didn't fit in to her situation and she felt she had to figure out a solution: she and her family did not have any money to be sick, especially not with a disease that no one knew anything about. She felt like a hopeless case and a financial drain on the family. This contributed to her suicidal thoughts. She didn't tell anyone about them at the time, but thoughts about ending her life were on her mind a lot. She prayed, and had faith in God, but she felt so restricted in what she could do and no longer felt at ease with herself.

The pain wore her out as well. She said sometimes it hurt, sometimes it wasn't so bad, but there were times when it was incredibly painful and she didn't have access to any painkillers. At times, if she had them, she also took tranquilisers to get through the interminable awfulness of her situation.

There was a period when she withdrew and stayed on her own near the village, away from the family compound, because she was so fed up with her situation. As the disease had only struck her mouth, she was able to take care of herself. During this period she would typically wake up, take care of her domestic chores, and go back to bed again. She says her isolation was self-imposed; that no one shunned her or forced her to go to live on her own. Only her father and sister came to visit her from time to time, bringing her food and supplies, in addition to a priest from a nearby village who helped her pray on Sundays. She was bored, but said there was nothing else she could do.

Her father came one day to tell her that a boat that healed the sick had arrived and was taking patients at Kégué (the stadium in Lomé). Four days later she returned to Togo, collected her father, and headed to the stadium for the medical screening. Five days after the medical screening she received the results of her blood work, and three days later she was on the ship – the eve of her surgery. Within two weeks of hearing about the ship her situation would drastically change. It had been two years and seven months since she discovered the abscess in her mouth – the first year of which she had spent in Lomé, and the remainder in the village.

## Seeking health

---

Francine's narrative showed a confused beginning to the interpretation of the disease – with many ideas and hypotheses being tossed around and solutions tried. A syncretic approach – the layering and complementary use of different ideas, practices and medical systems (as discussed by among others, Geissler & Pool 2005) – was fully a part of Francine's efforts to cope with and find a solution to her problem. A theme reflected in the literature on West African health seeking – and indeed in healthcare seeking in the rest of the world too – is the varying degree to which social aspects of health are taken into consideration by biomedical healing practices on the one hand and “folk” medicines on the other. This contrast is reflected in what Lola Romanucci-Ross (1997) termed the “hierarchy of resort.” The *hierarchy* describes the range of healing options available for people to choose from, according to Arthur Kleinman's (1980) tripartite model of health care. Kleinman developed this model to reflect the notion that medicine is a kind of “cultural system” informed by a society's social response to organising disease, serving as an interface for patients and healers between disease (with biological origins) and illness (the subjective, experiential suffering). In Francine's narrative, the *popular* sector (taking multiple contexts into consideration, this category refers to, for example, friends, family, lay magazines and self-medication), *folk* (non-biomedical healers, herbalists, etc.) and *professional* (biomedical healers, Ayurvedic medicine, and so forth) sectors were all consulted over time. However, separating healing processes into these three categories has its limitations and already shows the hegemony of where these categories were created: who is to say that herbalists are not professional? Still, even though medical anthropologists have critiqued the tripartite and its implied separations, it is a helpful heuristic device and as a concept can be useful to break down the processes and options in seeking health.



Murray Last (1993) writes about it being easier to search inside one's own culture for ideas of wellness and health, but for the treatment of ill health it is easier to search outside for whatever will work. In this sense, one incorporates other belief systems that then have effect on one's personal explanatory model. A Beninois herbal healer, for example, might use an anti-malarial drug, but do so in a manner to make it agree with his beliefs, thereby manipulating another model to fit his scheme.

In Benin, Sargent (1982) and Dozon (1987) have found that complementary patterns of resort between biomedical and "supernatural" healing are common, blurring the lines between traditional categories of healing. Another study (Espirito Santo 1998) found that in Cotonou, the order of resort for health care treatment was to first self-medicate, then to turn to private traditional practices and lastly to turn to public health services. Self-medication is generally chosen for illnesses that are not too serious and to reduce cost, and traditional medicines can vary greatly in expense, both financial and social. Even at this time, larger private practices were growing in importance as they filled a need left unmet by public hospitals and 'traditional' healers to provide adequate care (Prata 2005). Mercy Ships arrives and fills another gap that is basically left unmet – or met in alternative manners – by other NGOs and governmental initiatives.

As Bledsoe and Goubaud (1985) point out, during the time of their research, both anthropology and development practitioners tended to view the 'traditional' and the 'modern' medical systems as "discrete and generally incompatible" (Bledsoe and Goubaud 1985:20). Their research about people's perceptions of pharmaceuticals in Sierra Leone set out to question how local beliefs influence decision-making. Their findings underlined that instead of viewing them as separate it is best to "consider all available medicines as potentially part of a unitary cultural whole" (ibid:277).

Like these researchers, Janzen (1987) understands healing and treatment as encompassing, but not being limited to, those direct interventions by medical practitioners that might lead to the eradication of symptoms. Getting well involves the adoption of social and other routinized processes by which wellness can be distinguished from illness. To observe, as Janzen does, the formulation of this mindset on the wellness side of the well/ill equation makes sense because it also exists on the illness side. Activities that lead to well-being – or which people hope will lead

to well-being – come in many different forms and are deeply engrained in both personal and collective psyches.

Dzifa's illness – the same as Francine's – took a similar start with the smallness of things setting the scene. When he began having trouble with his teeth, people's first ideas were that he himself had malformed them through his tendency to eat hard foods – he loved chewing on almost uncooked corn – and had put his teeth through a workout, damaging his jaw. At the beginning it didn't hurt, so the growth was more of a curiosity. In many of the stories about how these diseases started, the telling of the beginning has something mysterious and innocent to it. Innocent, in that the first appearances of these cancers are called harmless sounding words: *pimples, bumps or bouton*. There is a sense of the smallness of things in most cases at the start: a sort of liminal period before the bumps are acted on; then slowly remedies are sought – a bit here, a bit there. They are not imagining that the condition would actually stick around, or even get much worse. The future ahead is unthinkable.

This *smallness* at the beginning was not the case for everyone, of course. Among my informants there was Clara, for example, who went to the ship for VVF treatment. Her health issue came to her suddenly and tragically – the result of a difficult labour after which she had to cope with both the loss of a baby and her bodily functioning. Other illnesses were the result of accidents (childhood or adult), or genetic malformations at birth (cleft palate, for example).

Dzifa tried a variety of non-biomedical treatments for his tumour, but, as he said, he always knew the cause was “*biological and scientific*.”

*I took science in high school and I was very good in biology. So I knew that cancers and tumours didn't necessarily come from Satan or from God, but that their origin is the excessive multiplication of certain cells in a specific zone. When these cells multiply in an exaggerated manner certain cells will die, and their death encourages other living cells to die, which encourages cancers and tumours to grow! But this hurts so terribly much, Isa!*

Even given this pragmatic view of his illness, his family's means to treat it were limited by knowledge, connections, resources and money. Dzifa detailed the array of treatments he went through on the path to diagnosis, showing that he started with more informal methods and gradually went further afield when these remedies were not working.

*First, I tried tree bark and certain local treatments in which one grinds up plants and places the mixture on the abscess. But this only works for basic swellings, which, of course, I found out over time I didn't have. Then I bought a product from the Ghanaians that was circulating for a time – also based on local herbs, this time in the form of teas [infusions]. In 10<sup>th</sup> grade my parents took me to the PAPPASSE hospital in Ghana, which sent us to Koforidua in the centre-east of Ghana. There they told us my problem was a deformation of the jawbone. From Koforidua I went to Saint Joseph's Hospital, a Catholic hospital with a Spanish specialist in malformed bones named Casas. He was the first to tell us that what I had was a tumour called "ameloblastoma" and that I should go to Korle Bu teaching hospital in Accra to undergo an operation. We showed up there one Thursday and the female doctor confirmed Doctor Casas' diagnosis! But she also told us that we would need to pay about 800,000FCFA<sup>45</sup> for the treatment, which we didn't have. So she inserted a syringe into my tumour and sucked out some of the puss that was in there in order to relieve some of the pain. It helped for a while, but the pain came back. I was in 11<sup>th</sup> grade at school and during this period it hurt so much. You can't imagine the pain. I bought "pain killer drugs" [said in English] in the market and swallowed them. But I did everything I could so that people wouldn't know how horrible it was for me. I made sure that no one at school nor at home got an idea of how much I was suffering. After the Korle Bu diagnosis, for a while there was nothing to do because we didn't have the money. I went to other hospitals in Togo, too, but nothing was done – there was nothing to do.*

In this passage there is a stark contrast between herbal remedies and the biomedical institutions – in diagnosis, recourse, cost and worlds. Piece by piece, he was learning about what disease he had and what could be done about it, until he seemingly came to an impasse. The stumbling block, in many of the narratives, came after getting a biomedical diagnosis at the hospital: the prohibitive cost of following through with their prescription. Attention then often turned to managing the illness, rather than treating the disease.

While listening to my informants talk about how they came to fall sick and all of the steps they undertook to try to deal with their conditions, I could visualise them going deeper and deeper into their understandings of what was happening to their bodies. Getting to know your sickness is like getting to know a whole new world lurking underneath – something that was always there but was a complete stranger up until that point; the names, roads, short cuts, problem areas, tricks and troubles slowly spread out before you until you have a map of the condition like a map of a city; one you can visualise in your sleep and explain to others – who will still only see it as something foreign in a far-off country.

---

<sup>45</sup> The CFA is tied to the Euro, where 1,000 CFA is .656 Euro. So 800,000 CFA is about 1,220 Euro.



Figure 4 Dzifa and his cousin, photographed two years before his surgery



Figure 5 Dzifa and a classmate in his birth village, about two years before his surgery on board the *Anastasis*.

Saturday night I'm up late in the guest bedroom at Anita's house, where I am staying the first weeks back in Benin during phase two of fieldwork, when a sound outside the window catches my attention. It is as much what I don't hear, as that which I do, which draws me to the window, turning off my lights so I can better see through the slats and better not be seen.

The circumstances are all wrong, but a few sounds tip me off: calm voices speaking Fongbe, concentrated and deliberate, collected in an outdoor court, coming from different heights – kneeling, standing back; a metal bowl scraping the cement floor; later the muffled cry of a goat – gasping for life as his throat was cut, scrambling its hoofs in reflex, bursts of energy still zapping through its body; the snap of Fizzy and Coca Cola bottles being opened, the caps falling and rattling to the ground, a dash of sodabi (local homebrew) being splashed on the cement.

There is something about the sound of a ritual that is unmistakable; not the usual slaughtering of an animal for a meal. The neighbours had planned for their sacrifice to be cloaked by the night, discretely trying to hide it from the neighbourhood; but when the local dogs picked up on it and started barking, there was not much quiet about it.

The next day Akpehounba and I excitedly relate the events to Anita, who had been away for the weekend, for it is not every day we happen to witness a secret sacrifice. Akpehounba's room on the ground floor towards the back of the house is just at the level of where the act was carried out and he shudders, wondering what the neighbours are up to and if he should be worried. He is already nervously on edge these days, because earlier that week on two separate nights in the neighbourhood, two *kekeno* – motorcycle taxi drivers – had been attacked for their bikes, and one of them had been killed. The economy is down and the attacks are up, we are warned. The sad place where this happened is just a couple corners past the house, the middle of the sandy crossing of two quiet roads in this residential neighbourhood. Anita and I walk the dogs at night past the spot, and she says that Akpehounba won't go near it. He is terrified of the corner, and thinks the space holds bad charm and is best avoided for some time.

Perhaps it was my outsider perspective, perhaps it was some version of reality, but in Cotonou and environs there often seemed to be an invisible world alongside the visible world that we operated in, one that would reveal itself sometimes clearly, sometimes as hazily as could be expected. The opening passage with Marius' 'ah-hah moment' about the origins of Alex's illness was emblematic of this idea of the invisible: always there was more underneath that wasn't seen by all – but, importantly, seen by some who afforded it meaning and value. Marianne Ferme writes in her ethnography, *The Underneath of Things* (2001), about the invisible forces in the concealed world in Sierra Leone which act on public spaces in the visible world, such as politics, rituals and domestic affairs. "Such forces," she writes, "manifest themselves in everyday conflicts through the potential disruption of the deceptive order of ordinary appearances" (2001:2). In this way, rumours, gestures, and simple acts can be laced with strategies, motives and consequences unexpected and unapparent to those from outside. In the context of this research, forces running underneath the surface similarly played an important role in shaping the lived experiences of my informants.

#### *Witchcraft, Vodun and Christianity*

---

In Francine's narrative we see that Vodun was consulted (even though her family was Christian); in order to heal her no stones were left unturned. It was worth trying anything to improve her chances of a cure. Some of the most visible of the invisible realm in this area were *sorcellerie*, witchcraft, and Vodun. In the French language, there is no distinction between witchcraft and sorcery, and the three terms are often interchangeable (though Vodun refers to a specific system, also referred to as Voodoo). Beninois Vodun cults,<sup>46</sup> part of the larger Yoruba Orissa religion (Forte 2010), are popular in Benin. They are often academically termed a religion, but more accurately are perhaps best seen as being made up of a variety of cults, rituals and processes. Falen (2007) suggests that his informants who attend traditional ceremonies do not see

---

<sup>46</sup> Although this research does not focus on Vodun, understanding certain concepts and the impact it has had on individuals and the region (and how it has been shaped by local and external influences) is helpful to me. Few of the patients I met spoke to me about being Vodun, but, as mentioned previously, Vodun is often a system that one can pick and choose from. Rosenthal (1998), having lived in Togo for eleven years, was "called" to write an ethnography on Vodun, and through a focus on law and history, writes a detailed ethnography that elucidates the moral code prescribed through the structure and anti-structure that Vodun provides this community. Other works that offer background on Vodun are Zinzindohoue 2001 (detailed breakdown of meaning system); Matory 2005 (situating Voodoo geographically and conceptually); Thornton 1988 (situating it historically and geographically); and Blier 1995 (with a heavy focus on art and expression).

themselves as having a religion, but instead they “conceive of spiritual forces simply as part of the landscape” (Falen 2007:7). Even one of my contacts, a Vodun priest who said he had no choice but to take over his father’s practice because he was the son born into the role, recognised his spirituality as something to tap into that could complement a series of other belief systems, and was not exclusive.

He did not see his work in opposition to Christianity or other formal religions, while for the evangelical Christians I met, the muscle of Vodun not only gave a space for Christianity to define itself around, but also provided an added call to action and a call to create itself against it. These tensions played themselves out on the national stage, and in a moment I will outline a few examples from Beninois politics about the spoken and unspoken roles of spirituality and identity in the generation and negotiation of power.

From the outside, witchcraft has generally been seen as being used for negative deeds, such as revenge, to inflict harm, or for personal gain at the expense of others. Falen’s (2007) recent work has seen a trend in the last years towards using witchcraft for good, not evil. As has been extensively suggested in the literature, modernisation does not lead to the decrease of witchcraft (see i.e. Kohnert 1996 and 2007, Brivio 2008), but instead provides an arena for which new and traditional solutions are sought to the introduction of unfamiliar dynamics. The documentary film *The Witches of Gambaga* (2008), depicts how witchcraft in a community in Northern Ghana was on the rise in periods of crisis or uncertainty, in this case showing that not necessarily actual acts of witchcraft increased, but at least the accusations thereof did – with many women in vulnerable positions becoming the victims of societal pressures and rumour. In Benin, it was only in 1996 at a time of political flux that Vodun was given its own national holiday in recognition of its importance amongst the religions in Benin as a gesture of respect by the then Head of State,<sup>47</sup> further legitimising its position on both a local and international stage. Now January 10<sup>th</sup> is celebrated as a day off from work alongside the holidays for Christmas, Tabaski, and the Eid festivities at the end of Ramadan, with many people flocking to the town of Ouidah on the southern coast and other performance sites of various Vodun rituals.

As is the case with a few of its neighbours, Benin is a country where religion by name was often

---

<sup>47</sup> Kérékou designated a national holiday for Vodun even though he had recently become Christian.

blatantly a pawn in the game for public votes and political gain. However, the way this played out was not necessarily straightforward:

Under prevailing sociocultural structures of clientelism and the prebend economy in African states such as Benin, the one who displays the most effective power (including occult power) is more often than not considered to be the legitimate ruler. Therefore, even well-meaning political leaders, who want to promote democratization, are not always free in their choice of their means, as they have to respect the local sociocultural setting. (Kohnert 1996:1351)

Mercy Ships, with its Christian focus, fits into a populist mindset in many ways. The nation's politics are deeply rooted in the interplay of opposing forces of belief at work and the notion of Christianity as a healing power to combat the forces of evil threats. A dramatic example that played out over many months in the nation's press and gossip circles is one involving Mathieu Kérékou, the former president of the country who had instated a one-party rule and a virtual dictatorship in 1972 (Strandsbjerg 2000). By 1990, economic hardships, rising internal unrest and a flood of allegations of corruption forced Kérékou to agree to a national conference that ushered in democracy. The subsequent presidential election held in March 1991 resulted in Kérékou's defeat by Nicephore Soglo. Kérékou made a comeback in the 1996 elections and was re-elected, reportedly in the run-up having found God, become a Christian and then finally truly changed his un-democratic ways. All of these transformations had public manifestations; in 1980, Kérékou had converted to Islam and changed his first name to Ahmed after a trip to Libya to visit Gadafi, then later changed his name back to Mathieu after claiming to be a born-again Christian. Through Kérékou's personal and religious transformation, Benin was carried along in a political transformation.

Another public example of religion and belief, this time in which witchcraft was also given a platform, was the serious illness of the aforementioned former president Soglo during his term soon after defeating Kérékou. During the illness episode in 1991, he was twice evacuated to France for medical treatment, amidst rumours that he was being attacked by evil spirits and that his evacuation was just a guise so that he could flee to France in order to regain strength (Ngokwey 1994). The new president's health, at this time, symbolically stood for the survival of Benin as a nation. The country was perceived as being in a great state of turbulence and as teetering on a precipice of reversion to its previous state of dictatorship and turmoil. Although three general explanations circulated popularly to account for Soglo's failing health – fatigue, body constitution (physical weakness), and poisoning – the president elect's illness was



predominantly interpreted as a failed human attempt to end his life. The local press elaborated on many theories, which frequently invoked the “Africanness” of the illness (in this case, poisoning), which was used as a “euphemism for sorcery, witchcraft, or fetishism” (Ngokwey 1994:69). Soglo resorted to seeking the support of a popular Vodun priest to prove he was more powerful than the witchcraft used against him (Kohnert 1996).

More recently, the current president Boni Yayi has insisted on having been the target of a poisoning attempt, a scandalous affair that gripped the front pages of the (partially state-run) newspapers month after month in 2013 and 2014. The Beninois love a good debate, and all of these news events outlined above are hashed out by families in living rooms, colleagues in their offices and the *kekeno* standing in front of newsstands as they take a break from searching for fares.

However, politics are politics, and those are just three of the more public examples of the perceived transformative powers of Christian healing or the underlying currents of witchcraft and supernatural forces. This theme runs through the ethnographic literature on West African illness. What is suggested is that there are geographical and psychological boundaries to afflictions that are more important than temporal and environmental ones.

Other examples of the presence of the invisible can be found in the movies playing on cross-country coaches, on the DVDs in my informants’ living rooms, and the roadside mini-cinemas, which also emphasised this battle between good and evil on still a public but more personal level. Many popular local movies (watched among Christians) showed the struggles that resulted from giving in to personal weakness and succumbing to the ever-present Vodun – the easy way out and a decision that ultimately would come back to haunt you. Many, many Nigerian films that I watched out of the corner of my eye ran along a variation of the theme of jealousy between men and women in contest for the affection of the opposite sex, all ultimately showing the triumph of Christianity over witchcraft, but at the same time validating the power of witchcraft. In this blast of media – admittedly self-selected by people who wanted to hear these messages – staying Christian meant staying strong. Choosing Christianity was not the easy path, but it offered a clear definition for one’s struggles and gave them meaning.

Mercy Ships’ religious identity demonstrates a method of fitting in locally too. As will be explored in later chapters, Christianity allows Mercy Ships to walk the tightrope of being both

local through the role of faith and their volunteers, and foreign through their medical, configurational and fundraising capacities.

Lemay-Boucher (2011) found through a study in southern Benin (mainly suburban Cotonou) that six percent of household expenditures go towards witchcraft activities, but that the amount varies according to events in the family circle (i.e. funerals) and the social status of families. This study also shows a similar sum to be the case for people identifying as Catholic, Protestant and Chrétien Céleste (but less so for Muslims). A considerable amount of these expenses are classified as “protection.” This study does not bring it up, but other religions (such as Christianity and Islam) consider tithing 10% of income to be recommended, so 6% ultimately is not high in comparison. However, it would be worthwhile to look also at the number and profile of people who spend a considerable amount versus those who spend just a little, and how the irregular spending of large amounts can penetrate into daily life and have broader consequences.

My perceptions of witchcraft and Vodun were formed in part by my informants, for the most part Christian – some with a more fluid allegiance than others; through Mercy Ships’ crew attitudes; and day-to-day issues in conflicts, health, fortune, fertility and desires that arose in my acquaintance circles or in stories and gossip. It came up in event planning – taking steps to make sure it wouldn’t rain on the day of a party, and in business settings – doing a bit of *gris-gris* (witchcraft) to make sure a contract would go through. I also learned from closer contacts born into Vodun, or with its practices in their families. There was an overlap in the actual content in the recounting of stories and practices, but people more aligned with Christianity framed witchcraft as harmful, evil, possessed and misguided.

I spoke about this subject in the years after my formal fieldwork with various friends and colleagues in Benin. One of them, Schadrac, a statistician in his twenties whose family was Chrétien Céleste, also preached at his father’s (a priest) church. He recounted to me how his family had become Chrétien Céleste a generation ago in response to a number of catastrophes occurring in the family at the hands of witchcraft.

*You know, in Benin it’s a phenomenon that is generalised. In every family – even in the Christian families, even in mine! – there is at least one. [Laughs] Now, the problem that is posed is: why in Benin are we so attached to this? Because: there is proof! We’ve seen it! You see a bird flying, you throw a rock and hit it, it falls to the ground, and in a few instances it transforms into a human being. The bird is now an old woman before your eyes!! You*

*can't do anything but believe. And if this happens once, twice, many times, you see, in the end it's not by chance. It's a phenomenon. Something that you can't ignore. If not, you will have to deal with how it breaks you. So, one thing is to be aware that sorcellerie exists. Another is to not fear it. To not fear it, you have to give yourself 100% to God.*

When trying to understand the religious choices of my patient-informants, what sifted through was that Christianity seemed to offer a safer, more accepting circle within which to rest, find nourishment and be surrounded by a supportive community to deal with the illness' origins than Vodun offered. Most strikingly, it seemed to offer respite from the outside world, which included people who put blame onto them and their families for their sickness. This blame sometimes came in the form of witchcraft: someone's anger or unhappiness expressed through a curse and manifested in the form of a tumour, an accident, a weakened body system, or blindness. While they could not control what other people thought, instead of finding an explanation in their behaviour or that of their relatives – a deed which would call for someone's vengeance – their illness could instead be explained through a (perhaps equally problematic) expression of God's love.

The opening passage describing Marius' reaction to Alexandre's birth story demonstrates what I mean in a layered way. Marius himself is Christian, but chooses to assign the blame for Alex's condition to his parents' actions. Alexandre himself, in discussion, ambiguously both did and did not – but he was clear that his relationship with God, to him, meant that he himself did not have anything to do with these curses and was not responsible for the roots of his cancer.

Other people's attitudes to witchcraft still played an important role in my informants' lives – not just outsiders' attitudes but also those of people close to them. This was discernible in Philippe's situation. He was a university student living near campus who had conviction in his Christian faith but his family insisted on making him consult vodunsi for healing. Philippe's face was asymmetrical due to a fist-sized cyst that had started growing when he was in secondary school, protruding from the side of his forehead. Over the years, his family, particularly his father, encouraged him to partake in various Vodun exercises organised by his aunts, meant to make his face go back to normal. Philippe said he suffered these but “didn't believe in them much” and that they also annoyed him because they went against his practice of Christianity. Still, he felt like he could partake in them in order to please his family and perhaps find a solution for himself. This negotiation between different techniques of belief, both internally for my informants, as well

as with their families and support network, played a critical role in their understanding of their illness, their coping with it, and their strategies for its management.

## Bodies, illness and stigma

---

Francine's narrative highlights her decreased ability over time to perform the functions she was previously able to carry out. Not only was she unable to provide for herself, but she was not able to contribute to her family's financial well-being, which weighed on her heavily.

In addition, her body became more public, with people inquiring, discussing, and hypothesising, and she sought to become more private. Thus, she was impaired both physically – through the pain, weakness and restricted movement – as well as socially, as she sought to deal with the consequences of her illness. A third way cannot be ignored: psychologically she was drained by the consequences of both of the previous two. As such, she experienced a “biographical disruption” (Bury 1982), as her illness took over the course of her life. Bury uses this term to describe the consequences of *chronic* illness in particular on a person's life and dreams: expectations are re-examined, the structures of everyday life are overturned, an awareness of worldly suffering develops, and relationships are altered when the normal rules of reciprocity and mutual support can no longer be enacted (Bury 1982:169). The narratives of my informants reflected the alterations and strategies they adopted in order to come to terms with and resituate themselves within their new bodies and lives. Alexandre's life showed a disruption accentuated by the continuity of the attack of the disease after multiple attempts at healing it.

Alexandre was healthy as a boy growing up and claims that he was never sick. When he was about sixteen years old, a little bump formed on his lower lip, which eventually burst and a bead of fat came out in the shape of a grain of corn. In time it crusted over and started growing bigger, but he did not think it was anything serious, and went about getting it treated without worries. However, two years later he became scared as treatments carried out at a public health centre in Cotonou did not heal his sore. As the wound on his lip grew, so did his preoccupations with his condition. No interventions seemed to help. It was around this time that he had a biopsy done and learned that he had cancer. His family took him to traditional healers who, among other

treatments, ground a black powder made from leaves and animal parts into his wound, which exacerbated the infection instead of alleviating it.

After paying for the assorted health treatments over the years, his family was financially ruined. Alexandre looked for assistance elsewhere, and was eventually helped by nuns of a Catholic church who arranged for him to be operated on at the largest hospital in Cotonou, CNHU. His lower lip was removed (but not reconstructed). He said the surgery seemed successful and he was relieved when it was over. He continued studying, but eventually the borders of the operated skin became infected again and he returned to his village after one year of university study in Cotonou. He taught physics at the local secondary school until he was no longer able to because the cancer spread across his face. In addition to weakening him, and causing tremendous pain, it also generated a smell that was off-putting to those around him.

Not only was the trajectory he intended for himself disrupted by the persistence of his cancer, but Alexandre's body capital was weakened through his illness. The notion of *body capital* has been used in a sense to give a name to, practically quantify, a person's worth in society based on what they can contribute. Especially for poor people with a lack of material or financial resources, the body is a key asset for survival, "which unlike most assets can flip or slide from being an asset to being a liability" (Krishna 2010:87). Bodies still need to be fed and tended to (usually in ways more costly and cumbersome than healthy bodies) but cannot produce what they were able to previously – in terms of work, food, income, and opportunities. The consequence of this is not only personal but also reverberates around the community within which a person functions, often resulting in having to navigate the stigma of both one's disease and the role it has forced one into.

A couple of examples from the region illustrate this point. In Bangangté, Cameroon, in the 1990s, a woman's sense of identity was created through the perceived "usefulness" of her body; the identity of self wrapped up in her fertility and procreative practices. Feldman-Savelsberg (1999) demonstrates that value is given to a body based on its expected production in a society, and how performance can actually be enhanced or exacerbated through the pressures put upon, literally, the significance of "delivering." Not only is it that which is *actually* happening on the reproductive front for individual women that shapes their experiences, Feldman-Savelsberg finds that it is also the stories and tales surrounding reproductive issues that create the experience and form the emotions and expectations that create a sense of self, and feed into an "epidemiology of fear" (Feldman-Savelsberg 1999:126).

Erving Goffman (1963) argued that people strategically show parts of themselves to others in order that they can control how others perceive them. He put forward that stigmas can discredit or destroy people's social identities by not allowing them the latitude they might have normally exercised in presenting themselves in a given social context.<sup>48</sup> Laying claim to a normalised social identity once the body has been marked by stigma requires that two processes occur. Knudson-Cooper, focusing on *internal* processes of self-identity regulation, observed that the "internal conception of the self" and the changed body needed to be reintegrated in order for there to be positive personal adjustment to the disfigurement (Knudson-Cooper 1981:32). Goffman, on the other hand, makes it clear that in some instances the self must be defended against society because a society's understanding of the stigma often will take on something of a "master status," and thus erase the importance normally attributed to the ways by which a person is generally socially defined. Stigmas, in other words, often become more prominent than and cut across such social markers as ethnicity, national affiliation, race, skin colour, and age, and bring people together who would, under other circumstances, not share a common social definition.

Stigmas therefore have histories and historiographies. They are maintained in part by socio-cultural practices that must be taken into account if one hopes to grasp why a particular affliction attracts the label of stigma in a given society and culture (Ablon 2002). Murphy (1990) notes that myths, fears and misunderstandings grow-up around stigmatised and 'outsidered' bodies (Becker 1963), which create barriers that must be overcome in order for the person with a stigmatised body to occupy a normalised societal role.

Among my informants, the bonds of friendship and family were strong, and almost everyone had a close group of people that remained with them throughout the period of getting sick. (However this did not mean that emotional wounds were not inflicted on an individual level as some acquaintances, friends and family failed to accept and cope with the new illness.) Outside of this

---

<sup>48</sup> According to Goffman and other researchers (see Ablon 1981 and Das 2001), there are certain attributes that diseases with a high degree of stigma all carry: the person with the disease is seen as responsible for having the illness; the disease is progressive and incurable; the disease is not well understood among the public; the symptoms cannot be concealed. Stigmas, in Goffman's conceptualisation, fall into three broad categories: 1. *Abominations of the body* – various physical deformities; 2. *Blemishes of individual character* – weak will, domineering or unnatural passions, treacherous and rigid beliefs, or dishonesty. Blemishes of character are inferred from, for example, mental disorder, imprisonment, addiction, alcoholism, homosexuality, unemployment, suicidal attempts, or radical political behaviour; 3. *Tribal stigma of race, nation, and religion* – beliefs that are transmitted through lineages and equally contaminate all members of a family (Goffman 1963).

core group, there could be at times an atmosphere of rumour, ostracism and loneliness, and this too had an effect on well-being. At the same time, not everyone outside of a core group was unfriendly – community groups such as churches, extended families and school groups, also came to offer support. Francine claimed that she herself decided to go into seclusion – but this could have been in response to how she thought others perceived her and were treating her. For Alexandre, the stigma of his appearance also involved invoking blame and witchcraft to explain the origins of his problems. But for both Alexandre and Francine, it was clear that the weight of the stigma of their disease was a burden they carried with them day to day.

In summary, the changes that illness brought to the bodies and capacities of my informants influenced the way they were able to move, both socially and physically. The pain, decreased mobility, impaired function and harmed energy levels impacted the power of what they could do with their bodies, and generated rumour, public judgment and stigma from some members of the community.

### Being called to the ship and to faith

---

Mercy Ships patients sometimes framed their journeys to the ship by highlighting indefinite reasons for why they were drawn to the ship or accepted for surgery: gut instincts, a sixth sense, or the influence of God. These narratives had some similar qualities to the callings of crewmembers. Dominique's recollection is one such example. Dominique, in her mid-20s, had the same type of tumour as Dzifa and Francine, but hers grew very large to the point where it was difficult for her to eat and became hard to breathe within six months.

*Isa: How did you hear that the boat was coming?*

*Dominique: I stayed at my house [where she was living with her parents] in August, fasting, when a voice told me to get up and leave the house... I had a confirmation of this three days later when my sister arrived and told me that she had a revelation that told me to leave the house at the end of the month. So, in September, I basically left my house and moved to my sister's place. We travelled to Accra [from Lomé] and had blood work and other analyses done. I stayed there until the end-of-year festivities, when the doctors told me to come back in the new year. They scheduled my surgery for January 20<sup>th</sup>. After I got back home, my pains started coming back, and my sister went to look for a pastor in the neighbourhood to pray with me. During the time we prayed together, the pastor told me that a boat had arrived and he had a friend who was on board. Bizarrely, it was this 20<sup>th</sup> of*

*January – the day of the operation in Accra – that I was also in the boat. Because when I pray, I ask for God’s healing, but I didn’t know it would happen like this.*

In this passage, Dominique recounts a short version of the story of how she came to the ship – complete with trademark details such as alternative paths not taken; doing things motivated by supernatural reasons – such as hearing voices; and things working out in spite of themselves. Furthermore, the Mercy Ships side of this admission story also revealed special circumstances – Dominique arrived at the ship unannounced without passing through the traditional screening route. As a rule, people are not scheduled like this, in part because the surgery schedule is tight and planned months in advance according to the availability of the specialised surgeons. However, by some chance, they were able to squeeze her in. She stayed in Cotonou to await her test results and was given the all-clear to proceed with the surgery.

It wasn’t in every patient’s narrative of their journey to the ship that I could sense the qualities of a calling story. Sometimes, in reflecting back and recounting, this was just another stop on their quest for health care, and Mercy Ships fit into the landscape of different services offered, and foreign agencies or *yovos* (whites) providing these services. These characteristics seemed of less importance to those that were less vocally religious; the narratives were not spun in such a way as to emphasise the trials-climax-resolution narrative. This is also because calling stories have a sense of completion to them; even if it is acknowledged that they are on a continuing path and the outcome is not yet known.

Some other Mercy Ships patients (besides Dominique) also told such stories, but they will be shared later in this thesis as their recounting goes hand-in-hand with the outcomes of their surgery. Just as in the crewmembers’ narratives, trials and seemingly wrong turns were framed by the fact that things worked out for them, with the ship being the endpoint in their story. For those who put their faith into God, and had confidence that he would take care of their healing, the arrival of the ship confirmed that he was behind the solutions that the *Anastasis* presented. As Dzifa told me, “*God can’t heal the illness himself, but he can bring a big ship to come and do the job. God can make humans who can study science and figure out how to make medicines.*” This is a way of reconciling the domains where God can work, and how he could express himself. This question of the power and manifestation of faith is intriguing and the following episode links with the sentiment that Dzifa expressed.



One afternoon, when spending time with Maman Cherie (who owned a little *maquis* on the corner of my block which effectively served as my extended living room), I asked her for her ideas about the posters hung up around the neighbourhood advertising a foreign Star Pastor's visit to the stadium, knowing that she did not think much about these popular rallies touting miracle cures.<sup>49</sup> The conversation soon became about how much God could do for you, and what one's personal responsibility was in one's relationship with God for the positive and negative events in one's life.

*Isa, if you travel, if I'm not mistaken, when you travel to places – it's not that I am clean – but, when upon your return you throw up, you have diarrhoea, you stay in your room for two days and afterwards you come to me, "Maman, I've gone two days without eating. Help!" One has to be clean oneself. If you aren't clean within yourself, and you ask the other to make you clean, it's not possible. That is belief. That is how belief can lead us down a false path. ... It's faith that will win, it's faith that soothes and it's faith that heals. You are clean within yourself and you take a water that is dirty and you tell yourself "it's water infected with guinea-worms, but it won't hurt me." But you will be hurt. One can't believe in one thing and then deliberately hurt oneself. ... Yes, someone gives you medicine, you decide not to take it and say that God will help you – that's very wrong.*

I found it interesting how she referred to faith and belief (*la foi* and *la croyance*, respectively) when talking about what could serve you and what could harm you. Belief is not enough, but faith – the active expression of it – is what actually counts; it is related to Godliness. Schadrac spoke about how one had to be 100% into one's relationship with God – if you say you will continue to do a bit of witchcraft, then you are still with "them."<sup>50</sup> In that way God is like a woman, he said. "*If you want to be with me, be with me 100%. But if you are going to cheat... Ah, c'est le divorce.*" This sentiment is echoed in, for example, Geissler and Prince's (2010) work in western Kenya, where protection and salvation from the power of witches comes from being fully saved.

---

<sup>49</sup> As an aside, these thoughts are also interesting to me given the research done on religious faith and communities and health. There are abundant studies trying to find the link between religion and an individual's physical and mental health, normally concluding those who attend regular church services have fewer illnesses and recover from those they do have more quickly than non-church goers (see Koenig 1997, Ellison 1991 and George 2002 for examples on attempts to measure the correlation between religious belief and health mainly in Western countries).

<sup>50</sup> In discussions about commitment to God, the following Bible passage was cited to me a couple times, from John 3:16-18. "For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life. For God did not send his Son into the world to condemn the world, but to save the world through him. Whoever believes in him is not condemned, but whoever does not believe stands condemned already because they have not believed in the name of God's one and only Son."

Byron Good, amongst other researchers (Omri 2008, Csordas 1994a for two examples) makes similar distinctions between these two internal truths. Belief and faith are both about ideas, and about the specific kinds of practices that make up a framework of understanding the way the world works. There is no room for doubt in faith, whereas belief has doubt incorporated into it. Belief rests on the epistemological bed that recognises that it can be falsified (Good 2002).

In a sense, their illness was an arena through which some of my informants developed their relationship to God and with their faith. A pastor asserted to me that illness did not just allow them to develop their relationship, but it forced them to do so – it forced them to take a stand about who they would align themselves with and where their allegiances lie. Among my small number of informants this process did seem to be happening (to those who were Christian), as their conviction was both personally and publicly important to them, and they framed their relationships to their health in relation to their faith in God.

## Conclusion

---

This chapter has touched on the confusion and hope surrounding the search for solutions to impaired health. It has described how individuals try different approaches, and how one navigates one's way as an illness takes over life. It has, in a sense, addressed the biosociality of disease (how people understand themselves through their disease and the relationships as a result of it) and placed Mercy Ships patients in their lived contexts before moving to their ship experiences in the next chapters.

In exploring the many dimensions of healing and belief among my informants, I laid out how images and messages of witchcraft are situated within and underneath the common dialogues in Benin and how they create a shared contextual experience. In light of this, being Christian, and placing faith in God, has been a rational choice for some of my informants, instead of one solely devoid of choice and attributed to a supernatural compulsion. Christianity is a religion that was understood to remove any personal culpability (beyond the blame that all humans must carry for having sinned) from the origins of their illness. This process of commitment for my informants is about both continuities and about a radical leap.

Related to these questions of blame and responsibility, the following section of this chapter reflected on local understandings of the body and stigma. It revealed that some of the tough repercussions of illness for my informants have been to lose their bodily capital, their social capital, and to come to terms with their shifting role in the community, in addition to the physical transformation that the disease has put them through.

This chapter closed with a short exploration of how patients too, in certain cases, can frame their path to the ship as a calling, similar to crewmembers. Their illnesses – with the stigma, pain, disruption, and physical hardship they bring – present a medium through which they develop and consolidate their faith in God.

The next section of this thesis explores encounters between patients and crew on the ship. We see the links between them as well as the radical discrepancies to their journeys, and what happens when they meet. As health, sickness, healing and the invisible forces are intertwined, the form of medical care Mercy Ships offers is a logical extension of trying to find a solution, beyond the no-cost aspect of the services they offer. On the other hand, Mercy Ships is also a very special version of trying, one that engages with a dichotomous choice and transformation – even salvation.

---

*PART THREE*  
*Encounters*

---

Chapter 5  
**The Mercy Ships medical  
screening in Cotonou**

Chapter 6  
**Patients and crew: encounters  
in the ward and during outreach**

Chapter 7  
**Crewmembers' connections  
within and beyond the ship**

*This is the Africa I am learning all over again. She is tired and broken, riddled with bullet holes and shot through with despair. Her men sit by the side of the road because they have nowhere else to go. Her women pick through piles of garbage as they seek to find their way again. It is too much.*

*Even so, amidst the darkness, a light is shining. We screen on Monday. The wards open on Wednesday. Hope and healing are coming back to Liberia. And we will remind her children of God's unwavering love.*

- Ali, a nurse on the *Anastasis*, on the eve of a Liberia outreach<sup>51</sup>

## Introduction

---

This chapter opens the third section of the dissertation. It describes the activities that take place on board the ship and offshore, focusing on the encounters between patients and volunteers and the way these encounters facilitate personal, spiritual and physical change. Recognising the ship as an aspirational place, the section goes on to explore the way in which it acts as a catalyst for the generation of hope and change, spinning off into the transformations that are sought and lived afterward.

To start this chapter, I describe the critical first steps to any Mercy Ships outreach: the medical screening. This is where patients are selected for treatment they receive on board the ship. Based on the fieldwork undertaken in Cotonou, I describe the preparation for the arrival of the *Anastasis*, and highlight the hot, stimulating, emotional rush that the two screening days were. Sometimes crew jokingly called it the *screaming*, in reference to the sheer madness occurring when everyone comes together. It has also been described as the Superbowl<sup>52</sup> of Mercy Ships, because in addition to the heady emotions just referred to, those two days at the beginning of an outreach represent crewmembers coming together as a team and the culmination of all the efforts extended.<sup>53</sup> At the screening, individuals with health problems present themselves in the hope of

---

<sup>51</sup> <http://alirae.net/blog/archives/22-relearning.html> (last accessed June 2014)

<sup>52</sup> The Superbowl is the largest yearly event in American football.

<sup>53</sup> Since then, in some countries Mercy Ships has split up the screenings to take place over the course of the outreach or in different parts of the country, allowing them to reach more people beyond those that are able

obtaining free treatment, but the uncertainty of whether or not they will be chosen can be a trying experience for both hopeful patients and crew members who are staffing the event. The chapter closes by exploring the question of how the faith of the crew is sustained and how it is influenced by the scenes and sensations faced at the screening.

### Mercy Ships' advance work in Benin

---

Four to six weeks in advance of the ship's arrival, a small Mercy Ships team made up of three or four crewmembers is sent ahead to take care of preparations. Preparation differs from country to country based on need. For example, negotiations with some governments involve complex discussions that are undertaken months (or years) earlier in order to ascertain feasibility of the mission in that country. Regarding this particular outreach in Benin, I was told that Mercy Ships had wanted and requested to stay for ten months, but was only invited to stay for five months. The berth it would occupy would create a loss of revenue generated by commercial ships that would otherwise cycle in and out of the space. Even during the outreach period that this research focuses on, the ship moved mid-way through their stay from the busy fishing port entrance to a smaller lesser-used quay, which the port officials deemed to be more appropriate (due to the shallower waters where the larger freight ships could not dock anyway). The port is Benin's single largest source of economic revenue, accounting for an estimated 40% of the national budget, and providing 85% of its customs revenue,<sup>54</sup> so the value of the berths to the government is evident. However, placing the amount of health care services Mercy Ships could offer in a given time period alongside the profit made from the container ships docked in the port does paint a stark picture of the hierarchy of values in operation.

Mercy Ships had already established connections in Benin from previous outreaches. This gave the advance team networks to build on for their work promoting, hiring for and planning their stay. Multiple levels were addressed: people capable of translating from English to a variety of local languages had to be hired to work with the medical staff, patients and their families in the ward, as well as with people doing other kinds of work on the ship. Day crew were also hired as

---

to travel and attend the first designated days. It also means people living more remotely and not synced into a church network have a better chance of hearing about the ship and of being screened.

<sup>54</sup> <http://www.state.gov/documents/organization/227340.pdf> (accessed September 2014)

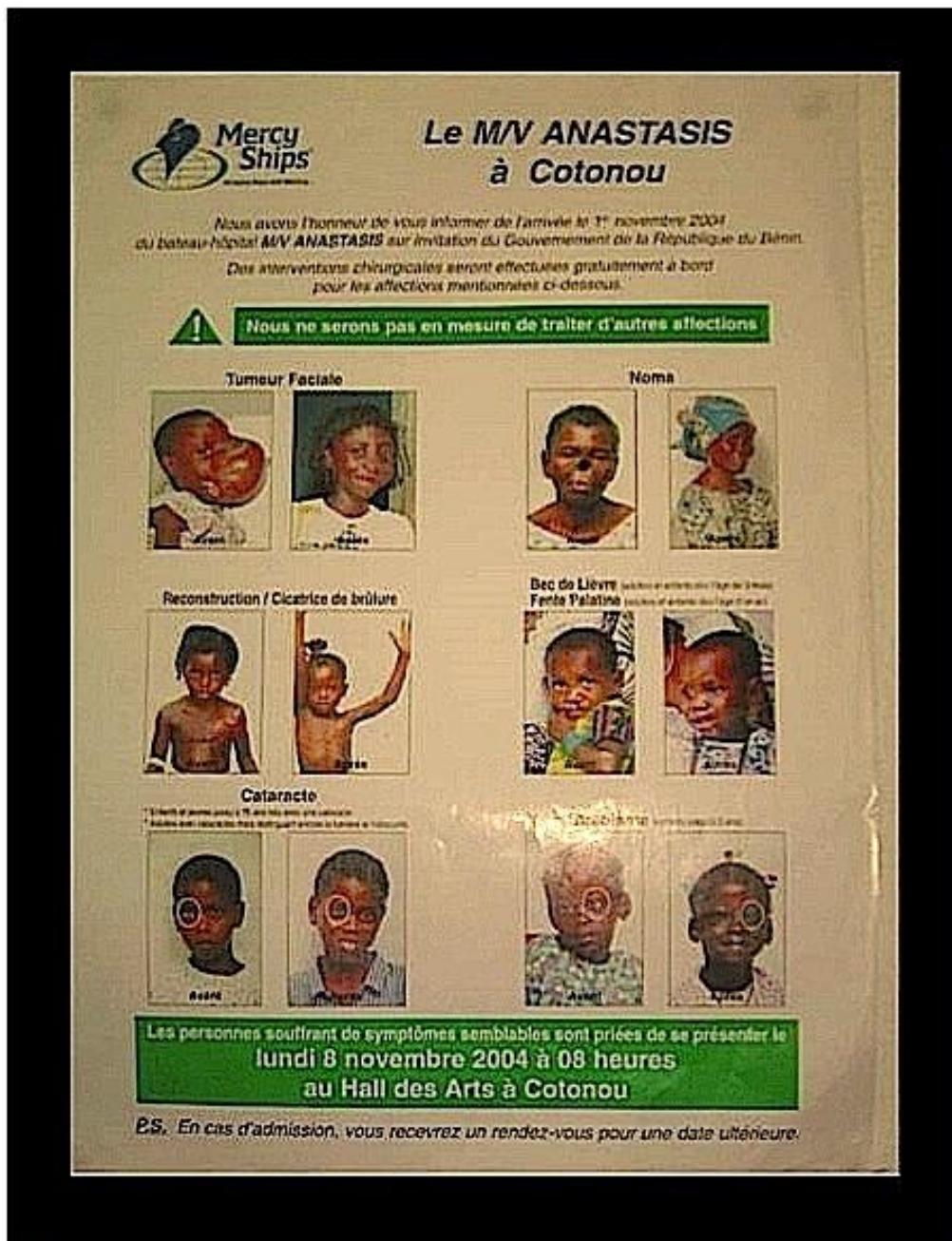


Figure 6 Mercy Ships screening poster for the outreach in Cotonou in 2004, photographed up in Natitingo, 550km north of Cotonou

deckhands for help around the dock and on board. Churches were contacted to help spread the word among their parishes about the procedures that the ship could carry out, the screening date and location. Radio adverts were created and broadcast similarly. Relationships were also fostered with churches for various joint projects. Endeavours were made to establish a spiritual connection to land and to local congregations for crewmembers, who could then disembark on Sundays to attend and preach at services (as Rob did in chapter three). Relationships with hospitals in the north of the country were renewed to arrange for their patients to come down to Cotonou for a special surgery period dedicated to repairing vesico-vaginal fistulas. Posters featuring before and after photographs of Mercy Ships patients were distributed at many of these sites (see figure 6). In addition, local governments, embassies and NGOs were approached to provide information about the upcoming mission and an outreach site was established with the assistance of the aforementioned networks (in close collaboration with a church) and the villages were prepared for the arrival and stay of a team of outreach crew.

During these activities, the team of three lived in a housing compound they rented through a local church. I arrived in Benin a few weeks before the ship arrived and was able to spend some time with the advance team. As I made my way around Cotonou my first months in the country getting an idea of the development and medical landscape there, I found that some people I met had also been visited by a member of the Mercy Ships advance team and they had many questions and opinions to share. Before I passed by their offices, representatives of Médecins sans Frontières (Doctors without Borders), local health NGOs and certain embassies had been briefed. Individuals I was getting to know in Cotonou socially also became interested in the ship once it arrived and its presence had become more obvious. Many of the expatriate workers for aid and development programmes were critical of what they understood Mercy Ships' work to be and sceptical about whether it was a good approach to helping the country and its citizens. I often heard people working in international development and medicine saying that there was something "selfish" about the ship, not least because they did not have the same idea about development work as the ideological views held by the wider aid worker population (this will be discussed further in chapter seven). The tensions between faith and development work, manifested in the secular crowd in the form of their concerns about faith in religion undermining a faith in development, and their strict ideas about how development work should be carried out, were so consistent that the two worlds (Mercy Ships and the secular) seemed to operate in parallel to one another, rather than as one.



With the network renewed and expanded, day workers and translators hired, posters hung and radio spots aired, and the ship sailing into the Cotonou port, it was time for the big focal point of the *Anastasis* visit in any country: the screening.

### The arrival of the *Anastasis* in Cotonou

---

It is a sweltering morning at the Port de Pêche in Cotonou, with little shelter from the sun except from shadows cast by containers stacked on the dock. Passing the bustle of the colourful pirogues and small boats wrapping up their early catch, the pungent smell of fish for sale at wooden stalls, flies being swatted away with swaths of *pagne* cloth, and throngs of clients on motorbikes coming to buy fresh catch, lies a quiet, cleared, vast concrete space cordoned off from the docked freight ships further along down the quay.

The *Anastasis* arrived later than planned after a ten-day sail from a stopover in Tenerife. Engine problems caused a week's delay there, and served as a reminder of the additional challenges – and the added costs – of running a ship as a vehicle to perform outreach activities. I heard from crewmembers that the last couple of days on the ship showed a spirit of eagerness and restlessness for the 321 crewmembers as they sailed nearer to their final destination.

A welcoming crowd of Beninois friends and colleagues of the *Anastasis*, including the advance team, church representatives, past day workers and local dignitaries, had gathered together for hours that Saturday morning to ensure they did not miss landfall and would be able to give the ship and crew a proper welcome. The ship dropped anchor and motored into position, accompanied by the music of two local brass bands. The crowd, chanting and cheering as the ship approached the dock, registered that the ship was approaching too quickly, and at a perpendicular angle, and gasped as things took an unexpected turn. The ship's bow hit the cement quay with a thunderous crunch, releasing a cloud of concrete dust, leaving a large gash in the hull and damaging the front water tank (see figure 7).

Marius, who had been hired by the hospital ship's advance team to assist with logistics and translation, was in the crowd on the quay. After the impact, he began weeping and praying for the safety and protection of the ship and its crew. For him, this accident (during what should have been a smooth, routine arrival) signified the battle that Mercy Ships would have to fight

against the evil spirits trying to gain power over the people of Benin. The cause of the damage to the ship was clear to him: forces were already at work trying to keep the good of God away from the country. I first learned about his perspective on the crash through a letter to the ward staff he wrote and distributed shortly thereafter in which he warned them of their struggle ahead in Benin and encouraged them to keep the faith.<sup>55</sup>

His words resonated with many crewmembers<sup>56</sup>, who also viewed their and the ship's role in Benin as one that extended beyond the individuals they would meet and to whom they would offer medical services. Instead they were part of a larger purpose that spiritually linked them to the challenges felt by those on land. Many crewmembers also cited a historical and geographical link to missionaries who had come before them, or were carrying out their work in other settings.

But in the meantime, there was no time to dwell on this or lose precious moments. The screening was scheduled to start the following morning, and because of the delay in Tenerife, this gave the crew little time to prepare. Essentially, the sea-faring crew had to be mobilised for land-work: clearing customs, cranes unloading Land Rovers to the quay, a debriefing by the advance team, and setting final arrangements into place to launch the screening.

---

<sup>55</sup> As there was a considerable hierarchy on the ship between official long-term crewmembers and local day workers, for Marius to write a letter like this and pass it around was unusual and showed initiative.

<sup>56</sup> A crewmember writes in his blog about another Mercy Ships arrival at the port in Cotonou that did not go as planned, also linking a mishap off the coast of Benin with the supposed enemies on land: "The arrival ceremony should have begun an hour ago, but due to engine problems that have occurred only in the last couple of hours, Captain Tim has wisely decided that it is currently unsafe for the *Africa Mercy* to enter the Port of Cotonou. [...] It's disappointing not to be able to go ashore after nine nights at sea, but we are grateful that the faults were discovered before we entered the port. We are ever mindful that our spiritual enemies are praying against our safe arrival in Benin (this is, after all, the birthplace of Voodoo)." <http://peetfamilyinliberia.blogspot.de/2009/02/day-9-at-sea.html> (accessed October 2014)



Figure 7 The *Anastasis* hitting the quay in Cotonou upon its sail into the port, 2004 © Christoph Baer

### The *Anastasis* Medical Screening in Cotonou

---

*The surgery screening ended early in the afternoon Tuesday, and I moved over to “eyes,” which still had hundreds of patients to screen. I hadn’t had anything to do with them previously. It felt very different over here. While at surgery, it felt like 40% of people were being scheduled, at eyes it was about 10%.<sup>57</sup> A lot of people were being turned away, so I escorted to prayer ... boom boom boom. These were people now that had waited two days and after a 90 second (or less!) consultation with the doctor, often wordless, were informed that there was nothing that could be done for them – corneal scarring, glaucoma.*

*There was a girl there near the prayer station who was begging me to let her mom into the screening. I explained something to her (who knows with what conviction) and declined. She hung around for hours. Later, someone approached me with another guy, and I said no, I can't make that decision, and he said, 'please, if you can help...'. I snuck him in. And if I hadn't been in a crowd and on the job I would have lost it, I had to leave the room. I was*

---

<sup>57</sup> These numbers are not accurate; they were simply my perception on the day. Exact numbers are not collected, as many of those in line are dismissed already before they enter the hall and receive a consultation.

*overwhelmed by this. I had let one guy in and kept another out; somehow I was overcome by this wave of guilt, sadness, and sorrow; a woman will remain blind, or see again.*

– excerpt from my field notes the day after the screening, November 2004

Monday morning, three weeks after my arrival in Benin, I caught a motorcycle taxi to the Halle des Arts, the stadium-like building where the Mercy Ships screening was to take place over the following two days. I approached from the west side, and upon seeing the line of people waiting to gain access to the complex, asked the *kekeno* to drive past the building so I could see how far the line stretched, before turning back. The line continued well past the complex on the sidewalk, around the corner, and once inside the compound looped around in switchbacks to make use of the space. An estimated 3,000 people had come for the two-day screening, lining up already the morning before in order to ensure that they would be seen (see figure 8).

In Benin, the screening passed according to plan, but at least one other screening has been marked with tragedy, as described in the Mercy Ships news release below describing the Sierra Leone screening in 2011. Though the report doesn't go into detail, there was a panic and stampede among those waiting to enter the grounds to be seen by medical personnel, resulting in the death of one person and critical injuries of others.

#### **Report from the field**

Mercy Ships is deeply saddened by the tragic events that occurred today during medical screening at the Freetown National Stadium when a crowd stormed the gate resulting in several injuries and one life lost.

Mercy Ships personnel working at the site attended the injured and accompanied them to local hospitals.

"Our hearts and prayers are with the individuals and families of those affected by today's events. The occurrence of this incident in the course of activities intended to restore lives is tragic. We move forward with tremendous sadness, but great determination, to assist as many people as possible in the next ten months," stated Mercy Ships Founder, Don Stephens.

Mercy Ships exists to serve the forgotten poor and has served Sierra Leone five times over the past two decades, also helping establish two land-based health care facilities. For the next ten months, Mercy Ships will be providing surgeries for qualified patients while working alongside the Sierra Leonean Government to support its five-year healthcare plan and strengthen the functions of the national health system.

Please keep the people of Sierra Leone and the Mercy Ships crew in your prayers, not just today but in the months to come.

If you would like to post a prayer to our wall, please click here.

– Mercy Ships website, 7 March, 2011<sup>58</sup>

---

<sup>58</sup> <http://www.mercyships.org/blog/entry/screening-day-update>, accessed March 8<sup>th</sup>, 2011

The Benin screening was comparatively calm, but it is not difficult to imagine the desperation that some people would feel when faced with the long wait for health care, and the threat of thousands of other people alongside them with the same expectation of benefitting from a limited resource. Sierra Leone has a weaker health infrastructure than Benin,<sup>59</sup> the effect of which may have played out in the panic manifested the day of the screening.

The screening is intended to fill the entire outreach schedule of the *Anastasis* surgery slots with those in need of surgical care.<sup>60</sup> This schedule is tailored to fit the itineraries of the visiting surgeons. Individuals who are successful in securing an appointment card for a future date are slotted in according to when the specialist who can best attend to their procedure will be in the country. This screening captured all of Mercy Ships' surgery specialities, with the four primary areas being: maxillo-facial (including tumour removal and repair of cleft lip and palate), plastic surgery (such as burns), orthopaedic (including club feet and mobility ailments); and eye surgery (mainly cataracts).

The first batch of Mercy Ships crew had pulled out of the port at 3:45 that morning to serve as security – in order to be able to manage the crowds better – and finalise setting up the space. A photo booth for pre-op documentation, data entry stations, the medical lab quarter, examination areas, as well as many other sections needed to be prepared to handle the day's activities. They arranged 660 white plastic chairs and 34 tables. Another round of crew arrived around 6am to join in, with a total of about 100 crew from across many ship departments helping out with the screening. The day before, hundreds of sandwiches had been prepared in the galley to provide sustenance throughout the long day.

When I arrived that morning around 8am, they were already placing people from the snake-like queue winding through the hall, ultimately leading to a section reserved for consultations with the medical staff. I reported to duty and was first given a position as a guard/escort at one of the side entrances, bringing people with appointment cards (already obtained from, for example, a pre-screening up north) into the building. From the crowd, some people were trying to skip waiting

---

<sup>59</sup> Sierra Leone, recently emerged from a civil war in 2003, has fewer doctors per population, and a higher poverty index than Benin: Sierra Leone 0.02 physicians/1,000 population (2010) and Benin 0.06 physicians/1,000 population (2008). Source: CIA Factbook at <https://www.cia.gov/library/publications/the-world-factbook/fields/2226.html>, accessed 17.9.2014

<sup>60</sup> Some treatments are scheduled without this screening, such as for the VVF patients and some who receive follow-up care from previous outreaches. In recent years the strategy has changed to including more screenings, as mentioned in a previous note.

with the thousands of people outside and made arguments to get in – requesting special favours for themselves or their family members. This charged atmosphere at the points of entry and exit resulted in a display of toughness on both sides – security (in the form of crewmembers) and hopeful potential patients.

However, inside the hall, the tension was relieved. Even if a couple of hundred people were still ahead in line waiting to be seen, at least it had been possible to make it inside, easing the apprehension of not getting a consultation with a doctor. Contributing to the reason for panic among some outside is the fact that not everyone who arrives hoping for care makes it through to the inside of the building to meet a surgeon. Mercy Ships medical staff walk the line to do a preliminary assessment of those waiting, and they dismiss any individuals with medical cases in which it is clear to them that the organisation will not be able to help. While there was no stampede (such as the one at the screening in Sierra Leone), the emotions surrounding hope, fear, desperation, pain and need were palpable. Working at the screening was exhausting, hot, endlessly fascinating, stimulating, energy-giving, energy-zapping, and difficult. It felt like organised chaos. Participation involved calling on one's endurance to handle being confronted with many people on the brink of hope and disappointment, through the heat and crowds.

With time, people moved along the line winding across the floor of the stadium hall, closer to the consultation tables that would begin their interactions with medics and ultimately determine whether or not they would be given a small pink appointment card to return to the ship. Appointments were scheduled anytime from two days to four months, which was close to the ship's departure date. Volunteers were charged with the task of tending to the long line of hopeful individuals: handing out plastic cups of water from coolers, entertaining the children with hand puppets and balloons, and even organising skits and sing-alongs in a clearing on the floor.

After shuffling through many different stages of the line outside and inside, potential patients finally reached the registration station, where medical files were created and basic identification details documented by assigned crewmembers. Local translators who were having their first day on the job assisted them. After registration, the candidates moved along to a nurse's station where they gave their medical history, providing detail about the origins and nature of their illness. Following this, they moved on to one of the physician examination areas towards one end of the hall.

Dr. Gary Parker, who had been with the ship almost 25 years, led the surgical team. About five other surgeons were present, selecting – according to their expertise – patients to be scheduled during a period when they would next be in the country and able to operate. (Some surgeries can be performed by any of the maxillo-facial surgeons, but a few of the surgeons have skilled experience within this type of surgery.) The consultations with the surgeons were of varying lengths. Some were quite short, as it became apparent that the medical issue did not fall within the expertise of the surgeons. Others were not offered care because their illness was thought to have progressed to a point where an intervention would be insufficient to prolong life (e.g. a tumour would have been unable to be removed entirely or would need follow-up care that Mercy Ships does not provide, such as chemotherapy). And, some of those waiting in line became patients of Mercy Ships.

A ten-year-old child with a ready laugh that kept the “animators” working along the queue entertained, continued his smiles with the nurses at the information desk once it was his turn. His face near his jowls was dominated by swellings that gave it the shape of a triangle (instead of an oval). His symptoms, it was said, suggested HIV or TB, or something that was compromising his immune system. The nurses discussed amongst themselves, not asking the translator to relay their thoughts to the mother. All patients who are accepted for treatment later undergo an initial screening in another section of the hall, where blood is taken and routinely tested for HIV and other blood values to make sure the person is strong enough to withstand any future procedure. A nurse stuck a needle into the swelling to take a sample and fluid came out: in total, two vials of brown liquid were taken from one side. The swelling went way down, and it turned out he didn’t have tumours, but cysts. A fluid sample was sent on to the lab section for confirmation. This year, the crew was able to perform biopsies on site, replacing the previous method of sending samples off to the UK and waiting a week for the results (though some tests still required sending the sample north).

Another woman had a needle stuck into her neck where she had a large grapefruit-sized protrusion. Two cups of brown fluid were extracted – it kept coming out, filling up the syringe. Ten minutes later, she looked strikingly different. The technician did not remove all of the fluid because the medical staff thought she might not come back for her surgical appointment if she looked the way she wanted to and thought that she was healed; she still had a tumour underneath that needed to be removed. After the extraction she was given a mirror to look at herself, and she

smiled at her reflection. It had been years since she had been able to see herself with a slender, smooth neck, the interpreter said.

Another family showed up holding a plastic folder of photographs, prescriptions and papers about their ten-year-old daughter. Four years ago, they heard about the Mercy Ship coming to Benin on the radio and decided to travel to Cotonou from their village near Abomey, about 120 kilometres north. Natalia had had a growth on the right side of her head, spreading along the area between her eye and ear. Doctors assessed this as a benign neurofibroid, and were able to operate and remove the swelling. With the *Anastasis* back in town, they returned to the screening as the fibroid had grown back since the last surgery. The doctor recognised her this time and said he was pleased that the growth had not returned near her eyelid, obstructing her vision, and offered another surgery after which she would wear a compression sleeve for many hours a day in order to discourage regrowth. This family brought photographs of their last Mercy Ships experience, which they had saved in a crinkled clear plastic envelope: post-operative pictures of Natalia and a series of snaps of a nurse named Dawn that had nursed her through her stay on board.

All the while, patients continued to shuffle through the long line outside and inside, crew continued to escort future patients across the hall and to different stations to get further tests and appointment cards, and the waiting and hoping continued past each of the individual stories on trial for potential treatment in the upcoming months on Mercy Ships. All patients selected for treatment are photographed at the screening, in order to have a before shot to complement the picture taken post-procedure. During this busy time, some crewmembers dealt with the press.





**Anastasis medical screening, Cotonou** Images posted to the Mercy Ships website



Figure 8 Four images from the Mercy Ships medical screening in Cotonou, Benin. The top two show the long lines waiting to enter the grounds and the Halle des Arts.

To personalise the screening narrative sketched out above, this section lays out Alexandre's experience at the screening in Cotonou, framed by his struggle to receive treatment for his condition in the first place.

At this screening, Alexandre received an appointment card to come to the ship later on in the same week. While I did not meet him during my first visits to the ward, Marius had been talking to him during his shifts on the ward and the next time we were on board together he introduced me to him. He was in a small alcove in a wing of the ward with two other young men, Dzifa and Bruno. They were also staying on board for a few weeks while they healed post-surgery. Alexandre healed and waited for subsequent surgeries. During my visits in the following weeks, I spent a lot of time getting to know these three men in their twenties, who also formed a bond during their recovery period together, reassuring each other and waiting through the pain and boredom. Alexandre had a somewhat different story than others about how he finally arrived at the ship.

In 1997, Alexandre heard about the arrival of Mercy Ships in Cotonou over the radio, well in advance of his operation at the CNHU (as referenced in chapter four). He went to the screening and was selected by the pre-screeners to be seen by the surgeons, but ultimately was declined surgery because it was deemed that he would need follow-up radiation therapy after the surgery, a treatment Mercy Ships does not offer.

*"Suddenly, in 2000, the sickness started again and was so dangerous and severe that I could not even eat. Through my suffering, I continued to pray regularly."* Another blister formed over the scar of the previous wound, and things got worse. As his skin was being eaten away, the flesh smelled and he covered his face when he was in public, speaking through the fabric. The young girls he knew used to joke that no one would possibly marry him, and others insisted that anyone who looked like Alexandre shouldn't leave the house.

Five years after Mercy Ships made its first visit to the region, he was again informed by his pastor that the ship would be coming, this time to Lomé. Not dissuaded by his last experience, Alexandre travelled the two and a half hours to Togo's capital and was again selected and underwent a biopsy, the tissues of which were sent to England. However, three weeks later the results were back and Alexandre was told that it would be impossible to operate. He broke down in tears.

*I was very sad and began to lose hope. Back home I didn't tell my family that there was no possibility for treatment. Actually, I told them that I received an appointment card for surgery in 2004 when the Anastasis would be in Cotonou.<sup>61</sup> If I didn't say this then I feared that my mother's health would deteriorate because she was still grieving my father's death in 1997. With hope and faith I prayed daily for God's healing intervention so that His name would not be defamed in my village.*

I think that by telling his family that Mercy Ships had agreed to help him he was not only keeping hope for himself alive, but also responding to a loyalty he felt to the ship by encouraging the idea that Mercy Ships (and God) could cure anything that is possible to be cured. By refusing to acknowledge publicly that Mercy Ships could not heal him, he gave a chance to himself and at the same time upheld the ship's reputation. He gave this trust and faith because the ship was run by Christians like himself, and also because he had been received kindly and openly in spite of his appearance (indeed, perhaps this should not read "in spite of" but rather "because of") unlike other receptions he had had in the past. For him, this was proof that his Christian God was working for him, but he wanted to be able to have proof to present to the disbelievers in his community who were not Christian and did not have faith in his prayer. Listening to him talk about this period in retrospect made it sound like he was willing the organisation to work for him in the future, and at the same time defending the potential success that they could bring about. In conversation, he regularly underlined the connections he had with others and how they were important to him in his life; how much they had helped him. He was careful to point to individuals and specific actions that supported him.

*On November 9, 2004, I went to the medical screening in Cotonou. I met Dr. Tony Giles and Dr. Gary Parker who examined me. I was beginning to lose hope that they could do anything for me. That day I was approved for surgery and placed on the schedule! I was so excited and praised God!*

I remember when Alexandre arrived at the front of the line at the screening, after having waited through the line outside, been selected to enter, and joined the hundreds waiting inside the hot stuffy hall. A nurse had taken his details – name, place of residence, history of his health problem – and he was escorted to Dr. Tony, the surgeon specialising in maxillo-facial cases. I was sitting with another doctor examining a patient, but there was a purposeful silence and activity around Dr. Tony's table that drew my attention across the floor to the other side of the hall. Throughout the day, women with grapefruit-size goitres, children with

---

<sup>61</sup> At the screening, those selected for surgery are given an appointment card that they must show in order to be allowed past security on the date they have been booked for.

burns up their arms, and men with keloids covering their backs sat down in the open-plan space and displayed their problems for all to see. To my eye, it did not appear as though anyone – potential patients or crew alike – was looking or gawking at people with more unusual or dramatic manifestations of illness. However, when Alexandre arrived, screens were brought from another section of the hall to build a shield so that others could not see him take off the mask he had made out of handkerchiefs to cover the bottom half of his face. Dr. Tony called the other surgeons around and each assessed and advised based on their specialty. His blood was drawn and a swatch of cells from his chin was put under the microscope.

There was hushed talk among the volunteers while waiting for the lab results about how this was a man who had tried twice already to get help from Mercy Ships and each time had been turned away. Rumours began to flow about Alexandre. *“He lives on his own and cares for himself, because he has been outcast by the community and has no one to help him.” “He has put himself through school, specialised in physics, and teaches.”* Dr. Tony said, *“It’s a miracle he is still alive... each time I saw him, his carcinoma was in a worse state and I didn’t expect to see him again. But here he is, having sought us out again after being turned away, it’s completely unexpected that he’s alive.”*

This time, Alexandre was chosen and admitted for surgery as one of the first patients to be treated on the ship. His first surgery was four days after the screening and lasted eighteen hours, each surgeon taking a shift to complete the procedure. There was a buzz on board while the doctors teamed their way through the long surgery. Their appearances in the dining hall or in the passageways after having been relieved in the operating theatre by a colleague were noted and discussed amongst crew. Alexandre’s case was selected as one of the more unique situations on board and was written about for internal ship newsletters and external web posts. This first step was followed by operations carrying out skin grafts and other procedures to “fix” his face over a period of three months. He left the ship at the beginning of February, after spending almost three months on board.

### *Spectacle and healing*

---

The Mercy Ships screening harks back to other historical visual descriptions important to the image of Christianity, for example how Jesus healed the sick and fed and prayed with the multitude. This screening also lends the sense of spectacle, with the sense of anticipation that something is going to happen. Many of the healthcare workers involved noted that more

people with disfigurement or illness were seen on this day in Cotonou than in previous years. The promise of a cure drew people onto the streets. This form of in/visibility is what one would expect: people typically hiding their deformities and thereby rendering themselves invisible to the community. (And, when I say this, I do not mean to every community, I believe that often there is a sociality they are comfortable with, as seen with Dzifa, Francine, Alexandre and others, and their wide network of friends.) It is only when they become cured and, so-called “normal” again, that they are seen and visible. It is, I imagine, this kind of *visibility* that those with facial deformities long for. However, it is an *invisibility* that is strived for, as well.

With the screening, a piece of the sociality of being sick comes to light for some of those seeking care. People who have been excluded from many activities they previously could partake in have lost work, lost money, and lost opportunities to get better because of the shame attached to their illness. With this screening, the norms of exclusion are reversed. The disease is made social in order to obtain the help they need, by coming out and showing up at the screening. Part of the treatment, therefore, becomes “showing oneself,” and facilitates part of the healing, which is re-integrating oneself into the social world, a step that Mercy Ships places great value on. The presentation of self, in its first instance, validates the symptoms in a special way here.

Enlightenment spread the idea that Africa and fetish practices used magic to deal with everyday problems and was opposed to ‘proper’ religion, creating an Africa that was ‘out of time’ and opposed to scientific progress (enlightenment and its ideology). However, Mercy Ships affirms what the patients already know, which is that sickness can always be addressed by a combination of supernatural (God/religion) and human technological (surgery, medicines) interventions. As my vodunsi friend told me, Vodun can seal the body from things (curses, infections) that will harm it. The twist Mercy Ships puts on the Vodun practice is that instead of technology (surgery) to close the body, they use technology to open it. They open it to healing and God: the blind see, the lame walk, the deaf hear, the mute speak. In the process, one opens oneself to Christ. Mercy Ships associates sickness with a Christian idiom and symbology. It is a process of becoming (through illness and faith) that affirms an imaginary of self on the one hand in the here and now, and an imaginary of a possible future world. As such, these ideas offer a perspective into how belief systems overlap, affirm and enable possibility.



## What fuels the crew's faith at the screening?

---

*The audience truly Needs. The audience is afflicted with things you and I have never seen in the west. Horrors that sanitation and preventative care and hospitals save us from. Things we have no comprehension of. Things that truly do go bump in the night. Tumors the size of basketballs growing from necks and mouths and eyes and legs. Burns that have sewn body parts together. Cataracts so thick they give eye doctors pause. Cleft lips rendering speech impossible. Elephantitis, Squamous tumors, flesh-eating diseases, the list goes on.<sup>62</sup>*

Scott, the ship photographer, wrote the above passage after attending his first screening in Cotonou. Not a medic, his role was different from the many hospital volunteers in that his technical skills were not called upon for a direct medical response. But how do the medical volunteers get through the experience of being confronted with so many bodies at the limits of their survival and at the mercy of the expertise and resources of their team? What role does faith play in their approach to the hope and suffering of so many that they will not be able to treat?

In a spot of calm amidst the bustle of movements and emotion around us at the screening, I spoke to Gary, the lead surgeon who had worked with the ship for many years. He explained to me the details surrounding a “heart-breaking case” of a young man who showed up at a previous screening in Benin with a malignant tumour that the medical team deliberated over extensively. The surgeon delicately recounted the discomfort and the suffering that this man was seen to be feeling. “*What were you able to do for him in the end?*” I asked. “*Nothing!*” He replied, and as we both shook our heads there followed a pause, before he added, “*Well, we prayed for him.*” Adding prayer as an afterthought shows how complex the simultaneous belief in medicine and God can be, especially for medical staff. It both highlights how in a sense it “didn’t count” in terms of healing this man, as well as how significant an effort it is – more than a gesture on the part of the crew, it was also an active therapy strategy for the sick man.

“*Praying for them*” is, however, also an actual action point in the screening day, not an afterthought. Those who do receive a consultation with a doctor, but are not led through the steps that result in receiving an appointment card, are asked if they would like to pray and be prayed for. If they agree, they are escorted to a more secluded area outside of the stadium where volunteers and translators sit, speak and pray with them. They are also offered local pastoral support, if they would like it. Despite Gary’s comments in which prayer was a

---

<sup>62</sup> [http://www.onamercyship.com/2004\\_11\\_01\\_archive.html](http://www.onamercyship.com/2004_11_01_archive.html) (last accessed 19.9.2014)

secondary measure, putting medical issues in God's hands was a method allowing for explanation and reason to arise from poor outcomes. Magrit (a member of the nursing staff) told a story about two children who were admitted to the ship with the same illness around the same time – one lived, the other died. As she put it: prayer healed the first, the other succumbed to Vodun. Prayer and belief are active instruments, both during and after acute episodes.

Mercy Ships volunteers are not infrequently bewildered and overwhelmed by what they witness at the screening and their role in it. They are not abandoned in these feelings, but rather trained to cope with these emotions. A series of briefings is held on the ship in the weeks running up to the screening, bracing the crew for what they will encounter there. One of the tips that they are repeatedly given is to focus on those people that they can help. To focus on those they can feed and heal and help. When the masses become overwhelming, there are instructions to fall back upon to help push on through and keep attention on the positives of their mission and on the capacities they do have.

The following passage expresses one medical volunteer's experiences that also demonstrates this conscious pulling back, assessing, and mental training to deal with the screening.

*My shift started at 1800 the night before screening. After setting up the building for patients the next day, my fellow nurse Greta and I began screening potential patients in the line outside the gate. As with other screenings, not all the potential patients there were surgical candidates. We discussed headaches and acid reflux, basic wound care and how to determine when antibiotics were needed, and I spent at least 15 minutes trying to explain to an elderly man in a car why his swollen legs really meant he needed medical management and oral medication instead of surgery. It was an early morning of heartache, and there are some that I told no whose faces will stay with me forever.*

*We are not called to fix all the medical problems of Guinea. Without a surgical screening it would be impossible to choose the ones we can best help. There is no denying that many we saw needed medical care we could not give, and to leave so many suffering makes me angry at the injustice - the disparity between those who have access to healthcare for the smallest problems and those who cannot afford care even in emergencies.*

*As painful as it is to say no, it is just as joyful to say yes to the man who has been waiting for the last few hours and the last ten years to hear "yes, we can take this tumor off of your face." To see the children with leg deformities who will be able to walk again, the bent and twisted that will become straight, and the blind who soon will see. We are a surgical specialty hospital, and tomorrow morning the healing surgeries will start. My prayer is that even Sunday [a potential patient], even with those we could not*

*physically help, that the healing has already started.*<sup>63</sup>

“Focus on what we can do,” I heard this again and again, as an approach to the only way to get through it. Other posts, other passages in books, in interviews, in one-on-one discussions, expose the frustrations crew feel with God, saying it is ‘difficult to see the Lord’ when confronted with the strife in the Middle East, or deaths and suffering from natural disaster, but, ultimately, action, prayer, and being a part of it in at least some capacity are all they can do – it is at least something. The line “*We are not called to fix all the medical problems of Guinea*” is also revealing, in that it provides accepted boundaries and limits as to what the mission of the volunteers is. Instead of being discouraged by the immense suffering they encounter, their work is cordoned off. Manageable goals are established, and hope and faith can be restored.

*The Starfish Story* was sometimes referenced in conversation as an allegory to both make sense of and give reason to the volunteer work. Here it is as framed by Susan, Dr. Gary’s wife and an executive assistant on board, referencing a memory shared with their daughter Carys.

*This past December we spent some time at the beach with friends. And one afternoon as Carys and I walked along the shoreline, we came upon a stretch of sand littered with starfish. The tide had receded leaving them high and dry and as the story goes, if you leave starfish to bake in the sun they won't survive.*

*So, Carys began to throw the starfish back into the sea one, by one, by one. And in the original story at some point, an old man, who had lived long and gathered much wisdom would amble by, and upon observing her efforts, say something like this: “You know, there's really no point to what you are doing. No matter how many starfish you return to the sea, and no matter how long you're willing to persevere, you will never get to them all. Don't waste your time, because in the end it just won't matter.”*

*And without missing a beat, as she bent to pick up one more starfish, Carys would say to the wise old man, “Well sir, with all due respect, it matters to this one.”<sup>64</sup>*

This story speaks not to the value of individual medical efforts, which are clearly important for each beneficiary, but more largely to the infrastructure and vehicle of which the volunteers are a part. If following the example of Jesus is a central tenet to the Mercy Ships creed, then

---

<sup>63</sup> <http://nursingadventuresinfaith.blogspot.co.uk/2012/09/0-false-18-pt-18-pt-0-0-false-false.html> (accessed 24.09.2014)

<sup>64</sup> <http://doingmercy.com/the-starfish--a-new-pair-of.html> (accessed 26.09.2014)



doing what one can – even if it is not at first glance systemic or far reaching – is without doubt the way to go.

I say at first glance, because many Mercy Ships volunteers assign value to their work not simply in terms of individual medical acts and people operated on. The value is also the enactment of their faith, showing love, demonstrating the Christian love; the effects go well beyond the statistics printed at the end of each mission. In this sense, the screening is everything – it is the Superbowl of Mercy Ships – because it sets up the statistics to be broadcast and paraded out in representation of each mission outreach; but it is also just one small piece of the puzzle where the aims are to show love and kindness to others, and to keep the faith as an act of reaffirming one’s belief in God.

## Conclusion

---

In this chapter, an important event in the Mercy Ships outreach was presented: the screening, a transformative event for many patients as they were either selected for, or turned away from, potentially life-saving surgery. For the crew, it is an event that, along with surgery, embodies the purpose of outreach – that is, to execute their instruction from God to spread love and acceptance through their work. It also challenges their own limits and understandings of the motivations of God, and as an exercise forms part of the process of defining who they are and what their faith means as they continue to serve with Mercy Ships. One of the criticisms I encountered from other development workers was that the crew can “play God” at the screening, practically choosing who will live through healing or who will live (or die) without it. But crew struggle with this aspect themselves, and many come to make sense of their role as carrying out God’s will and the responsibilities this entails.

For patients, the screening is the most crucial step to knowing whether or not manageable, affordable, specialist health care will be within their reach. The screening mobilises resources and is the face of Mercy Ships in many of the places it travels to; a calling card for the medical care it offers.

Now that we have seen how patients and volunteer staff meet at the screening, let us turn attention to the next step: medical treatment and surgery on board the ship. In so doing, it will become apparent that staff and patients come to the ship under different economic, religious and social circumstances – with similar but different trajectories that are not neatly

aligned. In the next few chapters, the medical and social encounters are analysed, exploring the links between healing and medicine, religion and the invisible, and the hopes for larger betterment and its limits.

*Yesterday, close to the end of my shift, the OR [operating room] called for their next patient [a man whose tumour had started to grow back and needed a second surgery]. We went through the checklist a second time with the OR nurse, and when we asked if he had any last-minute questions, his response was quick. **God will take care of me. I am ready.** We bowed our heads, laid our hands on his shoulders and prayed for him, and as he disappeared through the door, his nurse collected his flip flops and we turned to go back to the ward.*

*When I realized she wasn't following me, I turned back to find her leaning against the wall, tears filling her eyes. **That's the first one, she told me. That's the first time I've seen that part.***

*I looked over at the worn, wooden bench, the same bench that stood outside the operating rooms on the Anastasis. Every patient who has ever received surgery on either ship has sat on that bench, been prayed for before they walk through the doors and into the promise of their new life.*

*It's not just a job. That new nurse reminded me of that yesterday as we stood together in the hallway and cried. It's not just a series of tasks to be completed, a list of things to be checked off before I can come back to my cabin and rest. Stacia, one of the other team leaders, calls the hospital hallway the **Hallway of Hope**, and she told me yesterday that she cries for joy every single time she brings a patient down it to sit on that bench.*

– Ali, from aboard the Africa Mercy<sup>65</sup>

## Introduction

---

This chapter explores the interactions between Mercy Ships crew and patients in the ward on the ship and off-ship in other activities. The first part of the chapter considers the suggestion by patients and crew that the healing space on board is different from other biomedical settings in Benin. With reference to a variety of case studies, it is argued that this is, indeed, the case. Care on board the ship is framed through a social and spiritual approach that is not present in typical hospital settings in the region. The second part of the chapter concerns the medical and non-medical interactions that crewmembers have with the local population they are engaging with during their outreach work. The barrier between the ship and land shapes the nature of crewmembers' experiences, with these encounters being influential in creating the meaningful interactions that fuel volunteers' personal understandings of their role in West Africa and on the *Anastasis*. These ideas are further elaborated in the third part, in which the affective infrastructure of Mercy Ships is reflected upon.

---

<sup>65</sup> <http://alirae.net/blog/archives/585-new-eyes.html> (last accessed September 2014)

Above all, the chapter demonstrates that the encounters on board Mercy Ships are framed by faith and care, and that boundaries are constantly negotiated between locals (patients, day workers and other acquaintances) and the volunteers.

## I. Interactions and encounters between patients and crew in the ward

---

### *Daily life in the ward*

---

For the guards to allow visitors to pass into the quay area where the *Anastasis* was docked in Cotonou, visitors had to present a valid Mercy Ships ID, a dated patient appointment card, or a pink visitor's slip. Just outside the ship is a registration centre under a white tent populated by wooden benches, tables and white plastic chairs. (Some tasks can be done right there in the tent, like changing a bandage or taking blood, while others need to be completed on board). Patients who received appointment cards at the screening arrive and register on board the day before surgery (in some cases a few days before) in preparation. Patients must pass tests at screening that determine them to be fit for surgery, such as being negative for malaria, HIV and pregnancy. These tests are performed again upon admittance to the ship ward. Some people (often infants and children) are given contingent appointments for surgery and instructed to gain weight so as to be able to cope with the anaesthesia and procedure.

The area designated to medical care is a few floors down in the bowels of the ship. Since it is out of sight and off the beaten path on board, crew working in a non-medical capacity can feel very removed from the primary purpose of the ship. On arrival, patients are led through the lobby and downstairs to the medical area, the only area of the ship many of them will see during their stay.

Each patient coming on board is asked to keep their personal belongings to a minimum and is given a small bag containing a toothbrush, toothpaste, towel, soap and a mirror. These items are, in a sense, equalisers, as the crew cannot be sure that patients are in possession of them or could afford to buy them, but they are considered necessary for routine personal care. The mirror has a special function, especially for those with facially disfiguring illnesses – this is the mirror that they will use to see themselves the first time after their bandages are removed post-surgery.

After stepping on board, many patients will not see their family or friends for the majority of their time on the ship. Visiting hours are strict, and require guests to have obtained a special pass before the patient's arrival. Spontaneous visits to the ward are virtually impossible. Children are required to have a caretaker on board, and he or she typically sleeps on the floor (beside their beds) in the shared room, taking care of their needs throughout the days and nights.

The lack of privacy in the ward was at first striking to me, but when I later started ethnographic fieldwork in hospitals in Benin I learned how this was perhaps the one thing on the surface that the Mercy Ships wards really had in common with the wards on land. They were white, clean, more cushiony and comfortable, but the U-shaped room of the ward was also the place of recovery for all patients on board. Very rarely could a curtain be pulled around the bed of a patient. In other words, all consultations, conversations and any other business was normally carried out within ear- and eye-shot of the other patients. Consideration was given as to where to place patients for their recovery – near those they might get along with, or those requiring care from the same nursing team – but in general patients were mixed up by age, sex and illness. This meant that they were in different stages of treatment, suffering and recovery together.

At only one point during each outreach does the ward constellation change: when the ship's surgery schedule is blocked off for VVF surgeries, and only these women are treated during the three-week period on board. This period had a special bonding element to it: crew referred to the strong relationships the women formed with each other over the course of their stay. Mercy Ships had a new dress tailored and presented to each woman at the end of her stay on board, and that group's members were photographed together, as if they were a graduating class.

For patients and visitors, the ward proved to be a small universe to get used to – different practices had to be adopted to fit in and to please the nursing staff, while being cut off from the usual network of friends and family. Cell phone reception was weak in the belly of the ship. Moreover, when I initially started fieldwork, cell phones were not as ubiquitous among Mercy Ships patients as they are now. Patients came into a 'new world.'

The rules imposed with regard to hygiene, for example, accentuated the feeling of being in a different world from day-to-day life on land. Issues surrounding food and hygiene also proved to be an important nexus for practices and beliefs. One humorous instance touching

on both themes involved a girl and her caregiver (her grandmother) eating lunch with their hands. The translator and Marius told the two of them not to eat with their fingers and to use the fork provided instead. The ward was full of germs and they could get sick using their fingers. The meal was French fries and scrambled eggs – a standard food to be eaten by hand, just as mushy foods like *pâte* and sauce are eaten. At home, or in most *maquis*, two buckets, a pitcher of water and a mini-sachet of laundry detergent (or some variation of this) would be presented before meals to wash one's hands. But these were absent at meal times on board. There, the ward sink would be the place to wash one's hands, but ward visitors did not make many trips to the sink, reserved for the medical staff, thus forks were provided. Another sink in the ward for patients was generally used exclusively after using the toilet.

The translators gave the girl a little lecture about how it was dirty to eat with her hands and that she would get diarrhoea if she did so. The elderly caregiver was reprimanded: “*How can you let her eat like that?!*” Later, I glanced over and the caregiver caught my eye – she was quickly pressing the food into her mouth with her fingers, when she thought no one was looking.

Patients learn to endear themselves to translators and nurses in order to sweeten their stays and get preferred treatment. Some tactics are quite brazen. One patient, an authority-heavy middle-aged woman, for example, was displeased with the food served on board and within a short time of her admission to the ward worked out a system to have her own supply. She arranged with a translator in the ward to stop at a Nigerian market before her shift and bring her particular food, as is done in the local hospitals, or to even cook it herself at home. When that translator had a few days off, she connived with other translators trying to find another means of entry for her preferred food on board. Most nursing staff pretended not to notice, even though eating meals brought from outside was discouraged, for reasons of control, equality, hygiene and simplicity.

It is no surprise that food provides many examples demonstrating patient adaptation to both life on the ward and their altered states of health in the post-surgery period. Patient meals were different from crew meals – efforts were made to make them appeal to a local palate, and in Benin this included the provision of beans, manioc, fish and couscous. However, individual tastes and preferences varied, and meals, such an important affair of nourishment and pleasure in the day, were a significant sign that patients were away from home and away from the autonomy they might otherwise have over what they ate. This is just one element of control they had to give up, first in experiencing the control the illness had over their body,

and then in seeking its healing with Mercy Ships and other outlets. Eating and sharing meals is also very social, and meals were at least shared here on the ward. As Marius told me “*If you want a Beninois to speak, feed him, and he will tell you everything.*”

Dzifa, always particular about what he ate even when at home in Lomé, struggled on board with the meals offered, eating purely to give his body calories to work with. From Alexandre’s stay on board, I have kept little slips of paper documenting our communication during the periods he was unable to speak – full of questions about the World Cup football scores, notes about what he had eaten that day, and requests for yogurt and other soft and fluid foods that he was allowed.

### *Monotony and distraction*

---

Recovery can be quite monotonous, amplified by the fact that patients are usually far from home and away from familiar surroundings. This distance, augmented by strict visiting policies, means that some patients do not receive visitors. For these patients the distractions offered by the ship are especially welcome. The *Adopt a Patient* programme pairs crewmembers with patients, giving them a dedicated individual who will visit them, bring them treats, sit at their bedside and make small-talk (normally with the aid of a translator) and sometimes, depending on the patient’s health, take them up on deck to get fresh air and walk or play with the children’s toys. Not every patient is assigned a crewmember through this programme, but efforts are made to match crew and patients for all stays longer than a few days.

Some entertainment is provided on the ward. A television is attached to the ceiling in a corner of the ward and movies or children’s cartoons are sometimes screened. During the Christmas period, the ward was decorated with a fake tree, tinsel and cut-out Santas, and a series of Christmas films were shown (for example *How the Grinch Stole Christmas* and *Miracle on 34<sup>th</sup> Street*), albeit in English, so comprehension of actual plots on the part of patients may have been patchy.

Then there are fellow patients, who, for better or worse, are impossible to get away from, and serve as distractions and focal points. During my fieldwork the year after the Benin outreach, I attended quite a few reunions organised by former patients – generally inviting some fellow patients or day workers along to a birthday party with family and friends. For some, these

were bonds that lasted well beyond the ship, but I also had contact with patients who did not see anyone else from the ship again.

The ship pastors come through the ward on rounds regularly to sit with patients and talk things through with them. Church services are also held on some Sundays in the ward, which patients were able to follow from bed. In general, though, I found the religious under- and overtones to the ward to be muted, considering the high profile it carried on the upper decks amongst the daily life of the crew. And yet, onboard care had a special character that set it apart from care in other wards across the region on land.

### *Onboard care: soul-care*

---

Medical care on board was characterised by both the technical competence of surgeons and nurses and by a social approach that was perceived to be kind and personal. The following examples illustrate this point.

One afternoon, I spoke to a 60 year old man on the ward. He had keloids, which had developed across his body since a car accident on February 28<sup>th</sup> in 1966. Each year on February 28<sup>th</sup> he celebrated being alive, he said, as he almost died that day. Over the last 40 years, he had been in and out of a lot of hospitals in Benin, and in none of them had he been treated as much with smiles or like a human being, in the way that he was on the *Anastasis*. He said that the care he received on the ship was exceptional compared to that which he was accustomed to locally. “*The nurses here are genuinely concerned about you,*” he said. “*They look you in the eye and take the time to treat you and talk to you.*” He wished all medical personnel in Benin would be sent to Europe to have further training in psychological care and empathy after completing their technical training (in Benin).<sup>66</sup> As a further example, he cited a hospital in Lomé run by two *yovo* doctors. A patient arrived there (he didn’t specify with what ailment) and was healed as soon as she was taken in. He said it was because she had finally been accepted by people, instead of being looked down upon.

While this was not the only perspective I heard, it was a frequent one. Sometimes when I asked patients or their families about why they thought the care to be special on board, I heard

---

<sup>66</sup> I think it’s interesting here to note the areas of expertise he attributes to the two continents – Benin had adequate technical and medical ability, but Europe was for the interpersonal care aspect. Outside of questions of God, this was a more unusual point of view. Europe was often broken down into the stereotypes of various countries, at least as far as the French were concerned, and warmth was not typically seen as their signature strength.



that it was about God being with the crew; that they were acting out of love. One day, I spoke to Francine's father (who was “*un peu*” Christian and did not go to church), about a similar topic. We had been talking about Francine's surgery and recovery and I asked him what he thought of the ship when he went to visit her on the ward.

Papa de Francine: *Life was pleasant on board, we went to church, they spoke to us about everything – everything that was happening in the world and happening on the boat itself. Especially the director of the ship and his wife, they were very kind to us... if only I understood French... really! They do everything to make sure that the inhabitants of the boat are comfortable.*

Isa: *What do you think of a boat as a hospital that travels from one country to another to heal sick people?*

PdF: *The work on this ship is very surprising to me. I don't know how to express my joy about it, but all that I know is that these are people of God. Because one often says that God exists, and it's mostly in this that I can recognise that God exists. If I were a wealthy man, I would show my appreciation in some way.*

Isa: *Can you find that sort of thing here [in Lomé]?*

PdF: *I've never encountered anything like it here. Here they help you today, and insult you tomorrow.*

Isa: *How can you explain the love on the ship then, and the love in your surroundings here? [This “love” had been referenced previously in conversation.]*

PdF: *It is the will of God and the love of God that is inside of them. The world here knows God only halfway, but people on the boat have God inside of them.*

It's interesting to me that he readily attributes their actions to God, even though God does not feature centrally in his own life. Francine's father says that “if he were a wealthy man he would show his appreciation in some way,” while if he were a wealthy man, his daughter probably would not have ended up in Mercy Ships' hands, as the tumour would never have grown out of control in the first place. But also, the care she would have received elsewhere in Benin or Togo may not have had this underlying element of love, even as a rich man. In recent years, humanised care and patient-centred care are achieving an increased profile in public health efforts in Benin and elsewhere in sub-Saharan Africa, as international charters draw attention to the social component to the quality of care, beyond materials and technical skill<sup>67</sup> (Fujita 2011).

Other patients also expressed their gratitude for how well they were treated on board. The exchange of email addresses upon discharge is one example of how the relationships formed

---

<sup>67</sup> One reason that the social aspect to medical care is receiving increasing attention is because of the idea that poor provider-patient relationships act as a deterrent to accessing health services when these services could save lives.

through the medical and social care was important to both patients and crew. Patients especially expressed the value of personal connections to particular individuals.

### *Prayer and surgery*

---

The passage at the beginning of this chapter, describing the moments before surgery, highlights one of the critical episodes for each patient. Patients submit themselves to the care of medical staff for the act of surgery, as all of the convoluted steps and emotions encountered on their health care path fall to the past. Before the patient enters the operating theatre, the medical team asks the patient if they may pray together, to bless the surgeons and the procedure. This act only takes two or three minutes, but it slows the activity down to create a pause before focusing on the medical procedure.

While prayer may not be a part of an individual patient's regular practice, the enactment of this creates for some of them a perceived bond with the health workers. Many are fearful of the surgical act and for some this has even been a reason for the delay in treatment. Philippe, for example, was so nervous about the operation to remove the cyst on his forehead, he questioned keeping the appointment that Mercy Ships had given him during the screening up until the day he came on board. He worried about not waking up again after anaesthesia, and thought it could be better to keep the cyst rather than risk a sudden death.<sup>68</sup> He said that the pre-surgery prayer relaxed him. It was not only the act of prayer, which he performed on his own as well, but also the fact that the operating room team wanted to pray together which made him feel as though they had his best interests at heart; that they cared for him in a way that he understood. For those patients I spoke to who were Christian, praying together instilled confidence in the team, aside from asking the Lord to watch over the operation.

Individual prayer and faith was also important. Before Francine's first surgery, she had been nervous about the operation. Here she describes her first evening on board:

---

<sup>68</sup> In some circles, surgery is feared as much for what is known about it as for what is unknown. For example, opening the body (for example during a C-section) is said to allow a place for bad spirits to enter the body. Anaesthesia, which renders you unconscious, can also invite your soul and body to be taken over by unwanted spirits. Influencing understandings of surgery and anaesthesia in these settings, is the fact that frequently procedures are performed as a part of emergency care, things don't always go according to plan and instances of deaths on the operating table are known and passed around (Lange and Kanhonou 2013).

*I felt good because they welcomed me onto the ship well, but I also had to reflect a bit. I went to wash myself, and once back in bed for the night, I told myself: if it happens that I die here, or not, I can only thank my God. I was scared.*

### *Tensions below deck*

---

Some tensions did arise below decks between crewmembers, day workers and patients as roles and boundaries were probed and questioned over time. I became aware of the complaints of a few of the translators in the ward who were grappling with the amount that they were paid for their work. Day workers were paid a ‘stipend’ of 2,000 CFA per day, intended to pay for transportation costs with perhaps a bit of spare change remaining. This arrangement was made clear to the day workers upon being hired, and as far as the translators were concerned, those that I knew were Christian and viewed their time with the ship, at least in part, as a service to God. Taking on this job was better for some than being unemployed, however, it also took them away from potentially better paid work. Shifts were irregular including mornings, nights and weekends, so it was difficult to be able to honour other work commitments on the side. Also, Mercy Ships offered a temporary contract, and no stability for future employment. In Benin, individuals who were qualified to translate between English, French and local languages generally had undergone further education which potentially would have remunerated them with better-paid jobs elsewhere. While it was understood that payment was already a compromise and a gesture, considering that crewmembers received no pay and even had to pay to work on board, resentment grew among some day workers who felt exploited for their services by the ship and treated as second-class citizens by crewmembers.

An ever-present issue was the contrast in circumstances between the day workers (Africans), who were living in a poor country and taking on “free work” in the name of the Lord, and foreigners (*les yovos*, though not all were white) who had to pay, but in exchange received food and accommodation for their work, and importantly, had the potential to tap into opportunities for sponsorship. In general, the translators did not have access to sponsorship. As capable adults in their communities, they were expected to make their own living and support their families and networks, rather than the other way around.

Beyond finances, romantic feelings also offered an arena for problems on board. Each Mercy Ship since inception has been dubbed the *Loveboat*<sup>69</sup> because so many couples meet and

---

<sup>69</sup> Loveboat makes reference to the popular American TV show by the same name in the 1980s and 90s about a cruise ship full of stories of romantic intrigue.

marry on board. These romantic inclinations are not only among crewmembers. Day workers also fall in love with crewmembers, and vice versa. These flirtations are frowned upon by ship officers, and create some tensions in dynamics on board if the feelings are not reciprocated. It goes without saying that relationships can become awkward in a setting where one works, eats, prays and lodges together, especially if unrequited affections come into the mix. In these circumstances, a hierarchical element also comes into play, with crewmembers – generally the more solid and stable in the dalliance – frequently being seen as having the upper hand, and at least in the skirmishes I witnessed, also took the lead in stopping things from going further or breaking off the romance. On one occasion, I counselled a day worker I got to know quite well through the heartache of a dashed romance with a nurse, who I also knew well. Things had seemed so promising to him: getting the job on the ship; months of flirtation in the ward working together; special assignments undertaken by just the two of them which enabled them to get to know each other better over long, deep discussions about their families and dreams; an intense, illicit kiss in the young woman's cabin while her roommate was away; and then the confusion, doubt, and questioning on her part that led to long, conflicted discussions that brought the liaison to an end. Such is love, but the framework the ship provided meant that the overall fantasy narrative constructed around its encounters inflated these visions and hopes. When hopes were dashed, the experience became one framed by the discourse of inequality between the crew and local staff. One year later the nurse married a fellow European crewmember, after having undergone a similar (but ultimately very different) romantic journey with him.

In general, patient, day worker and crewmember relationships were harmonious within the confines of the ship, and aided the creation of a healing environment. At times, there were small disagreements about obeying written and unwritten ship rules, and about a few patients who had special requests or who tried to bend the rules in terms of privileges on board. As there was often a language barrier, this in turn exacerbated some communication issues but alleviated others as translators mediated them and, indeed, some things got lost in translation, which avoided problems.

At times there were tensions surrounding the boundaries between the relationships of patients and medical staff. One notable example of this involved Alexandre:

After his operations, the pain associated with the spreading infection stopped, but, Alexandre said, beauty was still a matter for the future. I actually never saw Alexandre's full face when I visited him in the ward of the *Anastasis*. His face was bandaged, but even then at times he

wrapped a scarf around his neck, wore a hat on his head and a handkerchief tied behind his ears, the triangle falling underneath his nose to cover his cheeks, mouth and chin. During that first period it was only through photographs given to him by *Anastasis* crewmembers and questions I asked Alexandre and the nurses that I learned that he had a large growth on the back of his head and that the tumour had also grown from his neck. To eat and drink, he would push the handkerchief to the side.

His physical therapy included the task of sliding the flat side of Popsicle sticks into his mouth, to exercise and widen the mouth the surgeons had created. By the time he left the ship he was up to five Popsicle sticks, which required an effort to keep in place and from collapsing back into his mouth. I found it remarkable that in order to save his face - and, ultimately, his life - the rest of his body was offered up. He had skin grafted from his arms and thighs to replace the infected flesh that was cut away from his face. His body was a patchwork of ridged skin and different coloured slices at varying stages of the healing process.

In any case, after going through three months of surgery, healing and living on board the *Anastasis*, he was discharged in February and planned a return trip to the ship the following week in honour of his birthday. He turned up outside the white tent in the morning, excited, with a homemade cake and a speech prepared, thanking the crew for their dedication and love, hoping to share the celebration of another year together with them. However, things did not roll out as he had planned. First he was denied entry on board, because even though he had scheduled the visit with the ward, the message had not been received by the gangway security. Eventually he was allowed on board and into the ward but he was greeted perfunctorily, only one or two nurses stopped to listen to his speech reading, and when he asked for a bowl of yogurt during patient snack time he was told it was just for the patients. Marius, who witnessed this episode during his shift, said it was heart breaking, but more than that, he was upset with the manner in which the nursing staff chose to treat Alexandre upon his return.

The event above reveals the different expectations of patients and crew. Alexandre hoped for simplicity and unity in the relationships with crew: he was coming back home to the ward where he had spent day in and day out with the nurses, experiencing a life-changing transformation with them. For the nurses, Alexandre had moved on and new patients had taken his place – the healing act was beautiful, but it had been finite and had had its time and place.

A nurse who had been on the ward that morning told me his expectations had been ‘inappropriate.’ Alexandre only once expressed his disappointment about this day, shortly after the event itself. It was never spoken about again, and I learned with time that Alexandre rarely verbalised his disappointment, even with all the difficulties, slights, and challenges life threw in his path. Yet, even if they were not articulated, the empty spaces devoid of joy and ease were palpable at these moments.

These sorts of instances highlight the margins between crew and patients, between land and ship. They were often fluid, but circumstances, ultimately, were different between the two groups and boundaries were constantly negotiated. With hope, disappointment and anxiety being present in the establishment of the relationships, the tensions that arose between individuals and groups is not surprising.

All of this creates a particular encounter that has an impact on the healing experience and subsequent events. Being away from family, amongst strangers, in a strange environment and learning one’s role and how to communicate with nursing staff and other patients contributes to the form one’s healing experience takes. All of this is exacerbated by the anxiety and emotions surrounding treatments, doctors, and medicine and the physical transformation patients go through. This includes the difficult, usually trying, medical act; the pain; the physical therapy; the bandages; the morphing wounds. All of this forms a pocket away from usual reality; a place of healing and transformation for patients. These scenes also influence crewmembers’ mission experiences, which will be expanded on in the next section.

## II. Missionary outreach and relationships with land

---

For most crewmembers, working on a ship was a form of missionary work that kept them at a distance from the people they were trying to reach. As described in the introduction to this dissertation, the historical precedent for such medical missionary work involved living within or nearby communities. In the case of Mercy Ships, the physical body of the ship formed a barrier between crew life and the outside world. This is not a unique condition to living on a ship. Different social and ethnic groups are regularly separate and separated from each other, without such tangible barriers. While working for NGOs some expatriates choose, for example, to live in climate-controlled houses behind big walls and navigate the streets in hefty 4x4s with the windows rolled up. In the instance of the ship, the borders are even less porous than in other contexts in West Africa. However, the physical barrier that living on the

ship provides can be interpreted in two ways: one of division and one of explanation. The ship provides a logic for living in an expatriate fashion: housing the medical functions on the ship means that one is not expected to integrate on land nor can one's lifestyle be scrutinised in detail from afar. The choice to separate oneself and live in this way makes sense to some outsiders who might otherwise be critical as integration is not possible given the structure and dynamic of medical aid delivered via hospital ship.

The next part of this chapter discusses crewmembers' perspectives on their relationships to patients of the ship and the local population in general. The living-apart element is one of the factors that shapes people's experiences on board and, in turn moulds their personal understandings of their place in the world. The section also shows that it is not only the crews' physical location, but also their placement vis-à-vis the bodies and spirits of their patients and target outreach population that help define and clarify their own path towards making sense and meaning of their experience.

### *Embodiment of disease*

---

The bodies that crewmembers encounter have a significant impact on their emotional experience and technical skills while serving with Mercy Ships, in at least three distinct ways. First, there is the embodiment of illness which leaves an impression even on medical staff accustomed to dealing with bodies in many states of decline and disability. One sort of narrative with which the *Anastasis* medical crew refers to its patients on the ship is the following:

*I'm a professor of surgery at Guy's Hospital in London, but I hadn't operated so intensively and for so long since I was a young houseman [intern], and I loved it. To slow down was unthinkable... Daily, people streamed up the gangway for plastic surgery and eye treatments – infants born with cleft palate, faces bulging with tumours, children grossly disfigured ... people of all ages blinded by cataracts. For many, the Mercy Ship was their only hope. (McColl 2002 as quoted in Stephens 2005:1)*

Although only one person's opinion, I include the above excerpt as it articulates clearly the embodiment of disease for this crewmember: the people *become* the disease, *bulging* to the world their unchosen status, seemingly unable to be anything else. He could not stop working on them. This type of narrative is quite common among the public relations arm of Mercy Ships, but it also plays out with medical staff: the physicality of these illnesses can often be overwhelming.

Secondly, as Lord McColl's statement indicates, the actual act of carrying out surgery and treating people in such difficult conditions can be a unique challenge on the medical front. Medical staff have spent years training and practicing, but encounter conditions that they had not ever seen before. The experience of an eye-doctor, John, illustrated this:

One of the perks of his job, John found, was the chance to see medical cases that he would never otherwise encounter in the United States. He described the sense of success and elation he felt when he was able to remove a thick cataract – as thick and dense ‘as a dime’ – and change a person's life. I spoke to him one evening shortly after he had completed his last surgeries of the Sierra Leone outreach, and he remembered one ‘case’ in particular that he felt embodied the real satisfaction and motivation for working aboard the *Anastasis*. It involved an old man whose vision had been deteriorating for decades and who had been completely blind for the last five years. As John said, “*The man was carried in piggy-back by his son and was able to walk out again on his own.*” The chance to give him back some independence and the joy of seeing the world again made it all worthwhile. Other surgeons also commented on the uniqueness of the Mercy Ships opportunity to perform advanced surgeries on complex disfigurements in a well-equipped, well-run setting that otherwise would have been impossible.<sup>70</sup>

The sentiment John evokes leads into the third area: a heart for the work. In an interview for a special feature that the US news magazine programme *60 Minutes* did on Mercy Ships, Ali is asked about her decision to practice nursing in Africa. She responds, “*I could never be a nurse back home anymore. I could never go back. There is just this sense of real community that I would really really miss if I ever left.*” The interviewer comments, “*You know, there are some people watching this interview who are saying to themselves ‘I could never do what she does. Those poor people are terribly disfigured. I can't look at them.’*” Ali then says:

*People have been saying that to these people their whole lives. And... someone has to look at them. Someone has to look them in the eye and tell them ‘you're human, and I recognise that in you. It's really interesting when [chokes up], sorry — When new nurses come a lot of the times they're very shocked and you can tell that, and you remember, ‘oh yeah, the first time I saw that that was pretty shocking.’ But it gets to the point where you don't see it anymore. You don't see the tumour, you just see the person's eyes, or if*

---

<sup>70</sup> This proclivity is common among medical aid workers. Johanna Crane writes that many foreign medics working in HIV in Uganda are drawn to “Africa both by a desire to ameliorate bodily suffering and by unparalleled learning opportunities afforded by ready access to thousands of HIV patients” (Crane 2013).



*they only have one eye because the other one is a tumour, you find their eye and you find a way to connect with them.*<sup>71</sup>

Crew develop strong connections to patients through their medical work, through the ethos of the ship, and through enacting their spiritual mission of helping who they can and following the examples of those important in their faith. This connection that crew feel through the medical work to their patients acts as an adhesive, bonding crew with patients – through individuals but also through the spirit of the work. Not each individual encounter offers such a powerful connection (see the example of when Alexandre brought cake for the nurses), but the repeated confrontation with the suffering body and the opportunity to make a difference and facilitate healing has a profound effect on medical staff.

Third, for non-medical staff, there are similar confrontations but they must be sought out beyond their official roles on board. The technical involvement in healing is largely absent, while the opportunity to pray or offer psychological support remains. As mentioned earlier, it is possible to spend weeks on the ship and not be aware of the medical dimension or at least only superficially so. Maybe one sees only the check-in tent outside, where patients come to register before embarking, or come back for check-ups; a patient with a crewmember on deck taking a walk during an *Adopt a Patient* outing; a nurse grabbing a bite to eat in her blue scrubs in the dining room; or a visitor slipping below from outside via the lobby at the hub of the ship. As such, many other engagements with their host country and people provide points of entanglement through which to emerge, and these will be addressed in the next section.

### *Imagining land: land-ship tensions*

---

Although the previous sentence refers to land as the host country, it can sometimes feel as if the Mercy Ship is hosting the country in which it is docked. Living on board, the system of the ship becomes the dominant system, which outsiders visit as minorities. For many people the ship is not only a temporary home, but it is also a confusing vehicle that both enables and limits them on their personal journey. As Ali states in her blog:

*Someone on the ship here today laughed at me when I told him I wanted to live out in Liberia proper, out there amidst all the squalor and dirt. I do, though. Someday, eventually, when this season is over, I can't wait to get out of this plush life. But as much as my heart is on land with the people of*

---

<sup>71</sup> *Africa Mercy: Hospital of Hope*, CBS 60 Minutes programme feature, airdate: 4. August 2013.

*Africa, I'm coming to realize more and more just how much we're able to do in this floating city. It feels good to be able to say yes.*<sup>72</sup>

This statement is in contrast to the sentiments of others on board who would not undertake volunteer or missionary work in the regions the ship travels to without being able to live on board. One man, who worked in the engine room during the Sierra Leone outreach, did not leave the ship for six weeks at a stretch, and when he first did it was on a sightseeing daytrip of Libreville and its surrounding hills in order to get an idea of the place. He came back saying, “*There was not much to see!*” The ship can have an insulating effect: all one’s immediate needs are taken care of, and depending on the port in which it is docked, it can take twenty minutes to walk from the ship to the entry gates of the port leading to the city. In addition, the captain can impose a curfew on crew, prohibiting staff from going out either alone or after a certain evening hour.

In the case of Ali, after marrying a year later she did undertake a DTS with her husband (whom she met on the ship) in South America, spending four months on land before rejoining the ship later and expressing even more attachment and home-like feelings for it. Eventually she also had a baby, whom she raised on the ship while taking maternity leave from her nursing role, and her husband continued his position on board. While she writes of some frustrations regarding the size of their cabin with a newborn, the challenges of finding her role on the ship without the nursing role she had previously, and being far away from her family, she is clear in expressing her awe and gratefulness for the experience.

It is worth reflecting further on Ali’s case in order to go more deeply into the impact this physical separation from land can have for some crew. Along with the tangible distance come other tangible aspects of the ship, such as being surrounded by comforts similar to those she grew up with. A couple of years later she wrote, when again grappling with her decision to undertake this kind of missionary work:

*Coming into this experience, I knew there was something I’d struggle with enormously. I was talking with Nicole earlier [...] and she phrased it so perfectly. “We don’t live in Africa. We live beside it.” My brother wrote me an email recently where he wondered what he was doing with his “iPods and fancy car” when there are people living in poverty. I’m wondering the same thing about myself. Here I am, living in complete luxury (because you can’t convince me otherwise when I can take a hot shower, check my e-mail and then wander down to the Town Square and buy an authentic Starbucks chai tea latte for 75 cents), when just outside the gate there are kids dying from hunger. How can I come to terms with that?*

---

<sup>72</sup> <http://alirae.net/blog/archives/147-yes.html> (accessed 12.10.2010)

And later in the same post:

*Maybe it makes more sense when I think about the hospital here. We have electricity 24 hours a day. We have IV pumps and oxygen and a ventilator. We have supplies. We have staff. We're not going to see babies die because there was no fuel for the generator that day. We're not going to watch women suffer in pain because there aren't sufficient resources to manage it. So maybe it's okay that we have so much. I don't know. I'm still working through this one, and I'm not sure when I'll have it all sorted out.<sup>73</sup>*

Ali's relationship to land, and her justification for living away from it, is framed through her skills and what she thinks she and the ship have to offer to local people by operating separately and detached.

Volunteers do engage in off-ship activities, even if the majority of their responsibilities keep them on board. Saturday mornings saw many individuals participating in collaborative projects held normally within an hour's drive of the ship, ranging from teaching literacy at a local prison to playing with children at an orphanage. In Sierra Leone, I joined a group that had been working with a polio community on the outskirts of town, just beyond the expanse of large United Nations refugee tents for people displaced from the civil war that had officially ended the year before. This group built and reinforced personal houses for individuals with polio and their families that had previously been living in a decrepit shared home. Some crewmembers simply hung around, playing with the kids and singing songs, while others worked on the structural aspects of building the homes – painting, carpentry, and so forth. The stated purpose was to reach out to communities and to make their presence felt, by making people feel attended to and cared for. At the same time, this act was important to round out crewmembers' experiences serving with Mercy Ships. On Sunday mornings, many crewmembers attended local churches, and some also preached at them. Each outreach also has a land-equivalent – villages where some ship members live and work together with the villagers to help out in specifically requested tasks. These experiences benefit crewmembers by being eye-opening, thought provoking, and lending a sense of purpose. They are intended to help target populations through material means: a freshly painted house, a new roof, or wells to bring clean water closer to the community.

---

<sup>73</sup> <http://alirae.net/blog/archives/24-sorting-through-my-thoughts.html> (accessed 10.09.2014)

In addition to the tangible outcomes for land-folk, spiritual outcomes are desired as well. Many of these are framed by what Christianity can offer, which is, in part, saving non-believers from a life devoid of the belief in God. Ship routines and practices emphasise the role that a strong Christian faith can have for volunteers themselves, but a component to this is the idea that “walking in the example of Jesus” allows volunteers to demonstrate the worth of God to the greater community. One thing I learned quickly was that many crewmembers respected local incarnations of Christianity and supported their growth and influence, as demonstrated in the following example.

My second night on the *Anastasis* I lingered around the reception area at the entry to the ship, as I had been invited to join a group of people heading to a “crusade” at which an apparently widely known minister would be preaching. Eleven of us piled into a Land Rover and drove back the way I had come to the ship the previous day; and I had a feeling of success that I had already found a way to make it off the ship. This was affirmed by the reactions of others who looked surprised when I told them I had only arrived yesterday, as if it should take a while to either want to, or figure out how to, disembark. Most of them had been on the ship a minimum of six months already (some for up to four years) and we sat crunched in the back on the bumpy roads, laughing and teasing each other as the car trundled past the city’s evening activities.

Mercy Ships had held its Sierra Leone screening at the same stadium in which the crusade now took place. We filed into the one section designated for the audience, leaving a gaping void around the rest of the massive construction. We found seats in the stands looking down at the field and sat through numerous sermons by local pastors, waiting for the event to properly kick off.

Finally the main attraction arrived on the scene: a fat white Mercedes with tinted windows drove onto the field, preceded by two similar sedans in black. The Star Pastor (SP), a Nigerian with a following across West Africa (I was told), emerged from the car wearing a white suit and heavy gold jewellery I could make out even from my seat high up in the bleachers far away. He wore sunglasses.

He approached the podium and started his sermon. Another smaller man, a local pastor, translated just on his heels, picking up before SP had even finished his sentence, creating a

steady echo of shouting that reverberated through the massive grainy speakers around the stadium, maintaining a constant clamouring tension of excitement and necessity.

This was my first full day on the *Anastasis*, and my first ever attendance at a Christian crusade. The pastor seemed like a caricature of what I had heard of religious leaders in settings like this. While sitting in the stands, I assumed that those I had come with would feel similarly to me, that this was an ‘other’ experience, but as I looked around I noticed that I did not catch anyone’s eye in a gesture of camaraderie. Apart from some chatter amongst themselves, everyone else seemed either engrossed in the action on the stage, or inside themselves, eyes shut, swaying to the music. At this moment, I saw that my new fellow crewmembers were closer to this crusade experience than I was to them.

SP called forth people from the audience to be healed, and some stepped forward who appeared already to have been set aside for this moment. A frail, hunched man with a stick stepped forward and SP coaxed him across the length of the stage, using him as a prop while continuing to shout into his microphone. *“Praise Jesus! Praise the Lord! We here are witness to the Glory of God today, to the mighty powers of Jesus Christ. Forgive us our sins, for you are divine.”* The seemingly bewildered man was soon able to walk on his own without his stick, and was followed by a blind woman who had her sight returned, and was also able to walk and navigate now on her own. The audience swayed in reverence and cheered these miracles.

My companions here appreciated the efforts of SP and believed either in the performative aspect of his sermon or in the actual miracles that he purported to call onto earth.<sup>74</sup> What I sensed from them during this and other events, including Sunday church services, was a reverence and respect for the various incarnations of Christianity off ship, just as on ship there was an emphasis placed on tolerance towards the different crewmembers’ denominations. In this sense, crewmembers were very open towards other beliefs, as long as they were Christian.

Further understanding of some crews’ attitudes toward the faith of the local population receiving their missionary efforts occurred in the first weeks while I was spending time with the advance team. I accompanied one of the nurses, Magrit, to Ze, the village area that had been designated as the main outreach centre for this stint, where they would build wells and

---

<sup>74</sup> I didn’t follow up much with the other attendees about this activity because at the time, being new, I was trying to figure out how to relate to Christianity and the beliefs of my fellow crewmembers, and was sensitive to how I would be perceived.

teach literacy. This trip was intended to scope out the village, establish better contacts with town representatives and hire locals who could participate in the literacy training programme. On the way our taxi was diverted off the main road on to a footpath through the brush. A child had been killed in a traffic accident near where we were passing, and the snake of cars trying to find a new course to proceed was surrounded by upset men waving machetes demanding payment and retribution. The turmoil outside prompted a discussion about fate and faith, and how Magrit thought Beninois (who believed in Vodun) rationalised their worlds. To my surprise, she referred to people being turned into chickens if they were unable to protect themselves against the curses placed against them. Vodun, in her understanding – and she spoke about the approach that Mercy Ships took – was very powerful, could turn people into chickens, and was a force to be reckoned with. The devil had taken over this land, and Mercy Ships was trying to support those who were fighting back. This, beyond their onboard medical aid, beyond their wells and reading lessons and dental clinics, was what Mercy Ships had to offer.

I was surprised because I had mistakenly thought that Mercy Ships' Christian faith meant that they did not believe in the power of other beliefs, and that it was the local interpretation of Christianity that allowed for the power of witchcraft to come through (as discussed in chapter four). Instead, I learned that the belief in a Christian God validated the Vodun faith, and that it was understood that Vodun was part of the same family – it was the embodiment of hell, sinning and the temptations of Satan. In other words, many of those who were serving with Mercy Ships were not aiming to convert Africans to a new religion, but rather to persuade them that supporting the other side in this match was more beneficial to them.

Conversion, however, was undertaken with a similar approach. This was demonstrated in a primarily Muslim (and “animist,” according to crewmembers) village in Sierra Leone, about an hour and a half from the capital Freetown where the ship was docked. Volunteers packed into two Land Rovers had driven out of the city to host an evening viewing of *The Jesus Film*<sup>75</sup> once the sun set enough to be able to watch it on a makeshift screen rigged up on the back of one of the 4x4s. Outreach activities such as this were central to the onboard ethos (beyond their evangelical function); for many crewmembers they were the only opportunities to have direct religious interactions with local communities. Crew who did not themselves regularly volunteer heard about these experiences as stories were fed back through both informal and formal lines of communication on board.

---

<sup>75</sup> Used as an evangelical tool, *The Jesus Film* is a 1979 film depicting the life of Jesus that has been translated into at least 300 languages.

This evening's film viewing concluded with a local pastor preaching to the assembled crowd of villagers, calling all who wanted to cross over to God to stand up and step across a line he drew in the sand. A few people got up, crossed over, and lingered on the other side. It felt a bit anti-climactic to me, as far as finding a new religion could go. Crewmembers mingled among the audience while others packed up the technology, and amidst this, a parent carried his blind child to some volunteers. Almost silently, fluidly, three volunteers gathered around the child and his parent, motioned to another crewmember to join them, and began to pray in unison for the life of the child, asking for God to bless the child. They sat in the centre of the circle and the volunteers joined arms, guided by a path of ritual prayer that did not need to be articulated or discussed.

*"That was great, wasn't it?"* exclaimed a Swedish woman exhausted and bouncing around in the back of the truck on the way back to the main road back to Libreville and the ship. *"We were able to do so much Good."* I asked one of them later about the sentiment of *Good*, and she explained that because of the "negative energy" in the village they had had to do what they could to respond to it. In order to be stronger than the "evil" in the village, they could together call upon God to make things right. Having a code that provides guidance on how to respond not only helped them individually come through this sad encounter but let them also share it with strangers, with the intention of offering comfort and feelings of hope to them.

The ideas surrounding the screening of the Jesus Film seemed quite simplistic to me. How could letting God into your life and trusting in him be such a quick decision, while the journey to get to know God and to follow in Jesus' footsteps was a challenging, trying one? Also, if an audience was ready to so quickly dedicate their faith to a God they had just seen appear in a film moments earlier, could they not also change their mind quickly when another attractive option presented itself?

### *Cross-community friendships*

---

Relationships to land were complex and mission-oriented, not just in the sense of religion, but also in the sense that interactions and presence were deliberate and purpose-driven. This also drove other relationships arising outside of the structured activities, as illustrated in the following example.

A chance meeting placed me in a position to translate for a group of Mercy Ship staff having clothes made by Florabelle, a seamstress recommended by a local day worker in Cotonou. She came to the ship with her portfolio and, speaking with hands and feet and measuring tape, managed to design clothes for the women and their families, which they absolutely loved. The requests for new dresses, shirts and tunics multiplied. Although there was a language barrier, Florabelle got along with Sasha and her husband Mike in particular, and, after translating for a particularly large order, I was asked to assist on an outing to the fabric market as well as invited to a grand luncheon that Florabelle and her husband had prepared for their guests at the end of the outreach. The meal was praised, photo albums were admired and many pictures were taken with promises to send copies back. The volunteers asked me to show Flora how to use the Internet so that she could see their website where they would post pictures of them wearing her handiwork and to exchange emails. On the last day, each party had a number of things to get across to one another through me. Misunderstanding Flora's urgency about a particular matter, and before I had a chance to translate, Mike turned to me and said, *"Tell her we'll take care of her. Tell her we'll recommend her to other people we know who are looking for a seamstress and that if she leaves us her address, we can put them in touch with her. We won't just leave – oh, we've done this before. She doesn't need to worry, we take care of our own."* Mike had assumed that Florabelle was concerned about losing a valuable source of income, but in fact she had been expressing excitement about something else entirely.

While there are many particularities to this friendship, one theme that did run through these and other relationships I observed was the sense of duty and place for each relationship. It seemed that these encounters were commonly organised into a template for how interactions and emotions should play out, and this related to how the connection would or would not continue after the ship sailed. Most likely, contributing to this was the routine that these relationships became a part of, in the cycle of a Mercy Ships volunteer's life of arriving and departing multiple ports over the years.

Nevertheless, perhaps unsurprisingly, I heard countless tales from former translators and patients of unanswered letters and phone calls. Ultimately, they did not, in fact, feel taken care of after the ship left. Not surprisingly, a significant number of more seasoned volunteers flatly refused to give out contact information to more than one or two 'special' relationships they fostered during each outreach because they knew they would not be able to keep them up. This was another way of managing relationships, not always understood by those who were staying put and not sailing on with the ship.



### III. Affective infrastructure of the hospital ship

---

*DING - DONG... “Emergency medical team, report to A Ward immediately. Emergency medical team, report to A Ward immediately.”*

*16 simple words, yet so much impact.*

*Our entire crew was awakened last night by that overhead page, piped into all cabins, at 2:45am. Immediately I heard my roommate rustling around, the door closing behind her just a few seconds later. Her footsteps faded as she hurried down the stairs outside our door, quickly followed by many other pairs of feet, leading to A Ward.*

*As I waited for the adrenaline surge at this announcement to fade, I laid in my bed and prayed a prayer echoed by hundreds of others the same time, from their beds. God, please be with the Emergency Medical Team. Please be with whatever patient is in distress. Please guide the doctors, nurses, and caregivers to best handle the crisis.*

*When there's a page like that at 2:45 in the morning, you know it must be very serious. As we are a floating hospital, there are always Ward nurses on duty and doctors on call, all hours. Most problems are easily handled by those highly capable people. In fact, this was the first EMT overhead page we've heard since I have been here; there was one while I was on board in Sierra Leone.*

*But while I was praying I was also reflecting on the fact that because of this incredible community that is a hospital, every single other Crew Member lying awake in their beds, or soothing their crying babies, or lovingly encouraging their children to go back to sleep; every one of them was praying the same prayers I was. In that sleepy, confused, adrenaline-laden time, we were all united, under the same banner and purpose and calling. For that, I am grateful.<sup>76</sup> – Crewmember blog post*

---

<sup>76</sup> <http://krissyonmercy.blogspot.com/2013/01/245am.html>



Figure 9 View from the salad galley portholes at sea

It is a Tuesday morning and I have the day off from my work in the dining room. On shift days, we get up at 5am, pull on white trousers and dark crew t-shirts and stumble down the corridors to the sleeping galley, serenely spic and span as it was left the night before. There we prepare breakfast, and, as no cooked fare is served in the morning as at other mealtimes, our team of five is alone in the kitchen and cafeteria without the additional bustle of the salad and meal crews that work from 8am to about 5 or 6pm. As a team we replenish the buffet lines with bread, fruit, cereal, peanut butter and, if we are lucky, some jars of Nutella; make sure the toasters work; refill smaller, more aesthetic jam jars from big white plastic vats; replenish the milk dispensers; and eventually fire up the industrial washing machine and dryer for the dishes that we start carrying back once our fellow crewmembers finish their meals.

It's just a simple meal we are putting together, but on the *Anastasis* even standard meals can become critical, as they punctuate the routines of homogeneous work days, where crewmembers may live their whole day within 50 meters of their pillows – everyday. Routines become people, etching their paths into the façade. When I visited the ship in Ghana two years after my time as crew I noticed that the kitchen staff had begun filling both of the buffet lines with different dishes, whereas previously they offered the same food on each side (with an occasional leftover put into the second line), meaning at dinnertime one did not have to calculate which line one picked. However, with the new scheme, in line one there

may be ravioli, while in line two there was stew. A friend might show up at your table later with a stir-fry on rice, brought out halfway through the dinner hour. When I sat with Thomas, he regularly became agitated at missing out due to the new selections on offer, so having become accustomed to not having much choice in what to eat. For the regimented life on the *Anastasis*, even the introduction of positive aspects could have a disorienting effect.

This morning, however, I could sleep in and catch the tail end of breakfast at 7:40, after which I wandered up to the starboard deck to take a look at Sierra Leone from the railing. About 200 metres out to sea past the *Anastasis* is an anchored, rusting, dilapidated ship having trouble with its crew and customs, rumour has it. Docked next to us is what looks like an old warship. Freetown shimmers quietly in the distance, past the rows and rows of containers. I watch a woman from housekeeping jogging laps on the quay next to the ship, an endless back and forth amongst the containers, instead of venturing out of the protected port area. I continue wandering, and up at the pool come across the deck team, consisting of both onboard volunteers and day workers, in the midst of their morning devotional, standing in a loose, respectful circle as one of their colleagues leads in prayer. To be within earshot of what I knew was to follow, I slunk off to find a good perch to listen. Soon the thumping drums and barrelling voices chanted out in song, feet stomped, and the beat reverberated through the deck. The deck team had the best devotionals of the lot (from my limited experience): coming together at the start of the day through beautiful music outside under the sky.

In that moment, these sounds, a medley of rhythms and beats from various ports the ship has called in, unified for me the whole of the ship: the array of people from around the world coming to serve, the niche contributions of each role onboard that allowed for the ship to function as a whole, and the spiritual support gathered by those who chose to join in.

None of these daily routines I describe above are directly functions of the hospital portion of the ship, and yet they are integral to the running of the entire enterprise that is Mercy Ships' mission of "bringing hope and healing to the poorest of the poor." While the biomedical capacities of the *Anastasis* – in its volunteers, and financial and material resources – are the calling card of Mercy Ships, it is the larger infrastructure that it inhabits that creates the full effect of its intentions and capacities. Krissy, whose blogpost opened this section, is also removed from the medical world in her day-to-day role, but as she describes in her text, she is deeply intertwined with the aim of the ship and other volunteers that bind her through her faith – even just in thought, in the middle of the night.

This section ties together the ethnography of chapters five and six about the wider environment of living and doing medicine on the ship and looks at how Mercy Ships works as a healing space. After a brief review of literature on hospital ethnography, this will be done through an exploration of just a small slice of the ship world to illuminate the affective infrastructure of the space and its role on the collective lived experience of a Mercy Ships mission.

### *Hospital ethnography*

---

This and the previous chapter have described the role of a Mercy Ships hospital ship and its characteristics as a place of biomedical healing but also the way in which it is constructed through people, history, expectations, hopes, regulations and resources. Understanding the peculiar places that hospitals are, the particular workings that occur there and their role in larger society has long been a domain of not just the health workers and patients who navigate them intimately, but also of social scientists. The evolution of hospital ethnography as an area of study has been considerably complex, but in the last decade, there have been three main collections that build on past work in deconstructing hospitals and similar medical institutions – the special issues of *Social Science and Medicine* (2004, edited by van der Geest & Finkler), *Anthropology and Medicine* (2008, edited by Long, Hunter & van der Geest), and most recently *Space and Culture* (2012, edited by Street & Coleman).

In the latter, *Hospital heterotopias: ethnographies of biomedical and non-biomedical spaces*, the authors intend to push past the view that the boundaries of hospitals are equated with biomedical knowledge and the elite delineation between those who possess it and those who do not. They find limitations in earlier depictions that propose the hospital to be a “mirror” of larger society (such as Zaman 2005) and do not allow for a differentiation of the hospital as a space in which their function exercises particular responses and means. Instead, they build on Foucault’s idea of hospitals (along with other public/private institutions) as heterotopias, as spaces of *otherness* that are “a kind of effectively enacted utopia in which the real sites, all the other real sites that can be found within the culture, are simultaneously represented, contested, and inverted” (Foucault 1986 as cited in Street & Coleman 2012:8). Considering hospitals through this lens allows for probing about how they are related to the rest of society in which they are embedded and of which they are a product. As such, the authors in these papers are concerned with the layering of history, experiences and changes in their research

settings; the ordering of people, regulations and policies; and the contradictions that various interpretations, implementations and enactments produce.

Health, and care for health, are at the intersection of many frames of human life, making hospitals vital for the exploration of the patterns that form in spaces penetrated by these experiences. In recent years, many theorists have turned their attention to exploring the “affective” nature of the social world. This work done in the social sciences and cultural studies makes the distinction “between ‘affect’ as a form of preconscious experience that establishes a largely unstructured relation between individuals and the social and material world, on the one hand, and ‘emotion’ as the culturally mediated articulation of this experience, on the other” (Dilger et al 2015). Instead of the focus on emotion which is considered more individualistic, affect looks at behaviours, responses and emotions as being shaped and influenced by the social context. This social context is then interpreted liberally and the interactions between the material, interpersonal and spiritual world are included therein. Affect, in this sense, is “the unconscious experience of intensity” (Shouse 2005).

Looking at hospital worlds through the lens of affect means understanding that the dynamics produced by the day-to-day psychological and material environment can determine people’s behaviours and experiences. This brief reference to affect, here, is not meant to erase other contributions of anthropological enquiry, rather it aims to complement the ethnography, by highlighting the questions around what creates these moments of transformation and meaning for those who are involved with Mercy Ships. Affect theory has developed along many veins of argument, and concerns have been expressed that scholars could “obscure more than they illuminate” (Skoggard & Waterston 2015) in the search for new language and patterns of expression, and that the common focus on deducing intentionality in behaviours and the potential surrounding affect could muddle the investigation of the social processes that actually create the world we live in (Martin 2014).

My intention of bringing this concept into the reflections here is to explore the *collective affect*, and understand how Mercy Ships is involved in creating the phenomenon of the ship experience. In this sense, looking at the affective infrastructure of Mercy Ships allows for a more rounded understanding of the layering of practices that create patients’ and volunteers’ experiences. For Mercy Ships, there is no denying that conviction surrounds the ship, but it also inhabits a wider world. As “[s]pace is a particularly important vehicle for and transmitter of affect (Street 2012:46),” in the remainder of this section, I will look at how Mercy Ships is “made up” and shaped by its body, people and medical acts.

The articles referred to above are concerned with the creation of the peripheries of the medical spaces they examine, and often juxtapose practices in opposition to one another, teasing out contradictions and similarities. They are concerned with how space is created – through the physical, historical, contextual, and emotional attributes – and through this how hospitals are made up (Street & Coleman 2012). By getting at the layers in their landscapes, one can see which influences have been at work.

Despite operating in various countries, Mercy Ships can control their message and space more than many other similar organisations. No matter the languages spoken, political history, conflicts or natural disasters of the countries they visit, Mercy Ships retains a steady keel in terms of its structure and staff. In Sullivan's work in Tanzania (2012) she describes how hospitals are shaped by a multitude of inputs from different levels (donors, government, technical advisors) that are then enacted at the clinic – making clinics both global and local at once as the policies penetrate different areas to varying degrees. Mercy Ships must negotiate these layers of input as well, but in its host countries creates a more remote template with which to operate by tightening the borders and boundaries it places around the space it occupies and the mission it carries out.

The physical barriers to the space the *Anastasis* inhabits are evident: a floating vessel separate from land, capable of sailing away; its white, bright mass, looming on the horizon of the sea and sky from points in town; the wide buffer area between the ship (the private) and the city (the public) in the form of a port; and security guards' power over access, meant to determine whether someone has a sanctioned reason to come on board, whether one *belongs* to the mission. Traditionally a *cordon sanitaire*, acting as a quarantine zone, encircles an area perceived to be dangerous in order to prevent any harmful contagions from leaving it. In the case of the *Anastasis*, one could view the ship as creating a protective enclosure around its people and beliefs – a “safe” zone erected as a shield to keep any threats away from it.

These perceived threats are sometimes tangible. Living on the ship offers a controlled environment for crewmembers where they are at less risk of threats that typically come to mind when living on the mainland. Theft (on the ship most cabin doors are left unlocked); gastro-intestinal distress (food and drink are monitored and treated by fellow crewmembers according to ship standards); illness (the crew clinic is easily accessible just a deck or two

below one's cabin) and violence (basically only found off-ship in town, which one frequents rarely as full days on board leave little time to venture out in the evenings or in free time) are minimised and managed. Movements off the ship are monitored through a sign-in/sign-out register at the gangway. Non-crewmembers coming on board, particularly patients, are also supervised in terms of what they introduce to the ship. A nurse writing about *Africa Mercy* safety procedures listed a number of them that she said were exceptional compared to other places she had worked, including the following:

Each inpatient is required to take two showers with a 4% chlorhexidine gluconate solution, one after admission and one the morning of surgery. Most of the patients seen on the *Africa Mercy* have dirt floors in their homes and they often spread out a sleeping mat on the floor each night. For some, bathing in a dirty river is common. This routine preoperative showering, along with the skin prep before draping in the OR, helps provide optimal skin disinfection and helps reduce the possibility of surgical site infections. (Rolland 2014: 163)

She explains that the patients coming on board undergo a cleansing procedure – not only at the time of surgery but also upon their arrival to the ship. Being able to control their surroundings and isolate themselves by making impermeable borders to the ship assists the medical staff in maintaining hygienic levels to assist their procedures, but it also contributes to the whole of the ship atmosphere, in that the foreign, or the unexpected, rarely presents itself other than in the medical ward deep inside the ship, where they are equipped to deal with it.

The presence of the “safe zone” noted above is established in part through the medical authority that the ship asserts through its technology, skilled health workers, and infrastructure (Brown 2012). The newer *Africa Mercy* is described by headquarters as being outfitted like an oasis in a desert. As Don Stephens (the Mercy Ships co-founder) tells his audience in a video tour of the ship<sup>77</sup>, she has six operating rooms; fancy Nikon scopes donated by the company when it selected Mercy Ships as their charity of the year; a theatre for eye surgeries donated by Rotary; one of only five or six CT scanners in all of West Africa; and a satellite link to a lab in Sheffield, UK to analyse tissue samples remotely. The *Africa Mercy*, Stephens boasts, has its own blood supply. It comes in the form of the crew who are ready to donate whatever is needed.

---

<sup>77</sup> *Tour of the Africa Mercy* available at <https://www.youtube.com/watch?v=CXob1LURg1I> (accessed October 2015)

Yet despite this apparent wealth of resources, medical staff onboard the Mercy Ship have not become “techno-doctors” (Helman 2009) who bypass interest in the patient out of their hunger for the medicine, numbers, and the solvability of a ‘case’. While I previously described the curiosity volunteer surgeons have in the ‘unusual’ conditions and complexity of diseases, the focus on the person, rather than just the disease, remains strong. As explored earlier in this chapter, the interpersonal attention to care on the ship is considered unique to that of hospitals on land, and generates part of its reputation. The patient who suggested that health workers should go to Europe for social care accentuated that this kind of care was the domain of “others” – the *yovos*, the Christians, from far away.

The threats referred to above are also spiritual, and thought to be manifested in misfortune or illness. In a sense, the crew mission is at odds with their state of being sheltered from the rest of the world, as it is this mainland inhabited by diseases and bad spirits that they are meant to assist.

Even with the distance from the mainland and the medical authority of the ship and the crew, personal beliefs about bodies and illness rubbed up against the structure for treatment on board. The Beninois that I met read their bodies in different ways than I was used to, but also differently of course amongst each other. Eugenie told me that my twitching finger (or any body part, for that matter) was a sign of a strong body, its vital forces functioning well. Marius’ scalp tingled when he sensed a lack of affection in his life. There were many new-to-me understandings of the origins or triggers for illnesses. For a colleague, even one drop of water hitting her head meant that she would catch a cold within the next day or two. Being in the rain was ok, as long as she kept her head dry. Conjunctivitis was called Apollo because years ago when the space shuttle exploded people looked up to the sky, got the dust from the remains in their eyes, and then infections. Water had many powers, depending on its form: drinking chilled water could give you a cold; dirty, ‘bad’ water a tumour; and the water that collected outside air conditioners was a cure for sinusitis.

As mentioned in chapter four, the illnesses that patients presented to Mercy Ships were considered to have a variety of origins. Crewmembers also had ideas about where illnesses came from (not exclusively having biological origins). Patients and medical staff being together on the ship meant confronting these sometimes contrasting views about how bodies worked, and how to care for them in their recovery.



Unlike in other hospital settings in Benin where nurses and doctors attended to medical care while companions took responsibility for the bodily care (such as washing, guiding visits to the toilet, and feeding) of their family members or friends, on the ship these bodily care acts were largely undertaken by the nursing staff. Companions only stayed on board when patients were children, and other visitors did not remain long enough to tend to all the personal needs of a recovering individual. This separation from their home, not only geographically but also in terms of personal care, further inscribed the Mercy Ships model of care – largely biomedical – onto a patient’s illness experience. This further accentuated that the medical realm permeated beyond immediate disease-specific needs and into day-to-day recovery care (Brown 2012). With the care on board the ship, this is the domain where many patients referred to the Christian “good” they received (as discussed earlier in this chapter).

Another aspect which differentiated patients’ experience of care on the ship to that on land in public hospitals, was that everything was free – really free – on board. Not having to pay for files, medications, bandages, hospitalisation, paperwork, or food was a vast change from public hospitals that, even with exemption or free-care policies, often charged for minor services, either officially or under-the-table. This long-standing tradition of care and tipping (or bribes) in many West African settings (especially reinforced since the Bamako Initiative in the late 1970s), meant that rarely would health care in an institutional setting come with no strings attached. Ship care, free from the missing paychecks, stock-outs and competing financial demands so prevalent in public hospitals, existed in a bubble away from these factors that so often motivated cost-generation associated with regular health care.

It is the isolation of hospitals that contributes to making them mysterious, elite and special (Street 2014). Perhaps for Mercy Ships more than others, its obvious isolation feeds into the social imaginaries that both crew and patients create around it. *Cordon sanitaires* have been used to legitimise binary lay-outs (Lagae 2013), and Mercy Ships is able to legitimise their sphere of ‘having’ versus ‘having-not’. As much as Mercy Ships declares that it is there to help the poor, it is the structure of inequalities that affords it its constitution. One place that this becomes clear is in the screening for patients.

### *Screening and triage*

---

The Mercy Ships screening illustrated in the previous chapter is an event that encapsulates many of Mercy Ships’ aims in two single days. The screening brings Mercy Ships’ activities to land, creates visibility around the work that the crew does, attempts to reach as many

people as possible, and acts as an intense arena for the many emotions surrounding faith: the hope, fear, joy, grief and disappointment that can emerge depending on how the day goes for someone waiting for care.

For Mercy Ships, the manner in which the step of identifying patients has been devised is no coincidence – the visibility and spectacle of the screening are integral to the display of their selection of patients. The screening bares likeness in its performance to medical triage, but in fact is particular to Mercy Ships. The differences further clarify and draw attention to the particularities of the organisation’s ethos. The act of triage – “seeking out the sickest” (Farmer 2004) – has its roots in war and battle, as a technique employed to quickly identify those wounded that can be helped and those that cannot. Before its application in the Franco-Prussian conflicts in the 1800s, soldiers were treated according to their rank, and often privately by their families (Fry 2004). Triage, on the other hand, took a more egalitarian approach that focused on the level of injury in the immediate conditions, and has been described as “the rational sorting of the sick whereby limited resources are concentrated on those who have life-threatening but treatable wounds, leaving those with minor wounds to recover on their own and those with mortal wounds to die alone” (Kirmayer 2004:321). At the screenings, Mercy Ships, too, chooses who they can help and who they cannot, offering prayer to anyone not selected for further care.

In discussing the concept of triage with a veteran, a notable factor he emphasised was the premise that all the wounded in field battles belonged to them; they were all on the same team. Everyone was considered equal and the responsibility of the battalion, and making triage decisions benefitted the good of the whole group, even if it could be at the disadvantage to individuals who might not get the life-saving care that they needed at that moment. With Mercy Ships, the understanding is that they can only treat select categories of conditions. While the act of assessing and treating resembles the triage response, it is different in that not everyone is considered to “belong” to Mercy Ships; not everyone can be cured by Mercy Ships. Not everyone who shows up on screening day is their responsibility, so in a sense there is an *othering* or a *belonging* going on; of qualification through one’s defects or misfortune.

This creates a conflict with their mission philosophy to serve in the name of the Lord, and to help *all* God’s children. It is a contradiction that is brought up by sceptics of the Mercy Ships process, who take issue with Mercy Ships calling the sick to them and then turning them away. And yet, these limitations in resources, remit and means determine and define the crew

of Mercy Ships. That which follows the spectacle of showing oneself at the screening, if one is accepted, is medical care enveloped in a package of documentation, before-and-after photographs, featured write-ups for newsletters, and the creation of repetitive narratives to describe the phenomenon. A narrative of the uniqueness of each patient is celebrated, but their outward representations become uniform. These people become the patients that identify Mercy Ships as a medical and development organisation at work in West Africa. It is the *exclusion* (during the screening) that creates the *inclusion* (to come on board). Mercy Ships deals in “hope”, but this hope is in direct relation to the despair that gives it space to grow and gives room for the ship to carry out its mission. These inequalities manifested through care, opportunities and perhaps just sheer luck form a deeply entrenched base through which Mercy Ships, as an FBO operating within a context of similar faith based and secular endeavours, makes its contribution (Street 2012).

\* \* \* \* \*

It has been proposed that hospitals are “deceptively familiar” (Van der Geest 2004), which is perhaps why for quite some time they were not a focus of study, but it is clear that the dynamics at play in and surrounding them are actually complex. The Mercy Ship is actually a reflection of the world – though not necessarily a geographically bounded one; instead it reflects and responds to a place in time and concept. As Street and Coleman point out, it is the porousness of its boundaries that create the hospital: “the hospital’s simultaneously bounded and permeable status facilitates its literary purpose as a metaphor for the wider regional, national, or global space in which it is located” (Street & Coleman 2012:5). With Mercy Ships, it is through the control of their boundaries, making them less porous and more secure, that its identity is shaped. The gate-keeping to limit access to the ship, the controlled medical encounters and the strict rules surrounding selection for surgery all create the world of the hospital. This in turn affects more than the patients and medical staff, but also the rest of the crew and the way they experience their volunteering on board. It shapes their roles, practices and beliefs, as they build up the mass of the ship, emphasizing its space and lending it legitimacy. Mercy Ships is no small affair with just a skeleton roster of doctors, anaesthetists, surgical aides and nurses, it is the whole of the ship, powerful in its village that supports its medical work. The deckhands chanting their prayers in the morning in Sierra Leone are as much a product of the medical mission, as they are a key element to the sustenance of the medical work happening a few levels below in the heart of the ship.

Further chapters will continue to address the layered landscape and the porousness of Mercy Ships and the Mercy Ship experience, by looking at the interactions between crewmembers with land, and what happens when patients and crew leave the ship and bring their ship experience with them into the rest of their lives.

## Conclusion

---

This chapter has demonstrated that the healing space on board the ship is exceptional for the region. Highly skilled, quality medical care is provided and is framed through a social and spiritual approach. The boundaries of the ship play a crucial role in influencing the nature of the transformative encounters for patients and crew. Coming on board the ship and going off board are personal passages that influence emotions, actions and events which otherwise would not be experienced in the same way. Both patients and crew appreciate this: while undergoing new and transformative experiences in the different worlds they have entered, patients and day workers learn and act out their roles on the ship.

Crewmembers' caregiving extends beyond the medical realm, with many looking to support the Christian faith in land communities. For many crew, their aim is not only to follow the example of Jesus, but also to encourage others to open up to Christianity. The dynamic of being physically separated from land by living on the ship played out in crews' understanding of their personal journey, and perhaps highlighted the importance of the community on board in the meaning-making of their experience.

Both patients and crew cross over into a new world with their arrival on board, both for ostensibly different reasons, but both encounter beliefs, routines, and practices that lead them to place themselves in contrast to their previous notions of the way the world works. In the next chapter, I will further explore how life on the ship, and encounters between crewmembers in particular, are also fundamental in shaping their paths. While the medical experiences and other encounters on land formed the motivation and backdrop to their experience, activities, shared moments, and routines on board work together to strongly define identities as well.

### Introduction

---

This chapter explores the interpersonal encounters of Mercy Ships crew that take place beyond the medical work the organisation is known for. It demonstrates the centrality of Christian faith among the crewmembers, and the multiple ways in which this shapes their Mercy Ships experience.

The chapter starts by examining the perceptions of Mercy Ships volunteers by their development counterparts, highlighting the rifts and underlying tensions between 'faith in religion' and 'faith in development' in the changing landscape of international aid work. The type of aid work Mercy Ships volunteers do is considered to be different from that of other aid workers because it is grounded in and shaped by their religion. Indeed, with so much attention being placed on the Christian dimension of their identities by their secular counterparts, it is argued that their identity is created as much from the outside as from the inside.

The chapter then moves its focus to the ship and explores crewmembers' experiences as they try to find their way amidst the community on board, thereby demonstrating how communal living also penetrates the expectations of the changes they seek through their volunteering. Situating and creating themselves within the group on board is an important part of their journey. The chapter ends by describing how volunteers represent themselves to those separate from the experience and how the act of presentation contributes another layer to their personal transformations. Their self-presentation to sponsors, family and friends involves negotiating their image, and this generates further space for transformation.

### Development workers: Mercy Ships volunteers and non-Mercy Ships

---

During my second round of fieldwork, one evening over dinner, an embassy worker expressed her disdain for Mercy Ships when she learned what brought me to Benin. I had frequently encountered similar reactions during my first stay when the ship was docked in

Cotonou. I heard these opinions less as the ship moved on and my networking within the expatriate community grew smaller. Nevertheless, her response was a common one, though unlike most others she had also had prior experience of the organisation when she had been based in Togo twelve years previously and remembered there being a lot of problems with the aftercare of Mercy Ships patients upon the conclusion of the Lomé outreach. Her memories are not dissimilar from the popular dialogue amongst aid workers but seemed to exaggerate circumstances as they actually occurred, by saying, for example, that the ship had only been there a couple weeks (instead of the three and a half months it was actually docked at that time). She went on to complain that they offered very complex surgeries requiring extensive follow-up care that they then did not provide because they set sail by the time problems would have arisen. As a result, patients were left without the means to improve their situation – either they went back to a village where they cleaned their wounds with dirty water, not having learned how to care for their wounds, or something went wrong with the surgery and there was no doctor to care for them, let alone money to pay for a doctor if they knew how to find one. I found her reaction to be typical of secular aid workers who had heard of Mercy Ships, but did not have much first-hand information about them. Their responses were fuelled by rumours and a distaste for medicine and religion to be intertwined.

In short, international development staff of secular aid organisations in Cotonou tended to regard the work of Mercy Ships with scepticism, citing as problematic areas their religious foundation and the lack of a permanent representation in the country to deal with any complications from their medical care. More recently, due in part to funding difficulties<sup>78</sup> and a need to restructure, Mercy Ships has responded to the criticism by changing their agenda towards establishing more long-term in-country projects that extend beyond the surgical care they provide. They also try to downplay the religious motivation for their work among potential funders and colleagues on the international development scene.

### *Development workers' perceptions of Mercy Ships volunteers*

---

In Cotonou, the identities of expatriates were constantly cast and evaluated through easily identifiable and often visible characteristics: age, skin colour, citizenship, language, professional affiliation. The Peace Corps volunteers walked around in flip-flops carrying

---

<sup>78</sup> In the early 2000s it was rumoured that Mercy Ships wanted to broaden its funding base in order to be able to continue to run the ship, its most high-profile endeavour. It was said that there were some complaints by potential sponsors about the visibility of the religious aspect of the organisation's outreach work, but I did not speak to anyone at MS headquarters to confirm or elaborate on this.

helmets as without them they were forbidden to ride motorcycle taxis (*zemidjans*); diplomats lived in the walled houses in Haie Vive and did not go anywhere on foot except from front door to car door, unless they were out at the beach on Sunday; the Lebanese dominated the supermarkets and car-import market. As everywhere, people were judged by who they spent time with, how they dressed, where they hung out and why they were in the country.

When the ship arrived, Mercy Ships volunteers would create a presence in town. While many volunteers were not flush with cash (in the way other expatriate foreigners working in similar fields in the country were), they could still at times be seen at many of the same sites. A couple of dozen vehicles travelled along with the ship, and the boxy white Land Rovers with the Mercy Ships logo on the side were noticeable in town. In the evenings one could see these cars parked outside popular expat dining spots, and, at weekends, at smart hotels with swimming pools. Mercy Ships volunteers otherwise often walked, unusual for foreigners, as they were not supposed to take the *zemidjans*<sup>79</sup> that clogged up the streets and did not have access to personal vehicles.

These details about the crewmembers are offered to show that they are perceived as having a different profile by their fellow counterparts in the communities they work in, and that both their lifestyle and the kind of aid they offer sets them apart from others who might identify with similar sectors of work.

#### *Motivation and intentions to volunteer*

---

The comments by my dinner companion at the start of this section were echoed in various forms by others throughout my fieldwork. One aid worker spoke to me about some of the volunteers she met through an embassy visit. (Mercy Ships crew regularly invite contacts living in the country in which they are docked on board the ship, often during a Sunday lunch or afternoon, but at times also for a midweek dinner. These events are organised by individuals, or in some cases they consist of more planned invitations of, for example, the collective staff of the Dutch embassy for tours and a meal on board.) This person visited a German couple there who shared their story with her. In her mind, she said, it was bizarre to have a calling to work on the ship, and the Christian element alienated her from their intentions to work overseas and the work they carried out.

---

<sup>79</sup> As with the Peace Corps volunteers, this was due to insurance restrictions.

Why, however, did she have such a problem with people who knew what they wanted to do and attributed their motivation to a different source than she herself did? She seemingly did not consider herself as having a calling to her chosen profession, while she also served in an overseas capacity in a line of work that could loosely fall under the development umbrella.

### *Quality of medical work and an anti-‘health systems’ approach*

---

Back in Germany, not only were my relatives’ ideas about ship life largely sceptical, but they also had concerns about the medical work. The ‘cult’ aspect of life on board gets thrown around in arguments, unsurprising in a society whose press regularly portrays cooperative groups with communal living as having sinister undertones and elements of brainwashing. My cousin, a surgeon, expressed another worry: the lack of accountability on the part of the foreign doctors performing complex tasks without necessarily having adequate skills, equipment or medical back-up to do so. What happens when someone dies on the operating table, he asked. Is the medical staff taking advantage of “poor Africans” who would have no way of making a claim against unskilled or suboptimal treatment? Is it possible that under-trained surgeons are experimenting on those without a voice to ask for better care?

As also illustrated in this section’s opening passage, concerns about the quality of the medical work – in terms of both immediate and longer-term repercussions – contributed to a debate about the responsibility and accountability of Mercy Ships and its patients amongst some aid workers. A consultant for an American health organisation, for example, reported that, *“Mercy Ships should be spending their resources changing more people’s lives and working with the government instead of satisfying themselves with the individuals.”* These kind of criticisms address popular debates in health systems research and programming, relating to the macro and micro level of public health development and financing. If the money was there to be spent, was this the best use of it for the health of the citizens of Benin? Why not invest in more far-reaching, sustainable projects that reach a greater population than specific ‘Band-Aid,’ ‘drive-through’ activities that do nothing to address the causes of the suffering in the first place? Is it not incredibly expensive to run a ship, and why are they all living apart from the people that they are meant to be helping?

A further criticism questions Mercy Ships’ philosophy of providing services free of charge and argues that this throws off the balanced healthcare market for other initiatives. Several public health doctors shared stories of their time practicing in rural outposts in Benin and



other African countries. They talked about how they carefully managed the budget to keep their small clinics solvent (with the support of funds sent by organisations back home), only to have missionary clinics arrive on the scene, offer free care, and upset the ability of their clinics to maintain a financially viable healthcare business.

Why else should health services not be free? Popular arguments in the past have included: giving a value to the service, giving patients ownership of their care, and, also, being able to offset costs and support the services offered. The issue of user fees has polarised camps on both sides of the argument and has been hotly debated for many decades (see James 2006 and McIntyre 2005 to name just two examples).

In the case of Mercy Ships, the majority of services offered are not only out-of-reach financially for the recipient populations, but simply non-existent at a local level. Dominique and Dzifa, as recounted in chapter four, were able to find doctors who were prepared to operate on their tumours (though the costs were prohibitive and they had to travel to another country for care), but in the case of Liberia or Sierra Leone, the medical professions were depleted and overwhelmed by unmet need following the civil wars. In this sense, a competition for services is not at stake, but rather their provision. As the balance in the debate tips in favour of universal health coverage (Robert 2013, McPake 2011), there have been fewer arguments against the cost-free service that Mercy Ships provides.

Some critics of short-term medical work assert that this form of aid may not provide services or an impact that is ultimately positive for the target populations (see Wall 2006, Waxler 1998, Sykes 2014 and Martiniuk 2012 for examples). However, few systematic evaluations of the impact and perception of local populations of brief projects have been carried out. One such study has been done by Green et al. (2009). Using a programme of long-term planned assistance in the form of short-term volunteers in Guatemala as a case study, the authors found that while recipient populations may perceive benefits from short-term medical volunteerism, there were several issues that raised questions about the success of these programmes. Difficulties cited included: the delivery of lower quality of care, destabilisation of state or private practices by drawing patients away from them, and the greater likelihood that programmes working independently from resident projects will fail to offer relevant services to the community.

Mercy Ships side-steps the grievances found by Green that short-term medical volunteers can be financially (and time-wise) burdensome to the host community or project by paying local

staff (day workers) a stipend for their services and providing further opportunities. In addition, carrying their home on their back (like a snail), they look after themselves instead of creating a burden on communities and resources. A counter argument is that by relying on local accommodation, services and the purchasing of goods they could also give back to the Beninois economy.

These criticisms are important because, as stated in the introduction, faith-based development work has been on the rise over the last decades, with, for example, American churches having increased their donations to overseas ministries by almost 50% in the last two decades (Hopgood and Vinjamuri 2012). Their presence is substantial, and yet a rift exists between the secular and non-secular worlds regarding how to do development and who should be doing it.

#### *Comparing the missions of development workers and volunteers*

---

Stirrat's (2008) non-geographically specific analysis of development workers focuses on exploring the stereotypical classification triad of mercenary, missionary and misfit. He observes that people in this field fluctuate between the three identities throughout their career and even on a daily basis, suggesting that the classifications are actually not in opposition to each other. While it is unclear throughout his analysis who exactly forms, holds and propagates these stereotypes, his descriptions are useful in teasing out some assumptions surrounding the tendencies of why people go into development work, and the need to classify them into distinct groups.

According to Stirrat's description, *mercenaries* are development professionals who make a career by working for aid organisations for personal and material gain rather than from an interest in philanthropy or development. According to him, mercenaries' interactions with "real people," or the local communities they are supposedly trying to help, are minimal and carried out from the comfort of air-conditioned SUVs (sport utility vehicles, 4x4s) and hotel rooms. However, he states, "there is a dissonance between a mercenary-like self-representation of what people are doing, and a deep involvement and engagement in the development process" (Stirrat 2008:410) which raises the question of why there is a contrast between the public persona and a private commitment.

Stirrat uses the term *missionaries* not to refer strictly to those working under a religious umbrella, but for those found in the world of NGOs, who are full of “commitment, enthusiasm and verve,” rejecting the fancy hotels and air conditioned SUVs favoured by the mercenaries – not only because they lack the funding to foot the bill, but also because these luxuries do not match their values and are discordant with their sense of duty. Missionaries are considered to be “incompetent, with romantic and misguided views of the world” (ibid:414) by mercenaries and other aid workers. Characterised by working more at a grassroots than a state level, these individuals share (with mercenaries) a vision of modernity and a desire for the conversion of citizens to core values – freeing people from marginalisation, injustice and poverty.

Following his model, Mercy Ships as an organisation tries to unify public and private commitment, moulding these ‘inside’ and ‘outside’ personas into one. As we will see later in this chapter, there are personal variations on what this private Christian persona entails and how volunteers grapple with their stays and transformations on board.

Other experiences in making a profession out of development and medical aid are detailed in *Living in Emergency* (2008), a vivid documentary film that follows four Médecins sans Frontières (MSF) medical staff in the Congo and Liberia. In the film, one surgeon with minimal institutional support speaks about trying to alleviate the suffering of a seemingly endless flow of displaced people, while exacerbating his own suffering by becoming ‘messed up’ in the process. While portraying an organisation working in a related field to Mercy Ships, this film depicts a complementary set of challenges, brought on by working in emergency settings, smaller, sometimes independent teams, and more porous medical stations.

By maintaining defined professional roles for volunteers, and a controlled environment for living and working, Mercy Ships seems to guard against the threats of their volunteers entering into precarious situations and being left too much to their own devices. It offers a safety net in the form of physical, structural and spiritual support, thereby protecting them from the risk of getting “messed up,” or at least reducing the risks.

In contrast to the cited work of Stirrat, in his study of the life-narratives of NGO workers and activists in Ghana, Tom Yarrow found that they were “unified in the enactment of a particular ‘self’ in which individual gain is ideally subordinated to ideological commitment to transformation and improvement of society” (Yarrow 2008:353). Individuals discussed being

driven by the cause (democratic Ghanaian development), which drove their careers and their personal trajectories, rather than the values of the cause being circumstantial to their decision. One distinct difference in meshing the personal and national narratives here is that his informants were Ghanaian, and not geographically displaced in their quest to fulfil their goals, unless it was a move out of Ghana as a means or as a result of their nation-building work.

This section has explored the ways in which Mercy Ships volunteers are viewed by secular aid organisation staff in order to demonstrate the professional terrain in which they operate when on outreach. Showing how Mercy Ships staff are viewed by others offers a perspective not only of them, but also of the larger world they inhabit by extension. These are spaces that they hope to gain sponsorship from; that they function within in order to maintain a professional role and form. These opinions matter as they shape both the development landscape in Cotonou and other contexts, as well as the identities of the volunteers and the organisation they work for. Next I turn to the encounters among volunteers on board and how the ship community itself offers an arena for the contestation and interaction of their beliefs and potential transformations.

### The role of faith and God in creating a sense of ship community

*Yeah, it's a very good place to experience Christian life. Because you come, you are Christian, and you come into this society, this mission, live on this ship. Your first thought will be: this is a place for excellent Christians. That will be your first mind.*

*But along the way, you meet some frustrations, some behaviours, and you wonder "Ah!?! Are these people Christians at all?" But the fact is, the Bible says 'thou shall not judge.' You do not have to judge, it is the Lord who will judge. And the Bible is also saying that the temptation is about to come. Even Jesus, the son of God who was sent, although he was the son of God, but he did not have things easy; he himself had to pass through temptations.*

*And we are saying we are Christian, meaning we are Christ-like, we are following in the footsteps of Jesus Christ. Do we want to avoid all those temptations? No. We must walk through everything if we say we are walking through the footsteps of Jesus Christ. But if you don't understand (this), you will carry a lot of grief.*

- Greenfield

Previous chapters provided some background information to life on the ship and to the lives of volunteers. This section looks in more detail at one of the crucial themes pertinent to those who serve as a way of exploring in greater detail the dynamics of the onboard lived experience. This is the influence of a belief in God, and faith in general, on harmony amongst crewmembers regarding work, family, and personal satisfaction. The physical body of the

ship provides crew members not only with a home and a job, but also structures their lives as they live attached to land by a juddering gangway suspended between ship and dock. On board, they are united as a body of individuals on the same mission, and the religious aspect shapes their activities, thoughts and responses and permeates day-to-day life. During a tour I was given of the ship that replaced the *Anastasis*, the *Africa Mercy*, the faith-based components became apparent only at irregular intervals as we made our way through the ship: stopping at the ‘community room’ where ship-wide crew meetings and church services were held; the TV showing evangelical films to patients waiting for admissions in the hold of the ship; the private prayer room; and sprinkled throughout the language of the tour guide when she responded to a question about what her post-ship plans were: “*We’ll see what God has in store for me next.*”

Given that the public image, mission and outreach activities of Mercy Ships is to follow the example of Jesus, it is unsurprising that its Christian component is emphasised first and foremost to the crew. While the Christian structure of Mercy Ship’s mission is seen to be overt and institutionalised, its profligation is interpreted, maintained, recreated, and reinforced by the crew at an individual level. I found that showing one’s Christianity *on* board was as important as acting Christian *off* ship was, which was especially encouraged during outreach activities. While patients receiving medical care on board the *Anastasis* could stay there with few evangelical activities addressed in their direction, crew could not.

Applications to volunteer as crew are vetted to maximise the likelihood that faith-driven and other spiritual goals might be achieved through time spent on board the ship. Although there are many ways to participate in ship life and not everyone attends every voluntary prayer opportunity during the week – impossible unless one is willing to use all of one’s available free time – everyone was very much encouraged to find a niche and to sample the activities available. Many non-mandatory seminars were on offer in the evenings, and groups formed around special interests such as Bible study or performing Christian pop music. As stated in the previous chapter, activities that encouraged volunteers to engage with people off of the ship provided further opportunities for bonding and evangelism.

#### *A ‘Utopia’ on board: skimming on the surface or diving deeper?*

---

The week before the *Anastasis* left port in Freetown, the risk of stow-aways hoping to hitch a secret ride to Europe increased, and a night-watch system was instated to guard against

would-be migrants trying to climb aboard the ship's mooring lines or sneak on deck from a pirogue in the water. If the ship is found to have even unintentionally "smuggled" in illegal immigrants the organisation is fined, and so crew members are asked to sign their names to a roster indicating which night shifts they could work to protect the ship from unwanted visitors. After months of rigid gangway and port entrance controls, this was the last effort to secure the boundaries of the ship, and everyone was invited to help keep watch over their borders before departure. The job generally assigned people to a section of deck that they were then expected to spend time patrolling, but the task was relaxed enough that some people brought books for the nights when the moon shone enough light by which to read. In the mornings, word would travel across the dining room of any incidents – "embarkation scares" – encountered in the night. People were generally very quick to chip in and volunteer for chores that were for the good of the 'ship body,' such as forming an assembly line to unload food-stores from a newly arrived container and getting approved as a blood donor for future needs in the hospital lab.

One evening on my 'watch dog' shift shortly before the sail to Tenerife, I fell into conversation with Frank, whose coverage area bordered my own. Frank was my boss in the galley, and through the departmental orientation for newcomers and the tri-weekly devotional meetings I had learned some more about him. These meetings all in some way offered a venue in which to explain his path to the ship and, superficially, the negotiations in his evolving relationship with God. My cabin mate, Sarah, was on deck as well, and in our conversation she exclaimed how astounded she was by the friendliness of everyone on the ship towards each other. She spoke as though it were utopia; a community where no strife existed and problems did not arise. She described what was a 'paradise' for her. Frank stepped in and responded that actually it was not so in his experience. He laughed and agreed that the ship was a remarkable place, and that Sarah's impression is a common one for short-term crew to have, but the reality is very different for those who live on board long-term. People new to the ship are struck by the positive things that are different from that which they generally have at home: not having to lock cabin doors against theft, smiling faces greeting you in the passageways, an active group available at your fingertips with similar interests and the desire for worship and Bible study. As with many experiences, it can take a while before the cracks in the infrastructure show. It looks like a tight ship from the outside, but, in a sense, participants remain on the outside until they can see the difficulties, problems and complexities actually permeating the way of life on board. In fact, most of my data about the underlying tensions and problems did not emerge while I was living on the *Anastasis*, but rather when visiting the ship during subsequent fieldwork stints or when speaking with

informants many months later and had more established relationships with them. This probably explains why, at least in part, I hardly experienced tensions first-hand in Sierra Leone when I was short-term crew.

During a conversation with Greenfield (a long-term crew member who at times positioned himself as somewhat of an outsider as he reflected on the ship as his home), I told him that I was interested in whether and how Mercy Ships changed people's lives. When responding, the first thing he mentioned was the difference between short- and long-term crew.

*There are two types of people on the ship, long-term and short-term crew. It's a unique place to live because of the characters you can find. ... Long-termers think it is for them, any amendments to the ship bring out how they want to live on the ship – not necessarily in a bad way. Short-termers only try to fit into the system and do the right thing. As long as long-termers are enjoying their priorities, it's ok.*

This can also explain the reasoning why some of the stresses on board go over the heads of the short-term crew: for the most part, they are not involved in the planning and development of the social, spiritual and logistical structures on the ship. Yet they are not immune to the personality conflicts that would probably arise in non-ship settings as well. Greenfield himself was a long-term crewmember from Ghana who started on the *Anastasis* as a deckhand in Sierra Leone and was invited to stay on board after the outreach there. Mercy Ships initially waived his crew fees in his support. At the time of this cited interview he was 45 years old and had been on the ship four years, temporarily leaving the ship for England to undertake a course in navigational training that Mercy Ships paid for so that he could assume more advanced positions on board.

Greenfield made a further division amongst the short- and long-term crew, breaking it down to the varying motivations.

*People can come here because they want to live in the community, they can pretend for three months, four months, and go back and start their old lives again. I'm assuming people can do it because ... they are sent by organisations, just to see what these people do, they see their business. They do not come here with their heart.*

The individuals he is referring to here are generally on the ship for short periods of time (less than a year), as they could not stay on the ship longer without having undertaken a DTS, a programme which requires considerable commitment to a vocal, participatory, public exploration of one's relationship with God. However, short-term specialist crew, i.e. surgeons, are able to come year after year without having gone through a DTS programme.

While Xavier Zunigo (2007), in his study of volunteers who travel to work with the poor at a religious order in Calcutta founded by Mother Teresa, classifies the type of activity they do as *tourisme humanitaire*, the majority of volunteers did not categorise themselves as tourists. Instead they privileged their motivations as charitable and development oriented, rather than touristic. The humanitarian work they undertook in India was part of their identity, and shaped their decisions about housing, socialising and appropriate ways to spend their free time and money. About half of the individuals in Zunigo's study dedicated half of their total stay in India to working with the organisation, one third spent all of it there, and the rest spent significantly less time with the project. Zunigo writes that a considerable draw to this particular destination was the presence of an icon (at least in spirit and reputation): Mother Teresa. Her centre is one of the "most prestigious orders in contemporary Catholicism" with which to volunteer, and manifests a "virtuousness amongst virtuousness." No doubt this is a pull for many of the participants who wish to witness the deeds of this charity and be associated with it.

It is worthwhile comparing the volunteers of this organisation with those who are drawn to the *Anastasis* in order to pull out some of the noteworthy characteristics of Mercy Ships volunteers. While volunteer tourism has become increasingly popular over the last decades, both as an activity and as a study topic (so much so that it has become known as *voluntourism*), it was never identified with in conversations I had with crewmembers, even those who were short-term (under two years). People spoke much more about their purpose on board as engaging in mission work, or using this experience to prepare for future off-ship mission work.

While neither group of volunteers likes to refer to themselves as tourists, Mercy Ships volunteers generally treat Mercy Ships (and the subsequent experience) as the sole destination in their travels. Crew only receive vacation time after several months of service (but weekends or days off can be used for local off-ship travel) and holidays are often taken to go back home, with the additional aim of drumming up further sponsorship. They do no doubt exist, but those who leave the ship, organise their own accommodation and continue travelling independently are few and far between. The allure of the Mercy Ships experience, even for short-term crew, appears to be precisely the community, infrastructure and resources that are offered: the boat that will move its position and the crew that will stay with it. In addition to the comfort and security provided by the ship (compared with living in more typical missionary settings in Africa), it also embodies a physical structure that appeals to the



romantic notions of travel and charity that personifies an almost mystical allure that perhaps few other nongovernmental organisations do (see, for example, Karin's narrative in chapter three).

Another notable difference to the volunteering in Zunigo's study is that Mercy Ships attempts to match up the duties needed to be filled with expertise from the pool of its volunteers' skills, and crew regularly do jobs requiring expertise approximate to that which they have used and developed in previous paid employment (this is more obviously the case for medics and marine staff). This, along with a core group of volunteers who see the ship as their main home, creates a community that for many takes the place of "real life", rather than serving as an escape or an adventure away from someone's real life to which they will return later. Decisions about where to stay (in more expensive guesthouses or cheap rustic dormitories for example, as in the Calcutta study) and how to live are removed as Mercy Ships provides the structure for most practical aspects of living and working with the ship.

A sizeable number of the ship's short-term crew is staffed by American and European (primarily British and Dutch) youth in their late teens and early twenties who are looking for a type of "gap year" experience. These individuals often have jobs in crew services (cleaning) and the galley (food preparation and service). They sit together near the front of the dining hall and flock together in each other's shared cabins in the evenings for movies and games. While those who come are generally Christian, Greenfield spoke about two people who were not and were specifically looking for a "holiday," as he termed it, and they eventually became his friends:

*I have some two friends from Canada; they were just looking for a place to go for holiday. They met this thing on the internet and they tried and they were successful and they came. They stayed here for three months. But they were not Christian. And one of them was always complaining, always complaining:*

*'Ach, Greenfield, I've never been in a place like this before.'*

*And I told him, 'Once the world is green and changes are coming, you are here already, you need to see what we do.' But one of them, at the end of his stay, went to human resources and spoke to the lady there. He couldn't believe that he had so much change in this life as he did, because he wasn't a Christian, and he listened to me always and he took me as a friend. My life alone [Greenfield's], made him to see Jesus. This is what he told me. He became a Christian.*

It should be noted that examples such as the above did not appear to be the norm and I think Greenfield mentioned them because they differed from most of the other experiences he knew

about. Further discussion with Greenfield highlighted the fact that he distinguished between people who came on board for personal gain versus those who came on board for Jesus. This conversation, among others, led me to believe that simply having good intentions to help was not enough to be united to the body of the ship and to belong to the ship mentality. Taking myself as an example, I felt separated from the ship mainly because I felt that I did not believe in God. However, the fact that I was researching the ship also compounded any alienation I felt. In spite of repeated trips back to the ship, Thomas took pains to keep himself separate from the mission and the body of the ship by questioning the beliefs and by minimising participation in group activities, such as devotionals and Saturday projects. (In addition, as mentioned, he was one of the few people I knew who complained – in similar ways to the Canadian that Greenfield referred to above.)

This feeling of separation from the religious body of the ship was also felt by those trying to assimilate with the group feeling on board while at the same time trying to come to terms with their own style and depth of religious expression. One young woman, in the departmental morning devotional, shared her emotions on her adaptation to the ship community with the group, saying that she was surprised by how distinctive she found the ‘religious culture’ on board. Back in the Netherlands, before joining the *Anastasis*, she had felt like she was a good Christian, active in her church community and making the effort to speak about Jesus and her faith with her non-Christian friends. However, when she observed people raising their hands up in the air, emphatically exclaiming and praying together out loud during the weekly community meetings, she was taken aback. She explained that at first she felt that she was not a good Christian because she did not praise the Lord as ardently as her fellow crewmembers and she felt uncomfortable leading groups in prayer. She went through a period questioning her belief by comparing herself with the other (more vocal, and therefore, more visible, and, she supposed, more loyal) crew. However, her conclusion after considering her own practices was that what was important was her “*pure heart within*” and not the way in which she performed her faith for others, and that God was more concerned with her soul and spirit than how she expressed her prayer.

A number of people, mainly Europeans, told me they found the Christianity of the *Anastasis* to be ‘American’ in style. They elaborated on this by describing it as being very performance and community oriented and that participants here were much more vocal than they would have been at home. Although most volunteers are Christian, the denominations and practices of their religious beliefs often contrast with one another. There was a lot of talk on board the

*Anastasis* about being tolerant of, and understanding, fellow crewmembers' various interpretations of Christianity.

In addition, as Greenfield alludes to, there is a sort of 'ship philosophy' that dominates the way of life on board. I was told that this philosophy varies, and is influenced to greater and lesser degrees by the nationality of the captain, the country of outreach and the majority or number of any of the nationalities on board. Long-term crewmembers had different ideas as to what influenced the ship's philosophy.

Another crewmember who expressed moving through a simultaneous attraction toward- and distancing from the ship was John, the eye surgeon from the USA (mentioned in the last chapter). John recently finished his specialisation in eye surgery in New Orleans, where he lived on his sailboat in the marina throughout his education and work experience years. Before taking a permanent position, he wanted a way to use his new qualification in a non-profit setting. For a year after university, John had worked at a mission in Colorado but had not found his way back into doing community service work during his qualifying years and missed volunteering. He was clicking through websites for international medical NGOs in his search and, when landing on Mercy Ships' homepage, first saw a picture of a young child after being treated for the condition that was his specialisation. Then he saw a picture of the *Anastasis* – bright and white, docked in blue waters – and the fantasy developed. Here was a way for him to put all of his years of training to good use, see the world, and the ship-aspect in particular had a lure about it that other organisations he was looking at did not have. He recounted the moment that he came across Mercy Ships as being an 'aha moment,' his own version of a calling, though John did not use this term.

Mercy Ships, always in search of competent surgeons, welcomed him gladly and he initially signed up to join the *Anastasis* for six weeks, starting with the screening in Cotonou. The feeling he had of being a stranger on the boat after his arrival in November lasted longer than he had expected, he said. At one level, friendly people were everywhere, having gone through a similar arrival procedure and living together day after day. At another level, quarters were quite close, too close, with crew only receiving a private cabin after three years of service. As said before, the crew relies heavily on itself for recreational purposes, and off-ship activities are limited for the unadventurous in a city such as Freetown or for those who have a rigorous work schedule, such as the surgeons. John is Catholic, but, as he put it, in the "going to church a couple times a year and on Christmas way." His upbringing was vaguely Catholic, but he had never spent that much time in community-oriented religion (unlike many

on the ship) despite having worked full time at the Christian-run mission in his early twenties. He found this to be the trickiest aspect of ship life for him to get used to, more than shared meals and communal living, except that the close-knit living repeatedly brought his difference to the surface, confronted him, and gave him a sense of feeling apart from the others. Of course, there were others that were also going through this, but it was not vocalised and the voluble expression of faith drowned out the whispers of those struggling to adapt. He initially felt detached from the body of the ship but through ritualistic participation in the organised activities this passed as time went on, and he signed up for further stints volunteering on board.

Both Frank and Greenfield touched on ideas of what attitudes people “should” have in order to become a part of the ship. Frank suggested that there were different interpretations of good will that ultimately offered little resolution for the stresses on board resulting from working and socialising together. Even if people were Christian, the undercurrents of different beliefs and personalities made it difficult to achieve harmony in a set-up involving distinct characters living together. A common overarching belief was not enough to overcome personal differences that were independent of faith. In the end, faith did not solve interpersonal issues on the ship, but was able to give individuals a framework to better manage their own lives and actions in relation to the difficulties. From other discussions with Frank, I sensed that finding his place on the ship had been a fight for him. Alienated from his family because of his (more devout) religious beliefs and leaving home at a young age in order to go in search of a community where he could practice amongst like-minded people, he bounced between communes and gurus before landing on the *Anastasis*. His home on board was hard-fought and the result of years of personal struggle, and influences that he perceived as coming from outside – be it the Mercy Ships administration in Texas or newer crew members – threatened the security he had finally found.

Greenfield said that in order to truly unite oneself with the body of the ship, it was not enough to have good intentions, but that one must believe in God as well. He separated people into groups of short- and long-term, believing and not, raising questions of what exactly the predominant ship culture was, how one exists inside and outside of it, and what faith actually means.

To elaborate on the idea introduced above that good intentions are not enough, I shall now discuss an informant's interpersonal problem. Pressure had been brewing already for many weeks around a particular issue and came to the surface while I was visiting the ship in Ghana. I was able to sit in on one of the negotiations between the parties involved.

The problem was between two women working in the salad department of the galley: Marion, a 45 year old German woman in the first weeks of a year-long stay on the ship, and Frieda, a 60 year old Dutch woman on board the ship for six months. It was her fourth time working for Mercy Ships with her husband. Marion was hired as assistant cook, but because of her broken English skills the Head of Dining Services had felt it was not working out and placed her in Salads (the salad branch of the cooking team), where she had recently been promoted to team leader when the previous team leader left the ship. She really enjoyed working in Salads, the fact that she was promoted, and the challenge of having to create five different salads out of the available ingredients for all afternoon and evening meals. *"You can't imagine how difficult it is – how many things I have to keep on top of!"* she laughed. *"I sweat more there than I would a week in a sauna!"* The tension between herself and Frieda, she claimed, was jealousy and pettiness. Although Frieda had worked in Salads on her previous stays on the ship, she had been overlooked for the position of team leader because of her poor English (both comprehension and expression) and lack of leadership skills. Marion and Frieda would exchange harsh words, and Marion felt her position compromised when Frieda would ignore her instructions. Both parties were known to have walked off in either tears or a huff.

The issue expanded into one that extended beyond the salad section and to the rest of the galley, creating an unpleasant work environment for any individuals around. They had some mutual acquaintances in common on the ship, and it made meal times awkward for everyone involved. Lionel, head-chef and second-in-charge of the galley staff, decided to mediate to find a solution between the two of them. Both of the women's partners and myself attended a meeting, which forced each party to air their grievances to each other's faces, with witnesses.

After this 'conflict resolution' meeting I only heard Marion's side of the story, unfortunately, so I don't know how things played out for Frieda. Tensions only subsided for some time, on the surface, and eventually improved once Marion's English was determined to have improved and she was moved back into a chef position in the meals part of the galley. But in

the process, more than the actual strife between Frieda and Marion, the fact that there was no resolution was what continued to tax Marion – she was incredulous about how they couldn't figure out a way to make things work between them, and also at how overwhelming this disagreement felt and how it permeated her entire ship experience.

Marion was not a big Believer and came to the ship on the urging of her partner Thomas in order to share an experience with him. When we spoke about her adaptation to the ship she also alluded to her separation from the rest of the crew. She went on to say that people all prayed together and everyone was super nice on the surface, but then they could turn to someone else and complain and moan about them behind their back. In her view, people were not necessarily as “God-like” as she would have expected. And since she did not consider herself to be very religious in the first place, she did not have the same expectations of herself as she did of others.

That said, she really welcomed this ‘American Christian’ life, which for her in this instance was defined by the fact that people sat together every day at work (in morning devotionals) and took the time to try to shape a group within the department, to make the time and give energy to the job so that it could be more meaningful and profound than simply the daily production of salads. She liked this and said this spirit was missing at her job teaching at a high school in Germany, where actually she would have expected an emphasis on community building and cooperation, but it was not fostered at all.

I think these examples demonstrate human frailties, vulnerabilities and limitations and the fact that they remain influential even in supportive, contained environments. Cabin doors may not be locked, people may be willing to work for free, but the ship *needs* God to work, and yet God doesn't fix everything for everyone. How this is worked out varies from person to person. Mercy Ships offers a small degree of flexibility in this regard, in terms of how to live one's life while serving with the organisation on board. Others also had issues to work out on board – if not due to another crewmember, then with themselves, as explored in the next section.

### *Resolution for oneself*

---

The ship can be different things for different people. On the one hand there is the dominant ethos of the ship, which requires crew to behave in certain ways – no drinking, no premarital

sex or sharing of cabins between unmarried members of the opposite sex. However, there are other viewpoints that find expression. Plenty of Mercy Ships volunteers partake in the aforementioned taboos, but do not flaunt it while on board because of ship rules. For others, these externally imposed boundaries actually develop into a guide because they are considered as there to be pushed against. A conversation with Lucy demonstrates one example of this:

*L: So I did feel that in terms of my religious experiences that I had in my life before the ship, the ship changed it in a positive way to a certain degree because there were people who weren't super conservative and they were still able to embrace Christian ideals.*

*I: Who weren't super conservative...?*

*L: Yeah, cuz my friends and I, like, the ship has different little policies but we were like the kids who kind of went to party a little bit and stuff like that. And so we had like this little subculture, right, of people who, like, maybe indulge a little bit too much in different things, like hiding and going off to smoke in the docks or whatever and stuff. And so I was like "Oh! I can do – I can be the person that I am and also try to, like, seek out the God in the human condition that we're in; we don't have to be, like, these perfect people and that's what I concluded that, like, maybe God can meet you where you are at or whatever."*

Lucy compared Mercy Ships with another Christian ship called DOULOS, a floating library and bookshop that promotes literacy in low-income countries. The two ships were docked next to each other for a time in Togo, and she happened to have a friend from home living there that she met for dinner. She was dismayed by the life her friend led on the other ship:

*They had soooo many rules. I mean, like you can't talk to a person of the opposite sex for more than ten minutes alone, and like, I mean, just insaaaaane rules. Like if you want to date someone you have to get letters of permission from both of your pastors at home and they have to submit it to the ship and then some meeting has to go on – compared to that of course ...*

She described Mercy Ships being “pretty lax” in comparison, citing the further example of crewmembers not being forbidden alcohol, as long as they didn't drink it on the ship nor sully the reputation of the ship in communities on land through alcohol-driven behaviour.<sup>80</sup>

However, when it came to her own drinking, she acted in a way that suited her evolving idea of her identity at the time. Breaking-the-rules was part of who she wanted to be, and Mercy Ships afforded her a setting to test and try things out that otherwise would not have been controversial. Lucy was exploring how to make the ship experience her own amidst group living, through choosing who to become close with and what activities to do.

---

<sup>80</sup> Mercy Ships also has a rule about dating amongst crewmembers, in that one is supposed to meet with the ship pastors to announce the relationship and talk through things when deciding to embark on the relationship together.

Lucy's quotes, as well as those of others throughout this chapter show the role of the ship as a place to figure things out, either by following the rules or breaking them. For most people, awareness of and the sensation of the limitation of the rules were probably not at the forefront of their experience on board. Another woman was working through things by staying on board without funding. Her sponsorship back home had run out and she was not certain of where to go or what she wanted to do next, but the ship administration allowed her to continue on board for nine months before eventually another funding line came through, permitting her to wrap up a few more months and then go home to Switzerland and try to settle down there. I met her first during these 'floating' months which she viewed as a blessing from God, given to her through her colleagues on the ship, as she got over the dissolution of a ship-relationship and narrowed in on how she wanted to gestalt the next years of her life. This example shows the generosity of Mercy Ships in supporting a long-term crewmember, but it also highlights the insecurity of making a home in an unstable setting that ultimately is not yours and is dependent on the commitment of sponsors off-ship.

I think Lucy's quotes also bring up an important question to some crew which is how to make one's life one's own when it is lived communally. She reflects on the actual activities and physical boundaries that caused her to probe more deeply into identity issues, while others referred to having a sense of privacy and autonomy in day-to-day life. Greenfield, a friendly but also self-sufficient man, recounted the following one day, when talking about communal living on the *Anastasis*:

*Too much! Sometimes people force you to talk and you don't want to talk. Me, on the ship, I don't like to talk. One time, I was working in the hold, and while working on a piece, I hammered my hand, went to the [ship] hospital and the doctor advised me to wear a cast. So I had to walk around for a time with my arm in plaster up to my elbow. Can you imagine?! 450 people each wanting to know how you are. And you have to tell each one because each one is special! And it doesn't stop there. The next day they all want to know how you're going on... He laughs.*

I love these words from Greenfield because they illustrate so well a funny twist to the ship – firstly the incessant social life engrained in living there. At the same time, this quote subtly evokes the contrast to the ceaseless small talk Greenfield was confronted with as a result of his accident. I can see the people that feel alone on the ship, that have a problem and can't talk about it, that walk in their own bubble amidst a crowd of people. I was struck once by someone's happiness that, through a connection, she obtained a spare jar from the galley, allowing her to fill it with muesli at breakfast and to go sit in peace on the aft deck in the



morning – a tip I took cues from and also learned how to carve out a bit of morning time from time to time instead of eating with 300 people. People skip out on devotional meetings, miss community service, and find a place on board to be alone because even in one’s own room one would have to explain why one wants to nap at two p.m. on a Saturday (and probably be woken up a half dozen times by roommates). And yet things work out, for the most part, it seems. One night when I was visiting the Africa Mercy in Ghana as a guest with the privilege of not having a ship-job and not having to wake up early, I stayed up late into the small hours in the lounge, writing. I was alone, except for a twenty-something year old man who took a chair, straddled it facing the mirrors at the big ballroom landing, and talked to God for two hours while looking in the mirrors – unaware of (or at least not bothered by) my presence and uninterrupted in this public space the entire time. People figure out how to make the ship work for them, as they figure out how it factors into their new lives.

These encounters are made valuable through the structure the ship provides, significant and transformative even if they are not about direct encounters with the patients. So much of what this experience is about for the crew is more than simply the development of medical skills and the medical transformations of the patients, as has been demonstrated through framing one’s journey as a calling (described in chapter three) and the encounters with land described in the previous chapter.

As seen in the next section, volunteers make an effort to present one side of themselves in public dialogues as a further way of defining and creating their relationship to the ship, God, and their missionary experience.

### Writing home: travel and self-presentation

---

I am wandering through a crowded tourist market in Freetown, Sierra Leone, with four young Dutch and American volunteers trying to stock up on souvenirs before setting sail to Tenerife and ultimately back to Europe. We run into others from the ship taking advantage of their last weekend in Africa to buy fabrics and fertility masks, haggling the prices down to fit their budgets and mentally checking off the people for whom they are buying on their gift list. At one stall, a vendor asks me what brought me to Freetown, and I mention the hospital ship docked across town and asked if she has heard of it. “*Ohhh, yes, yes, yes,*” she tells me. “*You are angels, absolutely angels sent from heaven...*” These volunteers, all serving for a relatively short period between four and six months, had been carried to Sierra Leone by their

faith; their identity marked by their belief in God, their commitment to travel overseas, and, locally, by the reputation of Mercy Ships. The vendor called them angels, and in doing so, she labelled them as a particular type of traveller passing through her city.

Just as travel and tourism have so frequently been interpreted as being religious experiences (Badone 2004, Howell 2012) here the touristic aspects (even if only considered as such by external observers) of these international FBO volunteers can also be seen as a form of pilgrimage and as a rite of passage in their relationship as a Christian to God. These individuals have created a relationship with their host community, defined through service to God, and at the same time maintain relationships with their communities back home, radiating out an account of their overseas mission detailing their time on the *Anastasis* to those they left behind. This recounting of their travels is important as it provides an arena to garner further sponsorship as they relay a picture of, generally, a joyful and suffering Africa. Thus their journey to the ship, instead of being a time of experimentation and freedom as is commonly associated with travel, is instead framed by a sense of heightened accountability as they engage in the public exposure of their missionary activities to their community back home through letters, blogs and presentations. In addition, a sense of a *personal* accountability to God also features in their writing.

Although many kinds of social service could be seen as being personally transformative in nature, part of the impact of the Mercy Ships phenomenon can be explained by the personal-quest aspect to travel (Badone 2004) and to the pursuit of bettering oneself through one's missionary work. Leaving home and travelling to a foreign country in order to follow the example of Jesus means making the choice to not stay home and engage in similar missionary activities there. As discussed in the introduction, this is a decision that follows a long history of (medical) missionaries that have taken similar steps under different circumstances in the past. They followed the most direct route into a human connection – health and the body – using one of the ultimate transformative powers available to humans: medicine (see Comaroff 1997 and Ranger 1992 for examples). Wayne Fife (2004), in a reading of British Missionaries in New Guinea, points out that missionary travel is a sort of pilgrimage in itself. They are trying to “turn the old self into the new self” (Fife 2004:142) by committing to live on the ship. There are other appealing aspects to serving on Mercy Ships that may encourage it as a missionary destination over others, but for many people the chance to embody the imitation of Jesus in order to be a better Christian is one that cannot be ignored.

Pilgrimage is an internal and external journey toward an ideal destination.  
The individuals involved in this form of physical and spiritual movement,

which normally involves hardships and difficulties, expect the experience to change their relationship with the sacred. (Fife 2004:156)

Even though there are comparative luxuries on the ship that would be difficult to come by were they living a hundred metres inland in, for example, Monrovia, Liberia – such as being reachable on a US telephone number, warm showers, air conditioning, American junk food in the “Ship Shop” – the potential sacrifices to this mission are evident: being far away from home, not being financially reimbursed for work done (nor being able to save money for the future), cramped living quarters, and illnesses they would not catch at home, to name a few. This is for them a rite of passage, as they learn through following the actions of those they admire, entering into a world of insider references and understandings both universal and specific to their experience.

### *Writing and representing experience*

---

As a part of trying to understand the experience of volunteering on board the ship – including the motivations, rewards and frustrations it entails – I also turned to the public documentation of experience that many crewmembers maintained. Websites and blogs were written as a way of keeping up with friends and family back home or as a personal (although not necessarily private) journal. As varied as websites can be, some of them portrayed an unreflexive account of day-to-day activities, mainly focusing on the details of medical and missionary work done by staff on the ship, not necessarily by themselves. These demonstrated the writer to be part of a collective, someone who identified with the overall mission, even if their job was not one typically highlighted in the press material or the identity of the FBO (for example, a staff member in the crew services department posting pictures to her site of the latest successful surgery done to remove keloids from a patient’s neck). They used the material both to advance the reputation of the organisation as well as to appropriate it as a part of their identity. Other volunteers also saw their websites as an opportunity for explanation. The following is taken from the site of a family who left jobs in the corporate world to move on board after being “called” to do mission work:

This web site’s purpose is to inform our family and friends on how the Lord has moved in our lives and called us to become missionaries in His service. [...] We also understand that many of our family and friends will have difficulty understanding why we are willing to give up our personal careers, ambitions and to a large extent our possessions to serve a people that we have never met nor even share a common language with. We hope that this web

site will show you why we have made this decision to serve God and how He has opened doors and empowered us to begin this great adventure.<sup>81</sup>

The stories found on many of these sites appeared to be, as expected, more censored than those that come up in conversations, in which one can tailor the content to a specific (smaller) audience. They also form narratives, linking lived experience in the everyday world with the conceptual life that frames and gives meaning to experiences. In a sense, even though they are censored to a certain degree, the blog narratives do precisely that. As some of my informants told me, ideally, in the pursuit of missions, volunteers are not supposed to dwell and ruminate on their personal problems. In their blogs they have the opportunity to represent a picture that is, possibly, ‘holier’ than they will regularly feel in their quotidian life and private thoughts. In this regard, the outward expression actually forms an exercise of reflection and illustration that brings them closer to their conceptual, spiritual world, thereby enforcing and encouraging the practice of that in which they believe. This becomes clearer in examples that follow.

Influencing the sensitive nature of blog content are not only practical matters, such as the fact that each personal word to some degree represents Mercy Ships, but also that those reading are often sponsors of the authors. Crew fees cover the cost of accommodation and food, but there are flights, clothing and entertainment costs to also come up with, totalling several hundred dollars a month. Many crewmembers live on board for months or years at a time, and as there they are working fulltime without pay, funding generally needs to come in the form of sponsorship from those back home. To that end, to gain funding, presentations are held at their churches or former places of employment about the NGO they had chosen to work with and subsequent newsletters to sponsors often are part of an agreement for monthly contributions. The lives that crew members portray publicly – on their blogs, websites and newsletters – are often not simply logs of activities and thoughts, but are crafted as representations of their goals, beliefs and mission for the eyes of those back home who support their work. A conversation I had with Monica, a 27-year-old ward nurse, about “censoring” her newsletter highlighted this:

*When I first came to the ship, I used savings and then when I decided to stay, my dad sponsored me for about a year. Yeah, definitely, finances factored into my decision to stay here, but only in the sense that I knew I had to find a way to make it work, it became clear to me that God’s plan was to keep me longer on the ship, and so after my first year I went back home and spoke at my church and also at the hospital I used to work at, and they saw the value in what I was doing and decided to sponsor me. Their blessings and generosity are really what made it work in the end.*

---

<sup>81</sup> <http://www.theelliottadventure.org/>

*Pledges have dropped off a bit in the last six months, but I still have enough to live comfortably while we are in Africa. ... And so, yeah, it's true, my newsletter is part of the deal, to keep them informed every month – I want people to be aware of what Mercy Ships does, and about my job, and about how I'm feeling here, but I can't really talk about the bad days. [...] Well, some bad days, yes, but not stupid things that happen between people on the ship that may make me have a good day or a bad day. I think that kind of stuff happens all over, but I don't really think that that's really what people want to hear about. In a way it keeps me focused, anyhow, because I shouldn't be dwelling on those things. That's not why I am here. . . .*

While Monica offers an example of certain things being left out of her newsletter in order to concentrate her mind where she thinks it ought to be, other blogs show that it is the audience that can stimulate a person to probe more deeply and to react to the ideas of those she engages with in the open forum. A long-term volunteer wrote a New Year's message, revisiting the past year during which she had left the ship and moved back to the United States. Complementing passages that appear very open and personal in nature, she appeals to her readers to follow her lead:

I let go of fulfilled dreams, the souls saved, the natives taught, my friends scattered over the Nations. I let go of the honor and glory in serving. I let go that I may embrace the new city in which I dwell, the community in which I now serve and the new patients in which I will heal. [...] What do you need to let go of? ... Let it go that you may embrace what lies ahead; what Christ has ahead for you. His mercies are new for you.<sup>82</sup>

In reading many blogs by volunteers over the years I saw a trend more recently towards sharing personal feelings about the conflict of believing that God is in charge, that He is a good God, and questioning why a good God would choose to make or allow bad things to happen. These posts showed more questioning and more inner turmoil, and expressed how volunteers grappled with maintaining their faith. However, interestingly, almost all of these posts had a sense of resolution by the end – there were not any cliff-hangers or open-ended plot lines. Within each post, the questions have answers: God does not give us more than we can handle; God shines his light so that the darkness can be illuminated; God will have come through for us according to his plan; and so forth.

I believe that this ready-resolution meant that these questions were not written about until they had been resolved for the author (even if they would continue to pop up over time) and or that the act of floating this resolution into the public was a way of solidifying belief and seeking affirmation from a like-minded audience.

---

<sup>82</sup> <http://www.reachout.org/nancydelamere/>

These examples demonstrate that the volunteers are not simply changing themselves in the process of travelling as missionaries, but that a self-selected activity, a cross between record-keeping and publicity has, compounded by the internet, shaped their lived-experience, not only their documented experience. I suggest that writing about their experiences, no matter whether they are censored or not, brings and keeps the volunteers closer to God. In doing so, they are articulating their thoughts not only in order to have a personal monologue with God, but also for those who will understand the context within which they are writing and the goals they are striving for. These volunteers belong to a mobile location – nested within others’ territory, following in the footsteps of generations that came before them – and, through the process of pursuing their personal quest to change others, they change themselves.

## Conclusion

---

This chapter has addressed a significant focus for Mercy Ships crewmembers beyond the medical outreach: their co-volunteers and the community on board. I have shown how the formation of Mercy Ships volunteers as a particular group begins with the external perception of them and their work. Other volunteers and professionals in development and medical aid define their opinion of Mercy Ships crew through the religious underpinnings of the organisation, often quite critically. In spite of this perceived difference, crewmembers’ experiences resonate in some areas with those of other aid workers as they make choices to leave home and commit to humanitarian efforts, broadly defined.

The crew as a unit, working together towards common goals and forming a community, is also significant. Crewmembers form a body of relationships, messages and practices which one can choose to align oneself with or define oneself against. The Christ-imitating or aspirational environment, and the volunteer body’s interpretation of this, shapes people’s experiences with each other, so that it is not solely the missionary outreach aspect of serving with Mercy Ships that is transformative or influential. Identifying, situating and creating themselves within the group on board are important parts of their journey. Crew also negotiate their personal journeys in public domains with their sponsors and their image back home, through blogging and other media, which further offers an arena for them to mould the understanding of their experience and their interpretations of their Mercy Ships encounters. The challenge of negotiating their lives within the confines of the community on board and

creating meaning and value out of the experience is central to the most impressionable and influential aspects of serving with Mercy Ships.

---

## PART FOUR

# Transformations

---

### Chapter 8

## **Post-ship experiences: personal transformations and muddling through**

### Chapter 9

## **The body as congregation: community**

### Chapter 10

## **Conclusions**



## Chapter 8 | Post-ship experiences: personal transformations and muddling through

---

*Te-nɔ-kpɔn-Mawũ-tɔ ɔ àfɔ nɔ kú ì ǎ. – Fon proverb*  
À celui qui attend Dieu, les jambes ne fléchissent pas. | Whoever confides in God  
will never lose hope. // Patience in god has no limit.

### Introduction

---

This chapter examines people's lives after their encounters with Mercy Ships, and in particular after their stays on board the *Anastasis*. For some, this is a liminal period. Their connections and engagement with the ship continue. Some leave the ship and are drawn back again. Others leave and do not return, nevertheless their experiences on board (albeit in different ways) continue to shape their lives. This chapter is divided into two parts: the first more focused on patients, and the second on crew.

For many ex-patients, the post-Mercy Ships period signifies a health-ful period, with only minimal medical issues influencing their ability to function. For others, their stay on the *Anastasis* does not mark the end of their complex health journeys. By and large, these are not two distinct categories of patients. However, in order to help delineate some of the central themes of change made possible by the ship, I have written about them in terms of the quality of health of the post-surgery periods that I witnessed during fieldwork. I begin the section about patients describing the states of healing and recovery many of them experienced after leaving the *Anastasis* and the resumption of daily life activities, before showing the impact of continued health problems and complications on people's lives. This chapter shows how lives can often remain a struggle after the Mercy Ships encounter, with poor health events (and recovery from them) being just one aspect of the struggle for a healthier, well-lived future. Mercy Ships, the experience on board, and the healing it brought about reaffirmed beliefs in Christianity, faith and medicine for my informants. I close out this section by illustrating how this became manifest.

The second part of this chapter describes the experiences of crewmembers mainly in their post-Mercy Ships lives. In this section I also include those who have stayed on board the *Anastasis* or moved to the *Africa Mercy*, and who grapple with the issues of staying with the

FBO longer term. Again, the act of being involved with Mercy Ships can extend beyond one easily defined encounter, and my informants have shown me how they move in and out of Mercy Ships, and how it becomes a stepping stone on the path of daily attempts to affirm their lives, beliefs, meaning and purpose (as with the former patients). Mercy Ships is a vessel onto which they can project their ideas about how to live a life serving God or serving their personal goals (if they differ from one another).

These sections are preceded by a short passage drawing out perspectives from the literature on making sense of one's path in an uncertain world.

### *'On se defend'*: Making one's way in an uncertain world

---

In polite company in Benin, when meeting a stranger or an acquaintance not seen in some time, it is routine to rattle off a series of questions: “*How are you? And madame/monsieur at home? How is the family? And the children? And the house? How is your health? And business/work/the crops/the market?*” In these scenarios generally the responses are an almost automatic, “*Bien, très bien, bien, merci, ça va, oui, aussi, merci...*” as the questions are cycled through. But when meeting a friend, or individuals who are part of one's routine daily life in Cotonou and the south, at certain times the response to “*Comment ça va? Comment allez vous?*” will be a slow “*É... On se defend...*”<sup>83</sup> Literally, “[I, or one] defends oneself... I'm on the defence,” a noncommittal answer that avoids going into the details of what forces are playing out on a person's life that need defending from, but draws the conversation-partner into a complicit understanding that life is hard, life can be tough, the balls are up in the air but one is managing as best one can. A clear, understated “I'm in it.” “Things are not good but I am keeping up the fight,” highlighting the active need for protection against the onslaught that life offers. It invokes an air of passive action towards life's challenges that one cannot control while at the same time showing a quiet strength in the face of dealing with them. While the personal ‘*je*’ is used less frequently in Benin than in, for example, France, employing the more general ‘*on*’ when referring to oneself lends a universality to a question directed at just one person. “*On se defend*” can bring out an empathetic moment in a passing exchange while maintaining the code of superficiality in a way that a breezy “*Je vais bien, ça va, merci*” will not.

---

<sup>83</sup> This is not a translation of a typical Fongbe response, the predominant language around Cotonou and common in the south of Benin.

Another expression that implies a sense of managing and muddling through employs the verb *se debrouiller* – a term that Henrik Vigh (2009), in his efforts to theorise the concept of social navigation, evokes from the Portuguese language when looking at his material from Guinea-Bissau. There, he found his informants using the term *dubria* or *dubriagem* to sum up what they had to do to survive: a sort of weaving, swaying, manoeuvring and shadowboxing through life.

Vigh's work on social navigation builds on ideas from Susan Reynolds Whyte, particularly her 1997 ethnography *Questioning misfortune: The pragmatics of uncertainty in Eastern Uganda*, where her informants engage in 'extrospection' – looking to outside occurrences rather than only inside themselves for explanations – and for whom religious faith is not a crutch to cling to when things go wrong, but part of a process of experimentation with various strategies in an attempt to make things go better. As her work illuminates, uncertainty is unavoidable in human affairs, but the work of humans is to hedge against it, organise it through the advantages of social experience, and modify its profound ambiguity with deliberate agency.

This idea of employing 'social experience' to better combat the indeterminate plots in life resonates when looking deeper at meaning-making and notions of living well. Michael Jackson explores a dimension of the struggle of making one's way in a world offering up challenges and lack when he writes his ethnography *Life within Limits: Well-being in a world of want*. "For Kuranko, it is how one bears the burden of life that matters, how one endures the situation in which one finds oneself thrown. Well-being is therefore less a reflection on whether or not one has realized one's hopes than a matter of learning how to live within limits" (Jackson 2013:61). He explains that the people he has been working with in Sierra Leone over the past 30 years negotiate and renegotiate the parameters of their explanations and desires. Expectations are modified and adapted to given situations, reframed in order that they are able to help lives make sense, instead of lives (and their outcomes) being used to explain situations.

Within their uncertain lives, my informants have actively sought out an environment through Mercy Ships in which they could participate in pre-defined activities that included particular processes and procedures in order to effect changes to their person that would be recognisable to themselves as well as to others. They said they hoped that taking part in these activities would give rise to an increased sense of normalcy, health and well-being on the one hand, and a more fulfilled life on the other. These changes are visible and invisible. They are inscribed

on the body and in the body and encompass physical and spiritual shifts in my informants' appearance, attitude, manner of thinking and feeling.

The groundwork furthered by Vigh on social navigation is developed from attempts to understand the relation of the person to his or her social environment. Pierre Bourdieu's concept of *habitus* detailed in his 1977 and now classic text *Outline of a Theory of Practice*, at first glance appears as a useful solution and as a stepping stone to this concept. Bourdieu's ideas of *habitus* are based on Marcel Mauss' (1979, originally 1935) "Les techniques du corps" which was a collection of observations drawn from his years of fieldwork about how different people in different places use their bodies. Among his examples are Kabyle men who manage to run downhill without losing their slippers off their feet and the various ways soldiers of different nationalities march. His *habitus* is an early sortie into ideas of social construction and emphasises the inter-relation between learned and enforced social habit, psychological/emotional disposition and biological determinants. Bourdieu would build upon this inter-related notion as a way out of the problematic dualism of individual versus society.

He was concerned not with subjects as patients of social forces nor as agents acting with intentionality but with people who are both at once. He was opposed to mechanistic and rules-based understandings of human action seeing instead a more embedded improvisational view of how and why people respond in a given way to a given situation. He locates this embeddedness in what he calls *habitus* or a disposition to respond in a particular way.

The concept is attractive as a way of accurately portraying how people with illness and facial disfigurement live within and negotiate their social environments because it does not reduce them to being stuck in a body limited in its capacities by social perception as Goffman (1963) and his ideas of stigma might suggest. For crewmembers who are living in a Christian environment in which there is strong pressure to conform, Bourdieu's notion of *habitus* allows me to position them as more than products of their environment and enables me to see them instead as makers of it who are also able to transcend it, thus remaking their surroundings and perhaps themselves.

The difficulty with Bourdieu is that he displaces the concept *person* as agent to the notion of *habitus* as agent. *Habitus* is amorphous and slippery. Farnell (2000) proposes a way out of the *habitus* through what she calls semasiology, which sees the body and human beings as meaning-makers who are able to read and respond to the value they create. The key question is how does the body talk and what does it say? This is a way of recognising the situatedness

of the body in a social context that understands people as agents who choose to engage with social meaning and bodily capacity. This leads towards notions of understanding identity or catches the edge by which people recognise and capture both themselves and the environments in which they live.

Coming back to Vigh, he elaborates on the ways identities are created through social navigation as he finds it a useful concept to work with when trying to understand ways of surviving in uncertain circumstances. In his definition, agency – while still critical and active in individuals – takes a back seat while the external forces at play (that define living situations for those that do not have as much control over their surroundings as they would like) take to more of a centre role. In this sense, agency is a reaction to the movement and fluidity of daily and exceptional forces that shape a person’s life. He describes *dubrigem* as “equally directed towards both the near and the distant future as the practice of moving along an envisioned, yet frail and tentative, trajectory in an unstable environment” (Vigh 2009:424). Key to his analysis is the term navigate – *navigare*, designating “the practice of moving within a moving environment.”

This resonates with the lives of my informants after their encounters on the ship. While they recreate themselves in fluid, unpredictable settings, the struggle for their lives continues, even though some aspects of their lives are resolved. One consequence of my extended fieldwork period for this research has been that by not closing off fieldwork after one or two years, I was able to see how individuals’ lives carried on well after their Mercy Ships encounter. Just as in any life occurrence, events and emotions that once seemed insurmountable or central to their identities faded as other major inputs took their place. Mercy Ships, and the healing and encounters that took place there, allowed for these developments to come about, while not necessarily remaining central to the puzzles and questions life came up with next.

We see that the social environment is important in translating the effects of Mercy Ships on people’s lives, and that the concept of “navigation” applies to both crewmembers and patients post-Mercy Ships. The encounter is one step; how the lived experience of the encounter is enacted is another. Struggle continues after Mercy Ships. Poor health, if one is lucky, becomes a blip in the past once things are resolved – it’s not necessarily a game-changer (until the next health scare encroaches on a person’s life). Maintaining and re-orienting faith were shown to be crucial parts of a process of organising one’s life after the dramatic encounters on board the *Anastasis*. These ideas will take form in the following section, which details the descriptions of people’s lives after the ship.

*Hello friends and family, I have had good closure as our time in Benin races to an end. As you all know, one patient named Alexandre (highlighted in January's newsletter) has carved a special place in my heart. It has been so rewarding to be a part of cultivating hope and healing in his life! After he had been discharged from our ward we traveled to his village of Tori and I got to meet surprised friends and family that didn't know if he was even still alive.*

*After several surgeries and skin grafts Alex's cancer has been cut away and his face has been reconstructed. The hole in his neck where he had his tracheostomy (for breathing) has healed over completely leaving just a small scar. He will require a few more small surgeries by Mercy Ships at a later date. He doesn't look perfect now, but he is alive, healing well, and testifying to the power of faith, hope, and prayer.*

*When his friends saw him they were not hesitant to express their joy and excitement to have him back! With clapping, gleeful gasps, dancing, and raised voices in exclamations he was welcomed back. I realized that he was quite a well-liked man with a successful career before his life was burdened with his battle with cancer. Please pray with me for God's continued favor and provision for Alex!*

- Excerpt from an *Anastasis* nurse's newsletter<sup>84</sup>

This passage is from an *Anastasis* nurse's newsletter sent to her friends, family and sponsors. This nurse had been Alexandre's favourite nurse, someone whom he valued greatly and felt a bond with during his surgery and recovery on the ship.

At the end of the four months of the *Anastasis* outreach period in Benin, she was able to go and visit Alex in his home environment, ending the phase of healing for her, while he was just beginning, or continuing, the fight for his life with a new episode in his journey. This is a natural stopping point in patient stories for many Mercy Ships crew – the patients leave the ship, and the ship leaves the mission – and both carry on with their lives. When I mentioned the topic of my research to some medical staff, they responded with what important fieldwork they thought it could be, since they generally do not know what happens to former patients after the ship sails. In most instances, a few years pass before they come back to a country (if at all). Some patients will come back to the ship, some will slip through the cracks in the

---

<sup>84</sup> The newsletter was also available online at [www.lisascharf.com](http://www.lisascharf.com) (website since removed); accessed 12.5.2005.

intervening years, but, as with most health professions, the doctor-patient relationship has finite boundaries of knowing, understanding and relating.

When I arrived back in Benin in January 2006, Alexandre was living in his birth village, Tori Gare. This was the start of my second period of fieldwork in Benin. I had been away for a few months in between. The ship had already left for South Africa towards the end of my first fieldwork period (while I stayed in Benin) for its routine shipyard and public relations phase between outreaches – performing maintenance on the boat and drumming up sponsorship and support. During these phases, especially the weeks the ship was in dry-dock, many Mercy Ships volunteers would take their annual vacation, leaving just a skeleton of crew on board. In this case, its next outreach stop after Cape Town was Ghana. Back in Benin, I spent considerable time trying to find my informants again – dialling numbers that had since changed, or retracing suburban roads on motorcycle taxis for those who did not have numbers, trying to remember down which narrow path in the grass their homes lay. Others were in place and we had kept in touch during my time away; we picked up quickly.

Alexandre and his entourage were among these. When we met, he was no longer covering his face with a handkerchief tied behind his head, his skin grafts had healed well and though his face was patchy given the diverse parts of his body skin had been taken from (scalp, lower arms, upper thighs), he was enjoying his new face and features. A patch taken from the side of his head, and reconstructed over his chin and jaw, gave him a sort of beard. A mouth had been constructed so that, after physical therapy, he could eat and drink without difficulties. Whereas before he had removed himself from social activities that involved eating, now he said he felt comfortable doing this in public. The difference between a face half consumed by a deep, open necrotising flesh wound, and this patchwork of both smooth and bearded skins on his face was striking and dramatic, both visually and physically.

Other patients were also doing well post-surgery. The physical transformations enabled previous lives to be resumed, and new trajectories to be followed. Better health permitted a re-engagement into social activities previously rendered difficult or impossible. However, the overwhelming majority of Mercy Ships patients were people without resources to seek health and healthcare elsewhere, meaning they also had limited budgets and resources from which to draw when embarking on their post-surgery life.

Post-Mercy Ships surgery, the former patients that I followed thrust themselves back into their lives and were primarily concerned with providing for themselves and surviving. As

they largely had supportive families and friends to whom they could return and continue their social lives with, this generally meant the two essential primary tasks were physical and pecuniary: recovering from surgery and adapting to their bodies' functions; and making a living either through work, projects, or social resources. For some, their physical transformation involved being able to access and activate new avenues previously unavailable to them when they were ill. Most were “moderately-employed” – engaged in a variety of activities and/or formal jobs that together amounted to enough to be able to live. Post-Mercy Ships, both improved health and physical appearance provided the chance for more opportunities to “struggle along.” I will describe in more details the lives of Chrystel, Dzifa and Alexandre, alongside some others, in order to illustrate these post-Mercy Ships negotiations, struggles, and successes.

### *Opportunities*

---

After her surgery on board the *Anastasis* to remove a tumour from the front of her neck at the age of seventeen, Chrystel finished boarding school in Nigeria and moved to Cotonou to live with her mother and little brother in two rooms in a compound in Jericho, a neighbourhood popular with other Igbo from Nigeria. Her mother sold imported purses at Cotonou's main Dantokpa market, and Chrystel began assisting in the classroom of a small Nigerian preschool and kindergarten just two blocks down the wide sandy road from their home.

During this period she frequently fell ill. As I had only met her on the ship before her surgery and during her recovery, it took me a bit of time to realise that her taxed state resulted from frequent bouts of malaria and anaemia and differed from her more lively, healthy self that I would encounter in future years as we stayed in touch. It was not infrequent that when she answered one of my phone calls she would be lying under a perfusion, or trying to gather funds to be able to go to one of the small Nigerian clinics in her neighbourhood, commonly run by a single nurse out of a bare concrete room or family home – a designated patient area in a crumbling room with rickety beds and, if lucky, a static-y television on the floor broadcasting the popular dubbed Brazilian and Mexican soap operas.

Contributing to her attitudes and action towards her health were money concerns. In Veena Das' research (2001) in India, she found that the wealthy went to the doctor less frequently for minor and medium medical issues than the poor, because the poor could not afford to let an illness get out of hand and they needed to quickly nip even minor concerns in the bud, if



possible. The wealthy knew that a safety net would catch them at some point. However, I did not find the same results as Das did amongst my financially ‘poor’ informants. They would often let health issues grow and accumulate and not visit a doctor for a variety of reasons: reprioritisation of funds (preferring or having to spend money on other things); the threat of lost wages or an employer not allowing time off for being ill; and the fear of diagnosis. In addition, as most drugs are available in Benin without a prescription, over-the-counter remedies were popular and often selected without professional consultation. And so it was at one point a nurse told me that Chrystel had typhoid and malaria in addition to being anaemic, taking her out of work for a week. (I was not able to confirm this diagnosis.)

In addition, it seemed that if things got very bad, family, friends and employers would step up and put money towards solving the problem. However, it was harder to make the case for the importance of small incidents, and gathering funds for a simple doctor’s visit would not always qualify for support from others. These attitudes then formed a delicate strategy; gambling with the small issues, in the hope that they not become big issues, because there were only so many times you could borrow for particular causes and from particular individuals.

In Chrystel’s case, it was clear that her financial situation was tricky. Although she lived at home and was usually able to count on her mother to pay rent and cooking supplies, she often had to chip in for regular household costs. In addition to her classroom assistant job (15,000 CFA/month earnings<sup>85</sup>) she tutored two children after school each day for 1.5 hours. This brought her 5,000 CFA/month, but required 200 CFA/day in transport – meaning at the end of the month her gain from the tutoring was 1,000 CFA – if her employer paid her on time, which she routinely did not, even though, as Chrystel said, “*she was wealthy.*” Financially, during this period she was continuously in a circle of lack and need – paying to be able to keep her tutoring job with her kindergarten salary, until at one point she would have 5,000 CFA, enough to get her hair braided and a dress tailored and take care of some debts. It was a cycle of lending and borrowing common to many of my informants making their way in Cotonou and the southern coast. Playing opportunities, risks and connections off of each other in order to, hopefully, inch ahead and prepare for bigger, better breaks.

Having a job in the first place, though, led to other opportunities for financial gain beyond one’s meagre, if significant, salary. Proving that she was employable was attractive to those willing to invest in Chrystel, as was the case for other informants as well. Having a job was

---

<sup>85</sup> Again, the CFA is tied to the Euro, where 1,000 CFA is .656 Euros. So 10,000 CFA is 6.56 Euro.

not just important to be able to provide for yourself, but to open the window to inspire others to provide for you. Employment allowed for social connections for loans, even if the job wasn't one's primary source of income. With compromised health, some of my informants had not been able to work pre-surgery. A job was like insurance, affording the opportunity to be networked in and creating the potential of future gains. As with other personal attributes, a job (or an employer and a source of income) counted as a collateral, as did, as will be argued in the next chapter, having a Christian faith or even being sick in some cases. The tutoring in itself wielded a small financial gain, but it also opened the door to a catering job through one of her employer's business partners. Similarly, Chrystel's boss at school, as well as some of her other catering clients, funded projects she was trying to get off the ground to bring about more financial growth. Getting these connections in the first place was gold.

### *Transformation of appearance: outward perceptions*

---

Beyond having a job, another important role in the success of her struggles (besides her hard work) was her physical appearance. Her attractive looks played a substantial role in her first forays into adulthood during these initial years after school.

In direct discussion, Chrystel was vague about whether or not she felt that the growth on her neck would have blocked opportunities for her – at one point her responses focused more on her Christian faith helping her through the trials of her tumour, and the notion that people who would not accept her with the tumour were not worthwhile. From observations, however, it appeared that Chrystel's attractiveness played a considerable role together with her other qualities (perseverance, strength, creativity, etc.) in bringing about opportunities and opening doors. Chrystel kept albums of photographs of herself – pictures she had commissioned or that would arrive in the locally standard photo-studio peach-pink envelopes as gifts from teachers, employers, and friends. While she had pictures of herself in her finest dresses and hairstyles from her early teenage years before the growth started, and plenty more afterwards when she had more money and photo-opportunities, there was a gap of a couple years in her album – the end of her schooling was not documented. The two pictures that she did have from that period showed her with a scarf or necklace covering the growth area on the neck.

Throughout this post-surgery period, it became clear that the physical impact of their illnesses did influence some people's decisions on how to present themselves to the public: both to family and strangers. Concurrently, at one point during the second phase of my fieldwork in

Benin my immune system was shot and I developed a series of large abscesses on my body. The first ones arose on body parts that affected me physically – besides the pain of the abscesses themselves I had difficulty walking or using my arm, for example – but when one surfaced on my face, swelling and discolouring the flesh above my eye and not masquerable by large sunglasses, my attitude swiftly shifted. I became acutely aware of the feelings I went through when I now had – albeit temporarily – a health problem that I could not hide without hiding all of myself. In quotidian interactions, I felt ashamed and embarrassed by my (temporary) disfigurement, my apparent weakness and susceptibility to infection, and avoided eye-contact in encounters with people in my daily routine I normally would have bantered with, as if by averting my eyes I was willing them not to notice my failings.

Family Abidé, whose little girl was operated on the *Anastasis* for a cleft lip, waited until she was healed at almost one year before taking her home to the mother's village, a two and a half hour drive from the city towards Togo. When I asked how far the village was, I was given the response first in CFA – the cost it would take by collective taxi to get there, not the time or distance – but the total was a sum that I had seen the family come up with a few times before for other expenses. Mariana, her mother, had taken her daughter to the screening when she was six months old. She was accepted for treatment under the condition that she grow stronger and gain weight before her scheduled surgery date two months later. When she arrived at the ship to meet her appointment, she was stronger, but her haemoglobin was still low and she was sent back with formula for one more week to gain some grams before surgery. All these months and hurdles were passed, including all the previous months when surgery seemed out of reach because of the cost, before the girl was considered “ok” enough to be taken home to meet the family, while her two big brothers had both made the trip within the first weeks of their births. Fixing this stigmatised illness was seen as a stepping-stone in the path to ‘right’ the wrong, and the first real home-coming was saved for after her face was ‘fixed.’

While physical appearance is influential in how people will respond to one another in almost any circumstance, an example from Chrystel's life in this period stands out. She was nineteen years old when one day in Dantokpa she was approached by a Lebanese hotel owner. He had a small twelve room place on the beach just past the outskirts of town and offered her a job to work as a housekeeper – cleaning the guest rooms and spaces. She agreed to a trial week, during which the problems immediately became apparent. Since the hotel was off the beaten path, she had to take a *zemidjan* instead of a collective taxi, costing at least 600 CFA each way, which automatically chipped away at the 22,000 CFA salary she would be paid per

month. She was required to work fourteen-hour days, six days a week, and he would not give her Sundays off, even though this was the most important day for her to attend church and participate in related community events. In addition, part of the job involved being available to have sex with the owner at work whenever he demanded it (however, this was not expected of her during the trial week). Still, at this point, she considered taking the job even though it would leave her with a financial loss. This was, after all, in line with her circle of paying for one job with another job, because the potential afforded by this opportunity could be greater than the sum of the salary.

The week she spent working there – the expensive travel, the long hours, the low pay, poor treatment of herself and the other women by her employer, borrowing time and money again from herself in order to create another opportunity, compounded by the sexual bounty put on her services – ended up being a very stressful period for her. During the week she deliberated what she would do and after the trial week was up she presented herself to him when she quit and told him “*Just because you want something, doesn't mean you can have it,*” as she rejected his job offer, mainly referencing her sexuality. When she recounted this to me the next day, I could tell she was quite proud of her convictions, referring back to her Christian values and her belief that she is a woman of God. A few weeks later, we planned a special trip to the hotel for a drink by the beach, for her to be able to show her return as a paying customer with other options in her life and not as a subordinate slave to the owner's whims.

The removal of Chrystel's tumour by surgery made her visible to people that otherwise would not have paid her attention, such as the sleazy hotel owner. Other patients, like Philippe who had had a fist-sized cyst protruding from his forehead, saw their surgery as releasing them into a welcome world where they did not attract attention.

Back on the ship, after the swelling had gone down from the procedure and the incision had healed, Philippe's scar was hardly visible and I could barely picture what he had looked like before the surgery. We walked off the ship together the day he was released from the ward, and he skipped down the quay, exuberant with energy, and shouting with joy that his life was now starting anew. He praised God and stopped each crewmember passing on their return to the ship from town to thank them for coming to Benin and carrying out the work of God. I stood with him on the curb of the wide street that passed by the marina down the pier from where the ship was docked and watched him hail collective-taxis, negotiate routes, and then let them go again when they weren't passing his way – thinking about how he was now facing the world looking supposedly ‘normal,’ for the first time in fifteen years.

When I met up with him a few weeks later I asked him if he felt that anything had changed for him since the surgery. The first thing he remarked was how invisible he felt he was now. In the past he walked down the street and people noticed him and stared at him. Now they did not. He felt like everybody else, and he loved it.

### *Next steps, post-surgery*

---

Before moving on to elaborate on some of the themes that emerged above, it is helpful to reflect on Dzifa's experience post Mercy Ships. The below links up with him starting at about six months after his surgery in Cotonou.

Dzifa, during this time (when he was about 24 years old) was back in Lomé, living in student accommodation, a big block of vast concrete. The hallways were grey and bare, the water had been shut off, and when walking up the steps in flip-flops the shuffle reverberated through the open stairwells, mixing with the sound of students congregating on the ground floor in the shade of the building. There were four of them in a room, a ramshackle assembly of personal belongings with too little storage space, sacks of rice, cooking equipment, a drape hung up across one boy's bottom bunk for a shot at some privacy. They had a balcony that wrapped around their corner room on the top floor though, and standing out there with the sunset, you could feel the earth breathe again, the conversations become lighter, and laughter accompany the change in light and density of the air on the outskirts of Lomé, looking across the border to the green trees and rolling hills in Ghana. In Lomé, or perhaps it was with this student set, daily life seemed slower, more pressed down, harder to effectuate change, an unhappiness with living under what was effectively a dictatorship, without a sense of power behind words to feel a hope for change.

Or, perhaps my impressions of this mood came from spending so much time there with Mercy Ships patients, such as Dzifa. He had many dreams, his main goal being to move to Europe and start a big farm for people to work, learn and grow – a vision of a future filled with a mix of politics, education, use of the English language, literature, evangelism, physics, sustainable living, God and prosperity.

At this point, he had failed his yearly physics exam for the third year in a row, and although he had now completed three years of university, he could not advance and was in what was

effectively still his first year. He had started late this year due to the follow-up surgery for his tumour, he said, having missed some classes and assignments while he was getting treated on the ship. But after a certain point it was clear it did not come down to his sickness and treatment. 240 students had taken the exam to be allowed to advance to the next year, and only 27 had passed. The year before, 150 had taken the exam, with only eight passing. The next exam was a few months away and he assured me he would pass it this time – a brave optimism given all he told me about the bribes and whims of teachers to award passing marks to the well-connected students. Indeed, he did not pass the next time either, and eventually he switched to an English degree, starting over after four years lost to a corrupt system stacked against the student; or at least against students that could not work the system.

This treadmill of incomplete academic years affected his personal life, too. That summer, it had been six years since he had been back to his village – a small village near Kpalimé, about four or five hours in a collective taxi north of Lomé. When he left the ship after his final operation, we discussed travelling together to his village to visit his father and extended family, but he did not feel ready to go. Based on discussions, I thought he had put off the visit all those years because he wanted to go back healed, with a new face, but that was only part of it. He wanted to go back healed and with something to show for his studies, but each year he was unable to show them anything. Within a year of his final operation, his father died, and he travelled to his village for the funeral. How he regretted not having gone sooner, he lamented. How could he have put off seeing his father, even without being able to show him success at “making it” in the capital? Eventually he moved out of student housing to a two bedroom rented space within a compound with three of his buddies from university, a slight improvement over the student dormitory.

For Chrystel, things moved at a decidedly different tempo after her graduation from high school and her surgery than for Dzifa. She sought further opportunities and her goals shifted from becoming a nurse (which she had wanted to be during her schooling and ship experience), to developing her capacities either as a teacher or a caterer. Through a mentor at the kindergarten where she worked, she learned about the Montessori philosophy, and started a long distance course to become certified in Montessori education, with the hopes of finding a job through their international placement programme. Finding funds for this course was a constant challenge, particularly as there was a mandatory in-house teaching component in India, for which she collected money from her mentors, boyfriend, and other men in her life, but not her family. She loved the experience in India, exploring a new country, but mostly bonding with the other participants and feeling loved by them. Meanwhile, her

entrepreneurial drive was channelled into her catering business, which had started after she made *kpékuin* (simple fried snacks made with a flour base) and sold them to acquaintances. Then she received commissions to bake wedding cakes, which she did in the dark cramped cooking area behind the two rooms her family rented, and by borrowing ovens from friends. This baking would happen early in the morning before school, or very late at night after tutoring and household responsibilities. Eventually, she took on the full catering of weddings, involving all courses and the cake, and she even opened her own shop with two trainee assistants. The shop was a small iron room along a strip of similar shops, just big enough for her freezer and a couple chairs and goods for sale, closed up by a corrugated iron sheet and bolted with a padlock. Later, when I was working in Cotonou, I would stop by after work or on the weekends, and listen to her shouting at her assistants about how to do better, and how to grow into women of integrity. This shop was near the family's new home after they moved from Jericho. Due to the economic downturn or simply a run of bad business at the market, they had moved to Akpapa into a (more) cramped room in a packed housing strip, a chaotic, crowded space. Soon afterwards, her mother died from liver failure, and Chrystel was in charge of her little brother (still in his teens) and a six-year-old girl whose parents had enrolled her at the day-care but did not have time to take care of her. In the subsequent years, Chrystel took charge of this girl (who then only saw her birth parents a couple times a year), and provided for her family, all before turning 24 years old.

More recently, she asked me for help locating and choosing Chinese bridal dresses online; she planned to import and sell or rent models and styles that locals did not otherwise have access to in Cotonou. Basically, her energy and drive were relentless, not shying away from responsibility or challenges, and constantly playing her connections and plans off one another in order to fund her projects and move forward. A year after her mother died, I met her at her third house; a quieter shared compound she had moved her makeshift family to, proudly showing off the slight increase in space and amenities and calmer surroundings – moving herself up in the world.

These jumbled details of life stories may seem too detailed and too mundane to include in this chapter, as if they are beside the point of Mercy Ships transformations. However, I want to make the argument of the continuous struggle that remained for Chrystel, Dzifa, and others in similar positions, even after surgery. Mercy Ships allowed patients to continue the struggle, and through their healthcare afforded opportunities that they likely would not have had, desirable or undesirable, without the surgeries.

There is still an emphasis on the uncertainty of the world they move in, and new skills are acquired to weave their way through the changing terrain. Stoller writes about the ‘village of the sick’ (2004) – that once one has entered the village of the sick one never leaves again, even if the disease is cured. I think that part of his argument rings true for these people, in terms of the embodiment of learning how to be sick and how to make one’s way in the ‘village.’ However, my informants conveyed the importance of the steps that followed after being sick, if one is granted the fortune of healing and recovery. In the following section, I will return to patients whose therapy during and after Mercy Ships was not quite as straightforward, and explore how they navigated the ensuing challenges.

### Stuck: complications and confusions in recovery

---

The scene described at the beginning of this chapter, Alexandre’s state of health, portrayed how things were for him when I returned, when he was living in his birth village about ten months after leaving the *Anastasis* in Cotonou (in January 2006).

This was when I first saw him again after my return to Benin the second time. However, bit by bit things changed. His best friend Serge called me up after one of our meetings and asked me what I thought of the slight patch of whiteness where Alex’s nose met his upper lip. I had seen it, but it had not registered. I think all of us, non-medics, were somewhat in denial at this point – or maybe it was just me. Alexandre said he had a cold, and it was just sore from that. His aunt urged him to go to the doctor, but ranting to me privately she admitted her frustration that he wasn’t taking good enough care of himself and didn’t take responsibility for his body. Quite swiftly the white patch grew. It turned into a pink sweltering wound, emitted an odour, and he began covering up his face again with a handkerchief tied behind his head.

We tracked down the surgeon that Mercy Ships had designated as the point person for follow-up care in Alexandre’s case. A busy, big-name doctor with both public and private practices in addition to international trips, he was not easy to get a hold of, perhaps especially difficult for charity cases from a Mercy Ship that had long since sailed. We called and went to his waiting room upon appointment, but in this world Alexandre would have been overlooked, and I used my outsider status to nag the receptionist and the doctor. Tests here showed that they could not heal him, we were told. I made contact with the medical staff on the *Anastasis*, which was heading towards their outreach in Ghana. They said that they could see him again to assess what they could do.



Alexandre borrowed money from family to travel to the ship. He arrived too soon, and was given an appointment to come back when the medical services were up and running. A few weeks later he did the trip again – a collective taxi to the Togolese border, another one through Togo to the Ghanaian border, another one from the Ghanaian border towards Accra, getting off just before in Tema to seek a private taxi to the port – a journey that could be made in one long day overland. Soon afterwards, I undertook the same journey and was able to visit him there as he recovered from his surgery. The doctors removed the regrowth of his carcinoma and the rest of his nose. Previously they had left his nose, in the hope that they had sufficiently removed enough of the border of the cancer for it not to spread, but now they took his nose. During the healing process, he was given a tracheotomy to speak through. He stayed on the ship for about three weeks and received an appointment card to return four months later, a watch-and-wait period designed to see if the disease evolved.

The difficulties Alexandre faced due to his facial deformity were considerable; the physical discomfort and risk of infection was ever-present but he also encountered the social stigma of appearing atypical. In his case, Mercy Ships was able to remove the infected flesh, and therefore also the smell of his illness, which created a considerable barrier between him and others, but it was not able to make him look ‘normal.’ When eating, he often lost food out of his mouth, and since the removal of his nose it also ended up in unusual places. Alexandre was protective of this, and when in a public cafeteria or *maquis* would take his meal to the side and eat in a manner such that his face was hidden while his friends would socialise, eat and drink at the counter. But with certain people, such as myself and Serge, he would relax and expose his face.

### *Broken healthcare pathways*

---

Others also had health complications after their surgeries on the ship in Cotonou. Before finding Francine and Dominique again in Lomé during my second fieldwork phase, I had heard through the grapevine that Dominique was having problems with her prophylaxis.

The surgery to heal the ameloblastoma that Dzifa, Francine and Dominique had can loosely be described as having two steps. First is the removal of the tumour and surrounding tissue, and the insertion of a titanium apparatus along the jawline to reconstruct the face. After this has healed, usually some months after the first surgery, some bone is removed from the

patient's hip to create a jaw with their own tissue for better compatibility. Healing thus needs to occur at both the site of the bone removal at the hip and on the face where it has been integrated.

Finding Dominique was not straightforward given the information I had. She had been in the network (in this case meaning mainly Dzifa's peripheral co-patient network), but inaccessible, floating between different homes, and unemployed since losing her latest job again. When I finally met up with her, she was living with her brother, a trainee pastor, in a small house on the outskirts of Lomé along the coast. Their mother had died the month before, probably from a bad bout of malaria. Her body was rejecting the titanium plate in her jaw, and it was slowly working its way out through her cheek – to the point where her skin met what looked like a bicycle chain, as her chin pushed further to right, unbalanced (see figure 10). While her throat was not affected and she could eat and breathe relatively normally, this was a painful development and she was at risk of infection, but had no recourse as to what to do next. Not having any money to pay for a visit to a doctor further created stress for her as she witnessed her face gradually becoming undone once again.

Francine was at the same point in the procedure as Dominique, but her body had not rejected the foreign plate. Even though Mercy Ships had planned for follow-up surgeries, neither Francine or Dominique had a plan for the second phase of surgery nor did they know that the ship was just next door in Ghana (even if it was still six hours and about 6,000 CFA away) as they had no system for contacting the ship. Some patients in Cotonou who required follow-up surgeries did report being informed that the ship was returning and would be able to extend them care. But in the case of these two, changed addresses meant that even if messages had been sent to them, they were not received.

On the night I finally re-met Dominique, I remember catching a motorcycle to a corner in the city with cyber cafés, and going to each one, trying each computer, in vain, to click and reload and find one that actually connected to the outside world. (Internet service in Lomé was reliably poor at that time, worse than in Cotonou.) It seemed urgent that Mercy Ships should know that Dominique and Francine were out there, that they needed help, and that that help should be provided, especially in a context where all the other avenues had failed them in the past. The dead ends, the lack of funds, the dropped leads and broken promises of barely-affordable doctors. These swimming, floating beings sunk back into a world of the wrong resources to fix their problems. I was frustrated by the lack of means and lack of information; a sort of dark cloud impeding the ability to move things forward, where even a 400 CFA

phone call stretched the budget, but before even getting to the point to call, the number could not be found. But sure enough, within a couple days of writing, I had a response from Mercy Ships: “Tell them to come to Tema. We will examine them and give them an appointment for surgery.” The problem was fixable. By borrowing money, they were able to undergo the second part of their surgery in Tema and spend a couple weeks recovering on board.

Obviously, my initial frustrated outburst at the ‘lack of resources’ was short-sighted. The resources available to Dominique, Francine, and others were considerable at many levels: they had homes to go back to, people to turn to, support networks to try to work through problems with together. But for this medical dilemma, there was a distinct barrier.

I spent a couple days in Francine’s maternal village in Ghana during this period, a collection of houses off the transport routes without electricity, where she waited out the time more cost-effectively, unable to find work in Lomé. No one there spoke English and I didn’t speak Ewe,<sup>86</sup> but someone from a couple enclaves away showed up to translate between us a couple times for matters that went deeper than sign language and facial expressions. There I met her aunt, a powerful fetishist, well respected in the region. When I asked Francine if her aunt had helped her with her illness, she replied “No,” in a very matter-of-fact kind of way. Her aunt specialised in curses, not in medical problems, and in her case it had been clear from the start that what she had was not brought on by a curse and that it came from ‘science.’ Her aunt was a fetishist, not a doctor, and gave her money to go and see a doctor. Even here, connected to a source of power and wisdom, she needed other connections to heal her problem.

Dominique and Francine’s stories regarding their further care from Mercy Ships illustrate the trickiness in navigating onward health care and the importance of connections in this context. As Mercy Ships comes from outside their normal health care system, finding it and accessing it again provides extra challenges, especially for those who live more rurally or ‘off the grid,’ such as Francine in her somewhat remote ancestral village. Their difficulties are perhaps similar to those that inform the opinions of other foreign aid professionals presented in chapter seven, where they complained about the complex surgeries that Mercy Ships started but did not follow up, leaving unfinished business behind.

---

<sup>86</sup> Otherwise Francine and I met in Lomé at her father’s compound, where we had access to a number of people who could translate for us.



**Figure 10 Francine, Dominique and Dzifa reuniting in Lomé at Francine's compound. At this point, Dzifa has completed both rounds of surgery, while Francine and Dominique are waiting to replace their jaws. In this picture Dominique's metal insert is visible through her skin as her body rejects the plate.**



**Figure 11 Alexandre and Clementine, an *Anastasis* crewmember working in social care, in Ghana on board the *Africa Mercy* before his second round of surgeries.**

Earlier on in this chapter, when writing about Chrystel, I described the on-going struggle in terms of action, manoeuvring and strategizing, but there is also the struggle that involves manoeuvring and strategizing at a slower tempo, with a lot of waiting and ‘dead time.’ This was certainly the case for Alexandre. To sit out the waiting period after his second surgery period, upon his return from Ghana in July, Alexandre moved back to his aunt’s house in the suburbs of Cotonou.

His aunt, Jeanne, and her family used to live in town, near a chaotic corner by the Étoile Rouge, an enormous roundabout with six exits funnelling traffic to different parts of town. They moved out of town citing the typical reasons heard again and again from Cotonou dwellers who manage to find the resources to move out of the city: the pollution, the noise, the congestion, and not having a place of one’s own: a *terrain*. They migrated from the family compound (which was left to a brother) to a large one-story house they built in Dekoumbe, walled in further for safety and for protection from the future constructions that will surround them as urban sprawl encroaches. In the house now live Jeanne, her husband, their three children, and Alexandre’s brother Cyrille. The children are all in their twenties and studying, one with an opportunity in Canada whose plans were on the brink of collapse due to the difficulty in obtaining a study visa there.

This home had been a base for Alexandre in Cotonou many times over the years. He first moved to Cotonou to attempt studies (which he terminated after one semester due to illness) but since then he repeatedly moved to Cotonou to rest and relax – in a reverse form of migration to most people’s ideas of where it is best to relax – and in order to be closer to medical care.

In Dekoumbe, Jeanne (who was in the process of retiring from her career) was the true energy of the family for most things practical and emotional. Mornings were quiet and afternoons saw a stream of the younger generation and their friends flowing through the living room to the back of the house. If there was no power outage, the TV was on, showing music videos, movies, and news off the satellite channels and the kids lazed back on the black fake-leather sofas with homework, their mobile phones, or the Bible. Normally when I came to the house I was offered chilled water and Alex would come sauntering out from the back and join me on the sofas where we would catch up or plan our activities for the week ahead, to the backdrop of the television.

Alex did return to Tori a few times in the four-month period, but usually they were day trips and his mobility was further compromised by a lack of funds to take the trip. I travelled with him on several occasions. By living this way, he was able to better control who he was surrounded by, and also fought against being isolated socially. While he did not have a job during this time, he found various other ways to hold his own.

In the lives of many patients that I spent time with after Mercy Ships, a notable accent was the unfilled time, waiting between doctor's visits, between procedures, between medical results, between financial incomes, between employments, between opportunities. The 'dead time' alluded to above is certainly not unique to my informants, nor to those in recovery. It is emblematic of an already disadvantaged population, weakened by illness and broken healthcare pathways. It seemed particularly striking in my younger informants (in their 20s) who had a youth marked without having children and starting their own families (in a society where almost everyone had children), and without employment. In comparison to other urban youth, particularly those somewhat better off, this stagnated time focusing on health, funds and doctors shifted the way days and time as a whole were experienced. Experienced differently than, for example, my colleagues with whom I worked later at the research centre. They were youthful and hardworking, but with something to work for: international projects, anniversary dinners with their girlfriends or boyfriends at the fancier restaurants in town, a smart phone instead of a simple Nokia. This contrast was quite apparent also for Alexandre at his aunt's study-hub – bustling with his cousins trying to organise the next exam, degree, and internship. For some of my informants, long periods of compromised health and under-employment became an impenetrable time of waiting.

#### *Personal finances throughout unemployment*

---

During this period, after Alexandre's trip to the ship in Ghana where his nose was removed, the months stretched ahead, laid out one after another, waiting for November, when he could go back to the *Anastasis* and see if the procedure had been successful: successful in the sense that the tumour had stopped spreading. July, August, September, October, November.

We had conversations about personal goals – what dreams we had for the future. One afternoon back in Tori, when sitting around drinking Castel beer and Fizzy cola with his friend Serge, Berthille (whom he was courting), and Dzifa who was visiting from Lomé for



the weekend, we went around the circle stating our dreams for what was to come. A potentially difficult task, at any time, but everyone said something. Paulette wanted to go to nursing school. Serge wanted to leave his children a better legacy than he was left by his father. Dzifa wanted to see his name in print. Alexandre laughed, nervously, made a joke, and passed on the question without answering. Over time, however, through my somewhat repetitive probing about the future, he developed and articulated dreams, and eventually came to me with various ideas. He wanted to buy a car and drive a taxi route in town. Another idea was to start a cybercafé, either back in Tori or in a Cotonou suburb where there was none. He would start small, with one computer, and through the profits build up a big shop.

Whatever his dreams or desires, it was difficult to see him sitting around at home for five months, waiting, while he still had energy and capacities. I also sensed he missed being involved in something like everyone around him was. He chose his aunt's house in Cotonou because he felt he would be left in peace there, and because he no longer felt so comfortable in the village. I think he had the feeling that he wanted to have outgrown the village, to have moved on to better things, and his association with Mercy Ships was one of those better things, even if it came about because of his ill-health, something that kept him down.

Unlike with Chrystel, his unresolved illness had become a point of contention among those in his network. Alex had lost the ability to work as a high school teacher, initially because the smell of his illness bothered students and later, after surgery, as a result of the speech impairment from his smaller, reconstructed mouth, and the tracheotomy. Though he did not mention it to me, I heard from others that students had complained about not being able to understand him due to the surgery he had received on his mouth.

In a counter-intuitive twist, his illness now became his way of life and survival. Since I had met him, he had not worked at something else, in part because of his physical discomfort and lack of energy, but also because he was able to afford not to. Being sick changed the structure of his life and threatened his survival, but it also became the structure for his relationships and the tool he used for his daily survival. Maman Cherie, who ran the *maquis* at my home-base and got to know him over the course of a year of meeting regularly, once told me:

*Please excuse me! Where he's staying now, he does nothing. That doesn't mean that he can't work. He still has his four limbs to work and support himself. For example, I saw some blind people on TV making crafts, but he at least has his eyes, his limbs are in good order, but he is going to give himself up to being a charity case, which just can't work.*

*But he lives with his family, he sleeps peacefully, but still. He needs to give to himself. This sickness should be cured by he himself.*

In other words, Maman Cherie is lamenting the fact that he has, according to her, ceased to heal himself and instead is managing his illness as a way of life. For Alex, Mercy Ships has failed to give him a life in which he can or in which he has chosen to earn a living independent of his disease, but he has been made into a chronic patient, treated by Mercy Ships as long as it is in the region, even travelling as far as Ghana to have follow up assessments and procedures.

However, assuming this role is not without difficulties (aside from the obvious health difficulties) in a country where so many people struggle to earn a living. Becoming a social case, or a charity case, can foster judgment, as shown by Maman Cherie's remarks. In chapter four I outlined how the loss of bodily functions (bodily capital) and capacity for routine contributions signalled a shift for patients to recognise a change in identity based on others' perceptions and expectations. In the example of chronic patients, the state is extended, creating a new set of judgments and opinions for the patient to navigate.

Driving through Cotonou with members of the Mercy Ships advance team before the arrival of the *Anastasis*, we stopped at a light and were approached by a young disabled man asking for money at the window. Margrit, the nurse member of the advance team, in conversation with the others in the cars, started rolling down the window and then paused and rolled it back up, saying, "*We've spoken to him before, haven't we?*" Turning to me she said "*I was going to tell him about the screening but I've talked to him before. He isn't interested. He can get more money begging than he could working – he doesn't want to give it up.*" In that instant, her assessment seemed crude to me. It came across as a sort of value judgment on his life-circumstance, demonstrating an attitude that Mercy Ships has to those that do not choose to accept its services. In this instance, Mercy Ships, with the tools to potentially transform and heal, came up against another way of living with one's illness – to manage one's life where the illness becomes a way of living.

Alexandre and I discussed what would be useful for him during this period, and we decided to arrange for his attendance at a computer class – learning how to type, use word processing and other applications and search the internet. We figured this would be a skill that he could perhaps use later in a job he might get, as he had said that teaching was now out of the question. We visited a couple of centres together and decided on one which offered private tuition and allowed him to pause the course when he went back to Ghana for further



reconstructive surgery. I paid for the course, and gave him money –10,000 CFA – to pay for his transport in a collective taxi for the duration. He began the course but eventually stopped, ostensibly because of a couple of bouts of malaria.

During this period, the flesh on the periphery of the cavity on Alexandre’s face began changing again. The lower right side of his cheek began scabbing up and producing mucous. None of his friends or family noticed, at first, because everything below his eyes was covered with a handkerchief tied around his head in order to cover the hole where his nose once was. But eventually people close to him noticed, and started worrying again; asking him what the problem was. Did he think it was the cancer? Shouldn’t he see a doctor? Alexandre, true to form, said “*No, no! No, it is just an infection,*” and he went to a doctor, who agreed it was just an infection, and prescribed a new round of antibiotics.

Later that week when I was over at his house, I asked him about the doctor’s visit – was it really a doctor who understood his medical history? Should we not go back to the CNHU,<sup>87</sup> where people knew his case well from past visits over the years? He was actually quite excited about this new doctor, who had been recommended to him by someone in the neighbourhood. Not only had he assured him that this was just a small infection that happened with wounds of this nature, but he had also sold him a new wonder-product that would be sure to help him beat the cancer for good. Alexandre slipped back to his room and returned to the living room with a large bottle of murky brown liquid. *What was it supposed to do*, I asked? *It would kill off his cancer*, he said. He had been told a woman had done the full course – a treatment of three bottles, mornings and evenings a cap full – and she was now in remission.

Alexandre was excited, and I was deeply sceptical but trying not to show it before he asked my opinion. He told me that the treatment had cost 10,000 CFA, which he had been able to afford by using the transport money I had given him. I felt uncomfortable asking in case it might seem that I was trying to police how he spent his money, but I was genuinely curious, as I saw him so much and (believed I) knew his money situation so well, that it was always notable when an extra five or ten thousand CFA came in. This was also a way to understand his support system through financial matters, and it seemed that it had been some time since people who had been ready to support him financially in the past were supporting him. His illness was continued over quite some time, times were hard, and as his location and social

---

<sup>87</sup> CNHU is the Centre National Hospital Universitaire – the largest hospital in Cotonou and where most of the local surgeons Mercy Ships collaborated with worked.

activities changed so did the support. In a sense, Alex had not been out ‘campaigning’ for some time, though upon moving to Cotonou after the nose-removal surgery, he had joined a new church, from which, as far as I knew, he gained spiritual rather than financial support (more on this church in the next chapter). The most recent monetary contributions had been from Serge, his aunt and uncle (separately) in Cotonou, myself, and a nurse on board the *Anastasis* who gave him Ghanaian cedis to pay for his trip home. He liked to open his wallet and take out the thick wad of what was left of the cedis. I think they represented a certain delight in normalcy to him – it seemed that so many other people around him had money, and usually his wallet was empty.

Without Mercy Ships around, he was back into a pocket of informal health care, trying to see what would work from the non-hospital, non-biomedical world that he moved in. Cotonou and the hospital, just a 300 CFA collective taxi ride or an 800CFA *zem* ride, were removed from him in the suburbs; the white coats, waiting rooms and secretaries keeping a barrier between him and his decision to pursue these avenues.

This situation is similar to Dominique and Francine, who also went back into the informal health care networks. They were dodging, weaving, shadowboxing their way through their situations. *Dubria. On se defend.*

To complete this section on the patients, I next explore some of the themes that arose above in recounting the stories of Chrystel, Dzifa, Alexandre, Dominique and Francine, and look at how the Mercy Ships experience relates to patients’ trajectories and perspectives of their place in the world.

### (Re)-Affirmation of faith – in medicine and God and faith itself

---

Media material made available to both the press, funders and also to crew repeatedly highlight instances in which a non-Christian surgical patient (often Muslim) is overwhelmed by the generosity of the attending medical staff that s/he decides to convert and “allow Jesus into his/her heart.” For example, one story I heard during a community service (similar to a church service) while visiting the ship in Ghana featured an older woman with a larger facial tumour who had lived the last years by herself, alone. Even those who were sick and presented at the Mercy Ship screening excluded her because of the pungent smell of her disease, and she sat alone. After her surgery she converted to Christianity, and when asked

why she changed from being a Muslim to letting Jesus into her heart she answered: “*Because sometime during the day [at the screening], someone came up and put their hand on my shoulder, and said ‘it will be ok – the doctor will see you soon.’ It was the first time someone has touched me in ten years.*” Another popular story recounts how all the inhabitants of a Muslim village converted to Christianity after Mercy Ships operated on a boy with cleft lip. “*Why do you love this child so much?*” they asked crewmembers. And, convinced by Mercy Ships’ love for a child at such odds, and their ability to heal the child, they decided to take the Lord into their hearts and follow the example of Jesus.

Overwhelmingly in the case of my informants, who largely were already Christian – or co-Christian along with other beliefs, the Mercy Ships encounter was a medium through which individuals could affirm and reaffirm their belief in God, medicine, Christianity and western/northern abilities. The arrival of the big white *Anastasis* over the water from faraway lands offering hope and healing fit into belief systems and came as an answer to prayers.

The Christianity that Mercy Ships brings with it is one that offers absolution of responsibility for one’s misfortune, and while encouraging reflection into God’s plan, alleviates the pressure of having to think of “why me?” “Why now?” More than a quick fix offered by various Christian Magic Ministries that visit the region, filling stadiums with miracle healings, it comprises an entire life philosophy that encourages the creation of a supportive community whose responsibility it is to accept those that are less fortunate, instead of casting them out through fear.

I want to show here that there are a few ways in which we can see how Mercy Ships fits into a way of thinking and strengthens it – through its image, its alignment with modern technology and with the Christian faith. The first related to its image is the fact that the ship comes from afar, and, quite simply, that it is considered to be foreign and “not African.” Issues raised from an afternoon spent with Clara help illustrate this first point.

#### *The might and allure of foreign bodies: faith in the foreign and in medicine*

---

Clara was a woman in her early 40s who had been operated on the ship to repair a vesico-vaginal fistula. Years before her Mercy Ships operation, she had undergone the reconstructive procedure across the border in Nigeria, but it did not hold. This second surgery on board the *Anastasis* held for some months, but about a year down the line she was already

having difficulty holding and passing urine again. She confided this to me on a bad day, when she was fed up with living in her family compound, and blamed her new tear as a reason for why she “couldn’t get a man.”

On this day, Clara was eager to take me to a particular store and we jumped on *zemidjans* soon after I arrived at her house. The store was what I would have recognised in Europe as being an ‘esoteric’ shop – full of crystals and incense, books on astrological star sign interpretations displayed to a backdrop of tinkling music from the speakers. I had never seen another place like it in Cotonou. She wanted to show me an assortment of soaps they carried, and ask my recommendation for which one she should get. They carried a soap that would give you influence over people, another to attract money and entrepreneurial success, another for good health, and so forth. Her business, she said, had been going terribly because of the jealousy of her relatives, so much so that she had even moved out of the family compound to a tiny room with her children out of which she operated her tailoring studio. Our trip to the esoteric shop was the first I learned of her practices with *les fétiches*, as, besides helping with the choice of soap, she also wanted assurance from me that the things in this store were from “*chez vous la bas*” (read, ‘from you over there, north and west’) and told me she wanted nothing to do with Vodun practices anymore; she wanted to free herself from, in her words, the “*dirty customs of the Beninois*.” I had previously only experienced her practicing her belief in a Christian God – by going to church and frequent testimonies and praise – but here she showed me she wanted something new, something to supplement Christianity as was common practice, and an edge over the competition. Soaps and other products similar to these were also available at the local pharmacies (sold alongside antibiotics and French drugstore products like Vichy and Avène) under the guise of ‘scientific medicine.’ However, these generally focused on weight loss and sexual prowess, boxed up with grainy pictures or colourful illustrations and with the address of a company in Nigeria on the underside. She wanted non-Nigerian products. A friend had first introduced her to the power contained within this shop, and she felt obliged to pursue the possibilities. Now, she kept the destination of our excursion a secret from others in her compound and hid her purchases (an assortment of soaps to bring prosperity and ward off bad forces, and a brass pendant) in her purse. I did not see them again during subsequent visits to her house.

I recount this experience with Clara for a couple reasons. First, it is a typical example of someone wanting to believe in external materials and methods; someone who is seeking pluralistic solutions in a world where the boundaries of religions can be blurred, at least privately, if not publicly. Although she is already Christian, she is seeking outside her

religion again, in a very normal way for people who are trying to find solutions to their problems I think. Most importantly, her criterion is that her new acquisitions are not originally local.

This is a delicate issue, as by no means are the North or West considered universally superior. Rather, organising the West into a category of useful opportunities and positive potential, fits into constructs that are a reflection of feeling stuck or placing faith in alternative methods. Just as the *Anastasis*' medical capacity, its technology and the patient-centred care (given with personal attention) are considered not to be local by my informants, they were also recognised as being beneficial for their health and personal progress.

A couple of translators on the ship told me that they only intended to marry white women, explaining that they knew that their dreams and visions were too advanced for their country of origin and only foreign (but: white foreign) women would be able to accommodate them. While scarcity and the distance of foreign items were decreasing due to the increase in international carriers flying to Cotonou, immigration and sinking prices of long-distance calls, many foreign items remained highly esteemed, ranging from educational degrees to chocolate – and medicines. These experiences were sought out by some who had been exposed to them because they already fit into the worldview that they had constructed and were trying to turn into reality. In turn, the access to, and encounters with, the ship re-affirmed beliefs in capacities of foreign elements.

Attitudes such as Clara's offered a promising slate for Mercy Ships to perform its work, independent of their religious foundation. Dzifa, as well, was convinced of the role the North would play in his healing:

*I was never disillusioned! It's true that sometimes when things really weren't working out I could be sad but I was never discouraged. Especially after I returned from Accra [where he and his family had gone for some tests] I was listening to the news (I loved information so much that you'd never find me separated from my radio) and I heard about how the hospitals in Europe, especially in Sweden, were equipped with computers that could post everything that was happening inside the body thanks to electrodes. It was in this moment that I knew something was going to change!*

*In times of despair I read the Bible, especially the sections that spoke about miracle healings carried out by Jesus Christ. The day that I heard the news about Sweden I decided that I would be healed in Europe: no doubt. I can assure you that each day between 1998 and 2003 when I was healed by Mercy Ships [the first operation] I prayed at night, during the day, at school, at church, at home – it didn't matter where or when –*

*I prayed that I wouldn't be healed by a black. My parents were looking for money for us to go to Korle Bu [teaching hospital] in Accra to have me operated there. I kept finding excuses not to go and even faked fainting once to avoid the trip to Accra!*

When I first heard this I was shocked – the fact that his family had over the years been able to gather the money to fund part of the surgery was already remarkable. Faced with a large, growing, painful facial tumour, where was the sense of urgency that it should be removed if possible? Was it that he did not have faith in the hospital in Accra specifically, or was his faith that a better opportunity would come along so overpowering and complete? Through discussions, it emerged that it was a bit of both – a disregard for the local (even if it could potentially save his life) and a commitment to believing his faith and not leaving any room for doubt.

### *Enactment of faith*

---

The last passage about Dzifa not only sheds light on his faith in the abilities of foreign techniques of healing, but also the enactment of his faith through prayer and what a powerful activity this was for him in the process of keeping the faith. This, my second point, builds on the idea presented at the end of chapter four, that their illnesses created a method through which Mercy Ships' patients were put into a position that made them develop their relationship with God. What came across in many of my informants' experiences was that the act of keeping faith, or re-committing to faith after a period of doubt, was crucial to the act of believing itself. Writing it this way seems too obvious for words, but for me, coming from a religious background where it was acceptable – even encouraged – to question the teachings of the Bible and God, there is a critical element that I want to underline here. Time and time again, it was the re-enforcement of conviction, the act of believing itself, and the testimony to God's word that crafted the identities and the core nature of these individuals during this period. As such, being accepted by Mercy Ships for attention and healing was a response to their prayers, and a demonstration not only that God was great, but that they were on the right path. Alexandre even "willed" treatment on the ship after being declined twice previously, when he informed his family that he had received an appointment for the following year, despite being declined at the screening in Togo. Here is Dzifa on the subject, speaking about his pre-operative years:

*I tended to my faith and these were the moments of my life where I worked the hardest for God. I doubled my time and efforts on God's work. I preached everywhere. We set up churches in other villages and*

*at my own church I directed the choir, was president of the youth group, head of evangelisation, and in charge of home visits to the sick or absent. I also translated the pastor's sermon into other languages as needed.*

*What's important is that I had a very solid faith, the kind where I thought 'God will heal me at the good moment when he chooses to himself.' I swear that's the only thing that helped me a lot throughout it all. Every time it didn't work I had the impression that it simply wasn't the right moment. And I enjoyed all those trips that I took [he refers to medical trips as a part of his healing journey as described in chapter four], because it was the only way I had to get to know and see new places. Because in normal times, I didn't have the money to travel. My parents were farmers who didn't have the means to send us on holiday or to support any travels just for the pleasure of travelling!*

Dzifa claims that rather than his illness weakening him, it fortified him. He repeated this throughout the years. It was a big part of his identity, even as he tried to minimise his (past) illness in public. If asked by new acquaintances what happened to his face, he would give short answers and move on, not dwelling on the illness or recovery. As much as his tumour had been important to him, the way in which it was healed became pivotal, as a version of his dream – to be healed by foreigners – was realised. Even though remembering the past is “reconstructive rather than reproductive” (Garro 2000:70) and we see that other aspects of his life showed the difficulties that resulted from his illness (perhaps slowed down in school and making a living, fighting against stigma, the pain and years of uncertainty the tumour caused), he focuses on the positive aspects brought about through his prayer, and sees his prayer and commitment as strengths in themselves.

Dzifa, and others, had found the power of purpose in his prayer and in his struggles. Viktor Frankl, the Austrian psychiatrist and Holocaust survivor, elucidates so clearly how struggles can obtain value, which I think Dzifa enacts on a daily basis. “In some ways, suffering ceases to be suffering at the moment it finds a meaning, such as the meaning of sacrifice. He who has a *why* to live for can bear almost any *how*” (Frankl 1946).

In addition to prayer, testimony provided a valuable mechanism to bring faith and God back into daily life. By attributing situations in life and personal circumstances to God, His role is highlighted and continuously reaffirmed. For Chrystel, she placed great emphasis on her character being a manifestation of God. Beyond the example described earlier in this chapter where Chrystel rejects the service-and-sex job she was offered, there were many other instances where she brought her self-worth back to her Christian faith. Establishing her sense of self-worth among others was key to Chrystel. During this period, she had a boyfriend that

she often challenged to ascertain his dedication to her. For example, Chrystel would arrange to meet him at 7 p.m. at Le Festival des Glaces, a popular evening ice cream hang-out spot, with no intention of showing up herself. She would then call him to tell him she was coming, and see how long he would wait for her there – the longer the wait, the more he cared for her. Another time she sent a friend of hers to spy on him to see how long he waited for her, and she could then use this for or against him, depending on how long he held out. In later years, when she managed two apprentices at her shop, she would sit them down for long lectures on proper behaviour, customer relations, and respect towards herself – their boss. These examples might sound far-flung, but I mention them because in conversations with her, she repeatedly came back to her role as a ‘woman of God’ to define her self-worth and explain why she demanded respect from others. This was something that grew over time – first trying it out on her younger brother, then moving to her boyfriend and her employees, while she still tested the waters with colleagues and employers.

The encounters with Mercy Ships fostered the trajectory of this sort of growth and thinking. In one way through the provision of medical care that transformed bodies and allowed former patients more opportunities to create their lives, and in another through the ship entity and the volunteers acting in “the example of Jesus.” The parallel ambitions of Mercy Ships, their healers and helpers, created a partner in the continuous struggle to grow in their spiritual relationships to God and to themselves.

### *Tangible support*

---

Third, beyond the image of Mercy Ships and its response to the enactment of faith through prayer and testimony, was the actual support offered by those within the church networks. In addition to church and related activities forming an active part of people’s social lives, the community – as a body and as individuals – assisted the sick through difficult times financially through donations for food, medicine and transport; logistically with childcare, cooking, well connected acquaintances; socially with companionship and loyalty; and spiritually through prayer and other interventions. In short: the church and its congregants could be the source of limitless resources. This aspect of the church and the communities of faith that offered support will be elaborated on further in chapter nine.

*People helped me a lot! All of my family supported me: my mom, my dad, my sisters and brothers. The people from church too! – Dzifa*



## Mid-way summary: patient transformations

---

So far, this section has analysed patient lives after their Mercy Ships encounters. I have shown how the *Anastasis* has found its place within their life trajectories. Sometimes health issues were rendered a thing of the past, with the physical repercussions as well as the act of healing fading away. The struggle in successfully navigating one's way in the world continued.

As indicated in the stories above, not only is the internal acknowledgement of transformation important, but the external recognition of it is too. Beyond health and healing, it is also the connections, the experience on board and the new world that has been revealed that are crucial to the creation of internal and external transformations.

Unlike Alexandre, for example, Philippe and Chrystel were able to go from standing out amongst strangers to blending in, affording them experiences they would not have had without the surgery. Alexandre had a procedure that prolonged his life and made interacting with others easier, but ultimately did not make him look 'normal' like other people. Because both wore their illnesses on their faces, neither Philippe nor Alexandre could choose whether or not to present their symptoms of illness to the world. This choice had been made for them.

Mercy Ships gave people the occasion to deepen their belief in their religion. The experience was understood in a way that made sense to their world-views, already formed, but malleable. They witnessed the Christian goodwill, depended on their faith to get them through trying periods, and resisted pity by making sense of their suffering and gaining social connections. Over and over again we see that believing in something, assigning value to it, and accommodating a fluidity of outcomes is a way of organising life occurrences and subsequently one's life itself.

I will next, after an interlude, move on to crewmembers and their post Mercy Ships lives, where similar mechanisms are at work, albeit on a very different plane.

It is another warm, muggy morning in Cotonou, and I arrive at the petrol station at the Étoile Rouge – my meeting point with Olivier, a former translator for Mercy Ships who has offered to help me set out to find Aubin. We don't have much to go on beyond the name of a village, but I am feeling light, relaxed and up for the adventure, relishing feeling *en forme* after a week of no upset stomachs or other bothersome body issues. Aubin was a schoolboy treated by Mercy Ships during the Benin outreach for a burned arm, the result of a childhood accident with an overturned pot of boiling water on the cooking fire in his home compound. The burns on his arm were so severe and the subsequent medical care not thorough, such that as he continued to grow, his forearm had melded with his upper arm into a tight angle, rendering him handicapped. Surgeons on board the *Anastasis* separated the parts of his arm, and with skin grafts, restored its use. I had met him on board, but heard through others that after his surgery he had avoided going back to his village because it was widely believed (by himself and his family) that the burn accident had not actually been an accident, but brought on through a curse as an act of retribution by extended family, jealous of his parents. After his surgery he was considered still too weak to go back there, not because of his physical state, but because he was under threat of being cursed again. However, months later, Olivier had heard through the grapevine that he was spending some time there again, called me up, and we decided to go and pay him a visit.

The village was about 80 kilometres from Cotonou, and after changing collective taxis a couple of times and walking through a series of smaller enclaves, we found his village and learned that he had recently departed for boarding school in Nigeria. Still, we had ended up in the care of one of his uncles, who received us as the village was gearing up for a ceremonial burial party. I was uneasy as we lost our independence. At one point, Olivier took me aside and told me this was the 'nasty' uncle on the mother's side of the family who starred in the stories of curses and antipathy and was rumoured to have a hand in the story of his Aubin's injury.

We wandered through the village, and as we paid our respects to various homes, the party heated up. Music, chanting and dancing filled the oppressive humid air. The space filled with visitors who had travelled to join the ceremony, their motorcycles and beat-down cars. The uncle ushered us in to his hut for further routine demonstrations of his hospitality; we had arrived at the point where the bottle of sodabi was brought out. Sodabi is the name for the local palm wine, or "Beninois vodka," fermented with rocks, roots, spices and other

miscellaneous bits to bring out each brews' unique qualities. It is common to offer shots of homebrew to visitors or to break it out during ceremonies or celebrations.

The bottle was murky and seemed heavier than its contents. All of a sudden, I felt I had to leave, to get out of town, immediately. But Beninois goodbyes are rarely quick. The crush from outside, separated by the wooden branches of the hut walls, seemed to penetrate inside to our dark, hazy space, and I sipped my glass to be polite and counted down before signs pointed to being able to comfortably 'ask for the road.'

By the time we passed back into Cotonou I was groggy and sweaty with a pounding head, just able to grab a *zemidjan* to go, instead of returning home, to a friend's house who had hot water and a bathtub. There I began a cycle of shaking, hot baths, throwing up and cold showers, all the while hearing the drumming from earlier and the bodies of celebrants coming closer to me, until eventually I passed out after midnight.

Upon waking in the morning I wondered if the uncle 'got us.' I had been sucked in, unable to otherwise explain my great health dissolving quickly, even though, of course, in reality this happened all the time, but now I had another structure within which to frame it. Just as Mercy Ships brought me closer to dialogues of God, it brought me inside that which *Anastasis* crew (and locals) feared and gave power to: the strength of Vodun. Was I not strong enough against it? Did I need a Christian faith, or some other faith, in order to protect myself? These thoughts faded as the day went on, but even now when I write about them – the physical crush of the eyes of strangers, the violent stomach bug, the whispered reminders of rumours playing out – make me remember it differently from countless other stomach bugs I fell to over the years in Benin. My ideas, perspective and sense-of-being in the world were changing over time.

Like the idea of utopia, the idea of well-being captures a universal yearning to be more than we presently are and to have more than we presently possess. (Jackson 2010:38)

This chapter continues with the next section focusing on crewmembers. While there is a symmetry between the stories of the patients and the crew, with both groups striving towards transformations, it is also the case that the transformations achieved, and failed, by crew are of a somewhat different order than those of the patients.

The ship, and in a sense, the fantasy of the ship, meant different things to different people, in terms of its ability as a vessel to realise a good community and a good self. Addressed in the previous chapter was what the potential of the community and God could manifest for those who lived on the *Anastasis*. For the most part, volunteers told me that their motivations to serve on board were to further their relationships with God, to live well and to improve themselves. In addition, they had other goals such as understanding if they wanted to work in missions, and gaining experience in medicine. After such intense experiences, what happens to the crewmembers? What changes; what stays the same?

Transformation has an important social dimension, and requires recognition on the part of others. This recognition could be either physical or social; without it, one is up against a wall, unable to realise a personal transformation externally. This can add a challenge to returning to previous lives and structures after the transformative experience, when trying to carve out a place for true expression of the self.

For volunteers, time on board the *Anastasis* for the most part generated an internal change (in the form of self-knowledge, beliefs, and emotions), or an affirmed commitment, that in some cases was difficult to reconcile with the external, non-Mercy Ships world. Many people wrestled with re-situating themselves post-experience, and trying to find like-minded communities – either through rejecting Mercy Ships culture in order to cultivate their own, or linking back with separate, similar communities. For those who stayed, or returned, the outside world still had an impact on their lives, because of their repeated visits to the ship and off the ship, dependency on sponsorship, or, frankly, because their decision to stay on the ship was made out of a desire to *not* return to land communities.

In this section, I describe and analyse crewmembers' lives post-Mercy Ships engagement. I highlight just a few crewmembers' experiences to illustrate some of the areas that were dealt with post Mercy Ships. These areas involve reconciling the lessons and lifestyle of the ship with a life off board, and creating a desired trajectory that allows for personal goals and preferences to be lived either on board or off.

### Creating and recreating after leaving the ship

---

There is no clear path when trying to summarise or unify the experiences of the post-Mercy Ships lives of crewmembers. It seems that many volunteers are drawn back to the ship and to the community, and that there is a struggle on how to keep ship life – or the valuable aspects of it – in one's life in a meaningful way. So many go back, again and again, in order to maintain this outlet in their lives. The unique draw of the blend of the quotidian quirks of communal ship life with the powerful spiritual and service elements creates a sense of “home” for many people. Others create new projects that allow them to serve, as Scott did with the now popular and successful organisation *charity:water*, or they dedicate their time to other missionary or charity schemes. Some leave the charity or development world – at least for a time – after Mercy Ships. But do they really leave it behind?

Lucy, whose perspectives were described in terms of testimonies and the DTS crusades (chapter three) and her more ‘alternative’ life on the ship (chapter seven), had been off the ship two years when I met up with her in London. Looking back at Mercy Ships, as part of a longer interview, she said,

*The ideas were great and there were a lot of good things that came out of it because I did want to work in medicine and I thought that the things they were doing were great. But at the same time it was like I don't entirely want to jump on board with everything they think – you know?*

It's evident for her that there is a dominant community and way-of-thinking on the ship (“*everything they think*”). This becomes clearer when she describes her experience on board, in particular how she pulled at the seams of the rules and ideas surrounding what it meant to be a “good Christian.” This prompted her to really reconsider and evaluate how she wanted to spend her life.

*Lucy: In terms of not living up to these expectations, like, I'm not reading my Bible enough, I'm not, like, spending time in silent prayer*

*and reflection. There's all these things wrong with me and stuff and then, but then, yeah, it's hard to, yeah . . .*

*Isa: . . . and so apparently it brought it out – differently than back home*

*Lucy: I mean, I was always... Like, the church, I mean I was never one of those perfect churchgoers anyway, like I had my rebellious phase or whatever, as people would call it. I had both of them in my hands at the same time, the church scene and the rebellious scene, and then people make you feel weird, saying you're a hypocrite or whatever. It's like no, I still believe in God, I just don't pretend that everything's ok in my life, and people like to lie to each other and pretend like it's ok and make you feel bad when really people are always struggling and I think people, I dunno, pretend there's not an issue. There's not enough honesty....*

*Isa: Who was saying this about being a hypocrite – was it devoted Christians or people who weren't....*

*Lucy: Well it depends on the group because there were friends of mine that were in the same position as me so they didn't have anything to say.*

*Isa: So you must have been very close with them, to have both worlds with them.*

*Lucy: Yeah. And um yeah but I mean I think on the ship I found a good group of friends that were like that.*

She went back to the United States after leaving the ship and tried to reintegrate into her life, and the Christian community she had been a part of there. Within a year, she left the US again, but not in what was considered to be an acceptable mission capacity by the larger church community: she left to study for an MSc in public health in London. She had long been interested in medicine and that had been one reason she chose Mercy Ships as her mission. Always defining her relationship with Christian groups as rebellious, she had moved further away from the conservative Christian circles she circulated in, by making a couple of life choices. In London she lived with her boyfriend, something frowned upon back home. Living with a partner before marriage was not sanctioned, and she struggled with reconciling the lack of acceptance she found from her church community at home. In London, she sought out new Christian communities. But her time on board the *Anastasis* stayed with her, causing her to reflect back on her experiences and how it defined her. During her London year, she grappled with trying to locate authenticity in her actions, her interactions and the Christian communities she tried out. She had not found it with Mercy Ships, except within small subsets of the larger volunteer population, and this lack spurred her on in her search to find a community she felt she could stand behind.

Searching at home: “*We’re outcasts ... not really outcasts ...*”

---

Georg, the surgeon who described Germany as a spiritual wasteland, continued to split his time between his career at a university hospital and his volunteering on the ship. Eight

months after officially leaving the *Anastasis*, where he and his wife Alicia, an American nurse, met, they were married and living in a one-bedroom flat in the Bavarian town where he had a good position teaching and operating. Through the struggle of a series of adjustments – culture shock in Germany, post-ship readjustment, married life in a new country – Alicia had found an English-speaking job with a pharmaceutical company in a bigger, neighbouring town that she described as being on “*the other side from Mercy Ships*,” in terms of patient-orientation and financial operations (for profit vs. not-for profit).

They timed their departure more or less to coincide with when the *Anastasis* was put into retirement and the *Africa Mercy* (AFM) came into full operation, just as many other volunteers did during my fieldwork. This ‘changing of the guard’, involving many volunteers re-evaluating their lives when the *Anastasis* was to be retired and replaced, struck me. After all, the philosophy, the routine, the structure and the characters – and God – would still be the same on the next ship (and, potentially more comfortable, as the *AFM* was considerably more modern). For so many decisions that are made through discussions with God and signs presented in day-to-day life, the external break imposed by the replacement of the *Anastasis* played a surprisingly (to me) large role in defining the actions of many long-term Mercy Ships crew.

Georg still goes back for surgical outreaches, but Alicia, who actually used to make her life on board the ship (as opposed to Georg’s shorter stints), decided not to go back to the new ship, even for visits. She felt that she might feel estranged if she just went back for two weeks as a guest (or a temporary nurse), and either wanted to move back to her home all-out, or not at all. A heavy feeling of nostalgia hung in the air as we discussed this. Even though she had only left the year before, she felt that the *AFM* was sterile and that the management attitude had changed; being now about “measureable results” instead of the focus on human stories and lives.

They both spoke about how it was hard to lead the Christian life they wanted to lead back in Germany and that their re-adjustment was challenging (even though Georg had not lived long-term on the ship before). Georg mentioned how ideally, in the morning, he would spend time with the Bible before going to work, but it was too tempting to press the snooze button on the alarm instead, and end up losing this precious time of a hectic day.

They joined a church that they felt kinship towards, and met another couple about their age that they hit it off with and started a friendship. As mentioned in chapter three, Georg feels

very fortunate to be working at the particular university clinic that employs him. The head doctor of his clinic likes to “surround himself with Christians,” and tries to foster an environment where Christian beliefs are practiced on the job. This is something that Georg finds rare in his chosen specialisation. Medicine in Germany does not always take a humanitarian angle, he says, and even less so in cosmetic surgery, where he meets uncountable self-obsessed, superficial surgeons who are more interested in their own aims than those of their patients. We fell into a discussion about a doctor’s oath being to heal his or her patient, and where the line is drawn in terms of *healing*, covering scenarios that involved the contrasts between fixing an aesthetically crooked nose in Germany and the complex reconstructive surgery cases he tries to take on with Mercy Ships. For him, his work on the superficial “crooked nose” cases was a means through which he could continue to do the medical work he actually cared about: reconstructive surgery, in particular for those less fortunate and those in Africa. He is ambitious medically and did not feel he was at the stage where he could abandon his training or surgical advancement within the system to go and live on the ship fulltime.

Both Georg and Alicia are “more religious” and committed than their friends and family living outside of the Mercy Ships world, none of whom can really understand the decisions they are taking to live simply. In turn, the materiality of the world around them bothers Georg and Alicia, especially its focus on bigger, posher, newer and more expensive items. Georg says he and his wife are an anomaly in their Bavarian town amongst their peers. “*We’re outcasts... not really outcasts.*” But *Aussteigen*, in the way that Mercy Ships offers, is not really a possibility for them at this point, at least it is not compatible in the way they want it to be with their other goals: to have a stable life, start a family and to save up for the future. Eventually they moved cities and countries as Georg finished his residency and as his career developed, having three children and providing for them a life on land.

### Oscillating: Thomas

---

Thomas, who was non-Christian, or “culturally-Christian,” and worked in IT on the *Anastasis*, had many post-Mercy Ships phases, routinely leaving the ship at the time his contract was up (or before it was up), going back to Germany and trying to figure out what to do next, only to find himself back with Mercy Ships within a year or so. At home, he would see that there were limits to what he was able to do with the money he had set aside for himself every month (roughly 500 Euros). The limits were not purely financial; the issue was



more about not being able to *creatively* spend his time in an interesting way with the amount of money at his disposal. His camper van was his primary home, generally parked on a farm near his two horses. From time to time, he gave computer instruction at his former employers' agency, thereby topping up his bank account and allowance. During one of his stays back in Germany, he pursued a previous connection with an Indian NGO setting up computer technology for children there. After planning the trip for months, he only stayed two weeks (instead of six months) in India before returning back home. During another stint at home he met, online, his current partner Marion who lived in another region. She expressed interest in doing an outreach together living on the Mercy Ship, and Thomas found himself on the ship for a fourth time, first starting up in England on the Africa Mercy before it was ready to sail down to Ghana and relieve the *Anastasis*. Marion took a sabbatical year from her teaching job in Germany and joined him there (some of her experiences were described in chapter seven). This time he had been able finally to test his desire to be on board with a partner (living in separate cabins), and though he struggled with the community, he found his stay moderately more enriching. It was the first time he served the duration of his initially intended commitment.

Thomas was a different case from many of the other volunteers because from the beginning he did not identify with the religious calling to serve on board the *Anastasis*. Each time, he returned and found himself in a similar situation to before, still seeking a structure that would give him adventure and, at the same time, the feeling that he was contributing altruistically to the greater good in the world.

In a sense, it seems that this community failed him. The Mercy Ships community had something he wanted, but ultimately it could not satisfy the intellectual exchange he wanted. Not believing made it weaker for him – he did not find a purpose in the structure, through which others were sustained. He did not have contact with the sick (the healing objective) nor did he have great interest in his fellow crew (camaraderie, religious growth), creating a sort of stagnated evolution for him within his experiences. For him, possibly, the ship experience needed God to work – or rather, he needed God to make it work. Or else, his personal push-pull relationship with the ship was something that he was able to use in the future to mature an understanding of his needs and to continue his quest to find meaning in his life.

Rob, who in chapter three preached to a congregation in Ghana that Mercy Ships had saved his life, stayed on the ship throughout the period of my fieldwork: travelling with the ship to Sierra Leone, Benin, Ghana, and beyond. Even after his ten-plus years on the ship, he, like Thomas, says ultimately one is alone on the ship. This comment was something that stuck with me and puzzled me, especially given the effort that goes into ‘community-building’ on board. What kind of community is it then?

He brought up this notion of alone-ness when he was telling me how he had had two opportunities to go to maritime school – once in the UK and once in South Africa and neither of them worked out – mainly because sponsorship promises fell through and he received a lack of assurance that he would be able to return to his position on the ship if he left. This was frustrating for him to accept. The ship was not only his source of employment, but also his home – so he would essentially be losing both at once, if he chose to develop his interests and skills further. From here he segwayed into his disappointment that there was no one on the ship “for him.” There was no one he could talk to about any of this, and at times he felt as though all his real friends were back home in Australia. The ship was empty.

I commented that it was interesting how even though he had not lived close to his friends from back home since he had come on the ship nine years ago, they remained such a central and important base for him. He agreed, and went on to say that the last time he was home they went out for dinners and to the beach. It had been really great to be in touch. At the same time, they were mostly married and had children now, and so when they hung out they did not do the same things as they used to do when they were single or had girlfriends. His tone was wistful, and his words conveyed a feeling of being adrift in life while adrift on the ship, even with the positive impact the organisation made on his trajectory.

For some, the ship serves as a guide, a companion. They find their soul community; their spiritual community. God unites them, along with the shared time, the shared mission, purpose and experience of serving with Mercy Ships, even with others who might not have been there at the same time. Rob’s sharing of his experience shows that even staying on board can create a sense of displacement in the world for some volunteers, because the core, close people are far away and community building is not a formula that can satisfy all needs in its enactment.

Rob's experience is one of many that demonstrates that maintaining and sustaining a life on the ship can be complex. Many of the fundamental issues about living on the ship are practical: volunteers must be creative with their finances, as their earnings come directly from sponsorship, and will not necessarily provide for emergency or retirement planning. For families with children, schooling is also an issue – after a certain age the ship academy has its limitations and families must make the decision if they want to home-school or live apart and send their kids to boarding school or to live with other friends or family members back home. (This can also present associated expenses that may not be sustainable.) The ship has only in 2014 graduated its first students with a high school diploma.

### Uncertainty surrounding the sustainability of life on the ship

---

In many cases, plans do not go as expected. This was, of course, a feature of numerous *calling* narratives, where the magic of the story was the unpredictability of the actual details at the hands of God. How this magic, uncertainty and disappointment are processed and organised by individuals can be illuminated through one last example: Ali's unanticipated trajectory.

Ali met her husband on the *Anastasis*, and after their first child she moved back on board until she left her nursing position on maternity leave to have her second child. However, a routine ultrasound detected a congenital heart defect, which required a series of heart surgeries for the new-born, if he survived them. They had planned to only be away from the ship for six months, moving back as a happy family of four and raising their children there. Sponsorship structures were in place for their ship-life, but they were fully unprepared to move back to land and “real life” and needed to sort out health insurance, visas (she and her husband had different nationalities), jobs, day care for the toddler, and accommodation, in addition to coping with a fragile pregnancy and new-born. About two months after the birth of her son, it hit her that her life had permanently changed from the plans she had been laying out and she wrote a blog post reflecting on this, after a fortune cookie from a Chinese dinner caused an emotional response. Her fortune read: *You cannot discover new oceans unless you are willing to lose sight of the shore.*

It turns out that the life I had planned for myself was very different from the one God has in store, and as the ship gets ready to sail [*between outreaches*] I'm finally having to come to terms with the fact that that incredible, heart-changing chapter is closed. I won't be on the ship when it leaves port, won't

be losing sight of shore any time soon, and tonight's fortune cookie seemed to throw that awful truth right in my face.

I'm not going back.

Not as long as this boy is part of our story, and dear God, please let that be forever, but even as I type that I realize that I'm doing it all over again. I'm clinging to a life I so desperately want and ignoring the truth that should be so evident by now.

It's not about what I want. It's not about what I need or even what I think I need. This life? My life? It's not really mine at all. I don't get to choose what it will look like.

When I quit my job and moved into a six-berth cabin on a hospital ship docked in Liberia, I was pretty sure I was giving my life to God. And in the months and years that followed, through all the joys and all the heartbreaks, my prayer was always the same. *Use me. Take my life and use me. Do what you want with me; I'm yours.*

What I didn't realize was that underneath those words (spoken as they were with heartfelt belief and utter sincerity) was an unconscious and firmly-rooted need to have at least some shred of control. Whether that meant knowing what port we sailed to next marking out a mental timeline that had us settling back on land when the future hypothetical kids hit middle school, I was okay with the fact that God had called me to the mission field because I still had some kind of a hazy idea of what came next. I never actually gave everything up.<sup>88</sup>

Here Ali pushes herself to challenge her relationship with her faith and to go further than she had in the past. I will come back to this passage in a moment, but I understand Ali's reflections better after reading Tanya Luhrmann's work on religion and God, where she underlines that learning to read God and interpret His messages is a skill that can be developed.

Luhrmann spent over ten years researching American evangelical churches by joining them and acquainting herself with their members and practices. One angle of her work has developed the idea that people learn to recognise God as a person, a process that according to her analysis (2013) is achieved in three ways. The first is by learning that their minds have permeable borders that allow God to inhabit their thoughts – meaning that they are eventually able to discern their own thoughts from those that God has placed in their minds. These can be visions or advice, and are positive. Second is to understand that God is present – not in a pretend or a use-your-imagination way, but he is *there*: a discussion partner, a companion, *dateable*. He can also *not be there*, and *not show up* when you are looking for him at times.

---

<sup>88</sup> [www.alirae.net/blog/archives/772-losing-sight-of-shore.html](http://www.alirae.net/blog/archives/772-losing-sight-of-shore.html) (last accessed October 2014)

He is unique for each individual. The third is a series of emotional practices, which she refers to as people “performing themselves” in church – such as crying in the presence of God, or standing in for his physical presence through prayer and reassuring, spoken words. Her description of what she observed in the American churches resonates with what I heard many of my informants discussing as they navigated their relationship to God and to the direction that their lives would take.

In an exercise she calls “mapping and remapping,” Luhrmann explains how people create themselves in the presence of the God that they learned through the church.

People take this representation of a loving God, and then they try to be who they would be in relationship to this God. They try to imagine the kind of person they would be if they truly were loved by this kind of God. So they kind of map back to themselves the characteristics that they imagine God to have. (Luhrmann 2013:5)

Again, here we have this notion of mapping, of navigating, and, by extension, weaving their way through their lives as in the examples I opened this chapter with. A difference here is the internalisation of the idea of what God has in store for people. The blog passage above demonstrates Ali’s struggle, her relinquishing of her perceived needs and her control, and, I will use the term a bit differently from Luhrmann, the *mapping* of herself onto God and him back unto her again. In the other stories also presented in this section, those that were able to map their decisions with God’s explanation were able to draw a unifying thread through their experiences, even if it was only in retrospect, not always in the present.

## Conclusion

---

This chapter has looked at life trajectories after boarding the ship, encountering fellow patients and crewmembers, and the healing and hope that is brought about on board. Patients navigated their way through new opportunities that the surgery presented them: the ability to be ‘invisible’ again; to capitalise on their regained health and appearance to create experiences and earn a living; and to link their medical, social and spiritual experiences to their belief in God. For some, their pathways to good health continued to be broken after their Mercy Ships encounters, and the *dead time* it brought about – stretching out or growing too short – formed a crucial part to navigating the uncertainty imposed by outside factors: unemployment, health problems, tricky relationships.

For some crew, leaving the ship created difficulties to follow the devout Christian path in dominantly secular communities. Others expressly sought out the diversity of the non-Mercy Ships world. The outside world provided an opposition, or a temptation, and new efforts needed to be made to “follow the example of Jesus” when not surrounded by like-minded individuals and when the very nature of one’s life was fulfilling this mission. Some things stayed the same: the same challenges, or packaged in different forms, remained for them after the ship. The quest for love, fulfilment, meaningful tasks and a place in the world, unsurprisingly, remained.

In both patients and crewmembers, the importance of being able to have the resources and capacity to navigate a life after Mercy Ships encounters was evident; to create a meaningful world and to find a community that accepted and recognised the personal transformations undergone. Just as the encounters offered a catalyst for change, the period after these meetings provided important scenes to test, challenge and reinvent oneself and the life one wanted to live.

Harking back to Jackson’s comments from the beginning of this chapter, we see similarities between crewmembers and patients as they negotiate ways to develop a sense of well-being in their new lives, albeit with different resources and infrastructures at hand. Both patients and crew are bridged in terms of attachments to the ship: the promise of the ship and the longing for the ship. There are similarities in its fulfilment and its failure to follow through on the catalyst for change that it ignites.



Figure 12 At the end of the *Anastasis*' mission and the start of the *Africa Mercy*'s, in Monrovia Liberia in 2007 © Mercy Ships

### Introduction

---

For his 32<sup>nd</sup> birthday, on a Sunday afternoon in 2008, Alexandre invited friends and family to his friend Serge's house in the village where he grew up. Sixteen years previously, a small crusty wound had appeared on his lip that would reveal itself years later to be cancerous. Despite various treatments, it ultimately took over the majority of his face beneath his eyes. It had been a couple of years since he had undergone full eliminative and reconstructive surgery on board the *Anastasis* in Benin and then Ghana, and there had been an air of hope and promise in his dialogue and that of his friends. However, the cancer returned after surgery and resumed its steady course across his face, and on this occasion the language and mood surrounding his activities was decidedly sombre. Guests did not speak of his death, but neither was there any planning for a future; the woman he had had a crush on from afar in the past had not been replaced by a new one, and the ideas he had the previous year to start up a cybercafé were not brought up. As we sat around the table at lunch it became time for the formal speeches. The tone was serious as people reflected publically. *"Your job is to persevere, and to keep on living each day as you do, and our job is to keep praying for you, to keep the faith,"* said Serge, a director at the school Alex once worked at, and his closest ally.

This chapter ties together many themes raised in earlier chapters of this dissertation. It explores the interpersonal and spiritual networks that formed beyond the surgical and evangelical interventions of the ship that, with its arrival, joined a sort of congregation. This chapter looks at the corporeality of an illness and the groups that emerged to band together to carry a sick person through their illness, while simultaneously strengthening a sense of communality along the way. The congregation is the social network that represents the social body. In the case of Alexandre, for example, the ill body becomes the focus of attention and facilitates social cohesion. It is a call to assembly for those who choose to answer, beyond family and friends and the church, to a selective greater community that unites in order to assist an individual who is suffering, such that those who become marked by the illness are not only those who are "saved" but also those who do the saving. By looking at the religious responses enacted through individuals, a patchwork is woven wherein it is not just the ill body that is taken care of, but the body of the congregation and its faith. This chapter also explores



how going through illness and suffering can separate individuals from a group, and how the embodied act of hope and searching for ritual experiences can draw them back into meaningful experiences of mutual transformation, creating a cycle where faith enables healing, and healing becomes faith.

As a bridge between the encounters between land and ship, broadening the actors to include family and friends, and as an integral piece of people's personal transformations, this chapter proposes the idea of congregation. It presents the voices of some of the crewmembers, not only to illustrate their feelings and motivations for working in this health care setting, but also to show how the resulting community is constituted through ritual acts of believing. The *Anastasis* is a point of departure for this exploration as it creates a mobile community that travels, gives power to ideas through its outreach and healing, and carries its medical work back into communities through the people treated. This chapter then shifts back to land – to the patients of the ship – to look at the elements of pain and suffering that contribute to creating a lifeworld that feels apart from others for a sick individual. By focusing on a prayer session that Alexandre is involved in, I shall also examine how this ritual act creates meaning and helps make sense of the world for the individuals who choose to be involved in his life.

### Background questions

In its marketing campaign for funding and sponsors, the fundraising and publicity team on board the *Anastasis*, presents its patients to the Western world as being outcasts in society. Plagued by the stigmatising nature of their illnesses, they are shunned by those who think they are cursed and brought the illness onto themselves. While some patients' circumstances may be as the fundraising team describes, I was sceptical of this claim when I read their materials before I went to the field. Indeed, as described in chapter four, once I started meeting patients off the ship in their homes, I was struck by how many people rallied around them. I started to think not only about how many people were in their social network, but also who exactly they were. I came to see that it was a particular mix of family members and community members, and I became interested in exploring how these groups emerged. Why did some people stand by those who were sick, when many other people turned their backs? Could it be explained by the mystery and beauty of friendship, of altruism, of Christian Love – or was there more involved? In any case, what was the fabric of these relationships? What bound them together? Not all family members stayed with an ill person throughout his or her illness, and some moved in and out of their lives with the passage of time. Those who were helping in the traditional sense – with money, care and resources – were also those who were being helped along in their own lives.

By looking at the impact of ritual acts on a community, I want to explore the notion of faith – its struggled maintenance and its renewal – as healing, and healing – in all its incongruous, inconclusive ways – coming to constitute faith. “Out of illness experiences emerge interpretations that see temporality and the body as integral to the process of ordinary living,” write Biehl, Good and Kleinman (2007:31), highlighting the arena illness provides for an exploration of the body’s contestation and re-situation within contexts. I start by looking at one idea of what embodies a person’s sense of self, and notions of congregation and the healing of sickness, both physical and social. This is in order to explore the concepts that articulate a person’s creation of ways of being in the world, and elucidate the agency they have in influencing their lives and those of others, as a way of moving towards seeing one’s personal contribution to a community.

The perception of an individual’s ways of being in the world and his/her relationships to others is integral in identifying a personal sense of self. In writing and researching personhood, many contemporary authors reflect back on the work of Marcel Mauss (1985) (originally published in 1938) and Meyer Fortes (1987) (originally 1945-49). Central to Mauss’ concept of the *personne morale* is the idea that personhood is created and affirmed through social relationships – as he or she negotiates the inner self with the outer person that is socially formed, and thereby becomes aware of him/herself. Fortes responds to this essay with ideas on the concept of the person gleaned from his fieldwork among the Tallensi of Northern Ghana, and stresses that personhood is something achieved little by little throughout the life course through rituals and key events.<sup>89</sup> A sense of self, and thereby, one’s personhood, is something constantly in flux and evolving, and on top of that, not even ‘owned’ by oneself. A person has as many selves as there are other people who have knowledge of that person and reflect on them themselves, observed William James (James 1950 as cited in Jackson 1998). There is no controlling this image, as it is inextricably linked to the pictures and impressions of other members of one’s group of interaction. It follows, then, that one can manipulate to some degree who one ‘is’ through the people one spends time with, and who one allows to reflect images of oneself back. A person’s way of being in the world is tethered to how they are perceived by others.

---

<sup>89</sup> Fortes gives the example of a man finally attaining ‘truly complete’ personhood only after his father’s death, even though he has made steps along the way, such as adulthood rituals and fathering children.

The trend since the 1980s towards ‘bringing bodies back in’ (Frank 1990) to the study of personhood has gone against a longstanding tradition of taking a disembodied view of socialisation. Subsequently, a large part of the movement in the work done on the body in anthropology has been toward a theory and practice of embodiment. Much work now challenges, and denies, the Cartesian split of dualism and seeks to explore the critical place of the body in society, culture and personality. However, Csordas (1994b) called for a step back from mistaking the body with personhood, in response to a trend he noticed occurring when anthropologists were, in his mind, writing about the body in culture without any sense of ‘bodiliness’ – that which makes bodies more than simply things and gives them “intentionality and intersubjectivity” (Csordas 1994b:4). Research and analysis done this way, he says, miss a key opportunity to add sentience and sensibility to how we view the person. Bodies are the site of emotions and of the personal, even in their public representations. Its functions and abilities are seen as symbols of integrity, and the consequent reactions – rejection, disgust, fear – become a manifestation of social control through bodily control (Douglas 1970). Where does the body end and the social and spiritual world pick up?

This social control can result in oppression and someone being cast out, stigmatised and denied access to a group, based on a physical deformity. In the case of Alexandre, for example, his bodily expression of a grave illness was considered by some to be a physical manifestation of the (negative) energies affecting him. It was also a complex centre of contestation surrounding the source of affliction and the recourses for healing in this landscape where many hold to a Christian belief to counter the feared capacities of other local religions. Elaborating on the conceptualisation of stigma as introduced earlier in this dissertation, stigma crosses over with the notion of the outsider as conceived by Becker (1963). The outsider is a person who fits a social definition of deviance that locates the outsider not so much outside, but very much inside of a particular society and its beliefs. The disabled person suffers a ‘contamination of identity’ as they are not seen as anything beyond the reach of their bodies – whether that is interpreted positively or negatively.

Thinking about what is happening at this site of social regeneration and creation of congregation evokes Janzen’s (1982) research on the repositioning of individuals in a community after a change in health status. What in some places would be perceived of as an illness is interpreted in his fieldsite in Central Africa to be practically of honorary status, in that men with scrotal hernia are instead elevated to being of their own class, a process

affirmed through a ritual that marks the participants' new role in society. This particular condition is not perceived as a negative affliction, whereas in other contexts it might be seen as an impairment and stigmatised. According to Janzen's analysis, this system at the same time provides a kind of therapy, in order to return power to individuals – by reintegrating them as part of the group – who might otherwise have lost some of their standing and possibilities. In order for this to work, the ritual for improving the condition must fit to the meaning system of the given culture. As we will see in the following sections, in this setting a similar phenomenon takes place that is beneficial to those who choose to be involved. Getting well involves the adoption of social and other routinized processes by which wellness can be distinguished from illness. A 'well' body may not be free of disease, but can at least have the social networks and rituals that impart on it meanings beyond those that are burdensome and negative.

In describing the processes illustrated in this chapter, I use the term congregation to refer to a body of individuals who come together to worship, that is, to seek worth through ritual and devotion. A deciding characteristic of this group is not the unified physical meeting of individuals that bonds people, but the social networks, intentions and repetition that act as a point of cohesion. In this sense, it is a conscious, voluntary, self-selected body of people that are bound together through the locus of a physical body that calls to be supported and healed. Throughout this chapter, we will see various congregations form at the face of the diseased body: the social network of the patient and the ship (crewed by a team of individuals) coming over water to offer hope and healing. The intentions here are to restore a social order, to find meaning for oneself through the suffering, and to alleviate the suffering of another (sick) individual and oneself, all through which a congregation is drawn together and reorbited.

Having an idea of a sense of self is a representation of one way of being in the world. When things become disrupted (for the sick) and distorted (for the community), processes need to happen in order to transform the suffering and interference into an adjusted world order. "Sickness is not just an isolated event, nor an unfortunate brush with nature," write Nancy Scheper-Hughes and Margaret Lock. "It is a form of communication... through which nature, society and culture speak simultaneously" (Scheper-Hughes and Lock 1987:31). Just as a collective can form its identity through the stigmatisation of a group or the rejection of a sick person and a disease by adhering to a set of cultural beliefs, superstitions and knowledges, others can instead embrace and nurture, and likewise contribute to their sense of being in the world on the back of this person or situation. Individual transformations are conscious and active: people transform themselves to deal with the constraints presented.

Placing the work of Mercy Ships into the movement it contributes to, lends another facet to this manifestation of congregation. In worlds that separate further from one another as they become more complex, often coping and adaptation involve splicing oneself into an assortment of groups, belongings, geographies and meanings. Development approaches and medical work went through an incarnation of being solution oriented and tackling pieces of the whole instead of the whole itself. Arthur Kleinman (1999) writes:

Institutional responses tend to fragment these problems into differentiated, smaller pieces which then become the subject of highly particularized technical policies and programs, increasingly ones that last for short periods of time and then are replaced by yet others which further rearrange and fracture these problems. (Kleinman 1999:392)

In this sense, Mercy Ships (in common with other faith-based organisations) counters institutional measures that fracture people, communities and their problems by employing faith and a vision of religion to unify these aspects of their lives. Certain individuals in the patients' home communities back on land pick up from here and offer a continuum for this; those that participate counter the rupture threatened by those who do not. This congregation affords an opportunity to piece it back together.

### The ship as a site of congregation

---

Mercy Ships' mission is to bring "hope and healing to the world's forgotten poor." Internal and public documents expound on this purpose: "The nature of our work is essentially redemptive and restorative. In effect, our work is to walk alongside the forgotten poor, facilitating and participating in their growth as well as our own."<sup>90</sup>

As seen in previous chapters, evangelism<sup>91</sup> is important to those who come on board, but the religious dimension is just as important a motivation for internal ship operations as it is for activities off the ship. Emboldened and inspired by their religious belief to "do good unto others", the act of carrying out this aim is considered by many on board to be more important than the aim of actual conversion of non-believers to Christianity. In addition, actively demonstrating one's Christianity *on* board was considered as important as acting Christian

---

<sup>90</sup> <http://www.mercyships.org/pages/mercyships-mission> (last accessed 20.06.2011)

<sup>91</sup> I refer to the term evangelism as defined by Unruh: "...sharing the gospel (the Christian message about salvation) by word and deed with people not actively affiliated with Christian faith, with the intention that they will choose to accept and follow Jesus Christ and join a church community for ongoing discipleship" (Unruh 2005:34).

was *off ship* (for example, during outreach into different communities). While patients receiving medical care on board could stay with little evangelical focus addressed in their direction, crew could not. As Engelke (2006) has stated, “(n)otions of intentionality often become central to Christian conceptions of ‘faith’” (Engelke 2006:14). The intention here is not simply to convert others, but to convert oneself – to transform oneself into a better Christian and to have an evolving relationship with God.<sup>92</sup> What I wish to describe about this community goes beyond simply notions of evangelism, but extends into the personal messages of communion that are repeatedly enacted through living and believing in the potential of this congregation.

Volunteers recognise that setting a good example of their belief is one way of inspiring others to follow suit. Sometimes a non-Christian surgical patient can be overwhelmed by the generosity and affection he received from the attending medical staff and decide to convert and allow Jesus into his heart. While this can be one product of the volunteers’ missionary work, the other is that they themselves benefit from their own efforts, which was shown in a conversation I had with a retired British man during his fourth stay on the ship. His job working in the galley kept him away from regular interaction with patients, but he volunteered at the medical screenings, offering water and answering the questions of people waiting for hours in the queue. He mentioned meeting a young man with a large facial tumour, larger than any he had seen before, which he described in detail to me. He said he was repulsed and fascinated at the same time, and that he was overcome with an “internal dilemma” when he sat with the man.

*I touched him – I don’t think anyone had touched him in a long, long time. And I sat with him and looked him in the eye. ... But, you know, I think I did it for myself, as much as for him. I was curious. I think I wanted to prove to myself that I could reach out to this extremely sick man, that I wasn’t scared of him.*

This exchange came at the end of a conversation about his reasons for coming to Africa to help the poor and sick instead of helping disadvantaged people in his hometown in England. Although he had been involved in community service projects at home, this approach, he said, interested him at this point in his life and felt like a greater challenge.

Personal expectations for transformation and change are a driving force in this community of

---

<sup>92</sup> Transformations are the purpose of the missionary endeavour whether the work is ‘religious’ or social. At the centre are a proper enlightenment concerning God’s will and the import of the sacred events related in scripture; metanoia, conversion, acknowledging Christ, and reconciling oneself in Christ through others the realisation of Christian faith, hope, and love (Burridge 1991:149).

individuals. They are focused not only on the world outside the ship (by improving health and/or enabling spiritual conversions) but also to themselves. Near the beginning of her time serving on board, a crew member posted an entry on her online journal entitled ‘And God saw that it was good,’ in which she anticipates the transformation she will undergo once the activities involving patients get underway, the first being the screening for new patients scheduled shortly after the ship’s arrival (to select those who will receive medical treatment during the coming months).

I’m trying to mentally prepare myself for tomorrow. The person writing this post is not going to exist tomorrow. The people I meet and film are going to change me forever. Tomorrow is a day I have been waiting for for eight years. That is how long I have wanted to serve with Mercy Ships.

I woke up this morning, late I might add, and as I tried to mentally prepare myself for tomorrow the book of Genesis came to my mind. In the first chapter one phrase is repeated, “And God saw that it was good”. The word “saw” is repeated seven times.

Tomorrow I want to remember this when I am looking at people who are outcasts of their society. God sees them! He saw them when he knit them together in their mother's womb. He sees their struggles and calls them to Himself. I want to see them the way He does.<sup>93</sup>

This entry is notable for several reasons. First, she emphasises the visual aspect of the sick, the corporeality of illness and the potential impact of the act of witnessing. Second, she is willing a transformation for herself into being and to initiate it she reaches out to the patients, seeking a way to come into contact with hurtful, difficult pieces of life (by filming the screening) and through these images and experiences also be healed by them. She seeks out that which, ultimately, she believes will help her evolve in her relationships and become who she wants to be. Being there, and being involved, will irreversibly change her way of being in the world. Furthermore, she initiates this process by writing about it and calling upon her community of readers online to witness her transformation and also participate in it themselves. The comments in response to this and other blog entries echo her calls and affirm her path of seeking.

As described in chapter five, screening days are exciting, long and often overwhelming days. They require an immense amount of organisation in order to get through the hundreds, often thousands, of individuals who have lined up in order to be seen by the ship’s medical staff in the hope of being selected for treatment. Not everyone waiting makes it into the reception hall, but those who do are generally examined. If they are not selected for treatment, the individual and any accompanying family members are asked if they would like to be escorted

---

<sup>93</sup> [http://africanmercyadventure.blogspot.com/2008\\_02\\_01\\_archive.html](http://africanmercyadventure.blogspot.com/2008_02_01_archive.html) (accessed May 2010)

to a separate area on the grounds where they will be met by ship volunteers and translators to guide them in prayer. This prayer option features strongly in the dialogue and discourse of the volunteers. Crewmembers working at the screening are confronted with the visual sight of a queue of people who have travelled far, suffered long, and slept on the street to be sure to be seen by Mercy Ships. The massive line numbering in the thousands and the charged emotions of the screening can be overwhelming for the crew, knowing that they will have to turn the majority away.

One evening in the ward, while spending time with Alexandre, I happened to overlap with Betty, a crewmember whose role involved providing emotional support to patients both on and off of the ship. We chatted about some of the characters staying on the ward and about the challenges of her job. As we turned to talk of God, I recounted that one academic theory was that religion's role was to change the meaning of the illness for the sufferer, and what did she make of that? Betty laughed and responded that she simply wanted to make people feel important and loved; she did not know what else religion would do for them, but that is what she liked to do with it. In this case, for Betty, a formal, concrete outcome was not the goal, but the enactment and re-enactment of her symbols of meaning. How she wanted her patients to feel reflected back onto how she made sense of her world.

In chapter six, I told the story of a Jesus film screening, which encouraged people to open up to Jesus and also acted as an affirmation for crewmembers of what they had to offer nearby communities. Their unity and their belief in God fashioned them a code that provided guidance on how to respond to villagers, how to call them to the Lord, and importantly how they could come through sad encounters and share the experience with strangers with the intention of offering comfort and feelings of hope to them.

Messages and enactments of faith and kindness take different forms and labels across contexts. Julie Livingston explores the Setswana concept of *botho*, a term recently entered into the public discourse of national identity that refers to a “Tswana ethic of humanness, which acknowledges that one’s actions affect others” (Livingston 2008). The *botho* concept has been around in the local context for a long time, and involves compassion and a sense of humanity that are challenged by the revulsion experienced when faced with bodily aesthetics that do not conform to the norm. *Botho* calls for people to be kind, considerate and accepting of one another. However, physical disabilities and illnesses – those that elicit reactions of disgust from others – test the boundaries of those who normally practice *botho* but do not or cannot any more. While I did not come across a similar term in Benin during fieldwork, I



found this idea useful when looking at the Mercy Ships' work in the region and the changing relationships patients had with their caregivers. Describing something parallel to this, the term 'Christian Love' frequently came up. Like the market vendor in Freetown earlier, some locals referred to the crew of the ship as "*angels sent from heaven*" because of the work they did with the sick, but I am looking at this concept as being as much about the impact on those embodying the spirit of *botho* as those who are the beneficiaries of it.

Ignoring the fear that such a facial deformity could provoke is one thing, but it can equally be as difficult to ignore the aesthetic facts of illness, in this case facial disfigurement. Often there is exposed, rotting flesh that gives off a pungent smell, and the tumours that grow out of the mouth can make eating or drinking very messy affairs, with drool and masticated food getting stuck for view. I mention these things because of the tension and discomfort I witnessed during the rare occasions of eating in groups with some patients before their surgeries (or, in Alexandre's case, after). These occurrences, which could be viewed as 'matter out of place' (Douglas 1966), can be interpreted by others as being evidence of a lack of virtue, a failure to have played by the rules. In Kristeva's (1982) study of the abject, it is these people who can be excluded by individuals in order to create their identities and through these acts of segregation on a larger scale construct the values of a society. In the context of this research, it is those close to God – pastors and medical staff as well as all other believers – that are called upon to exercise Christian love and practice the so-termed *botho*, even when they are placed in positions that challenge them. Many of the crew members try to visit patients that they have met on board, or other locals, at home, and while part of this is for their own recreation, in addition it is to demonstrate acceptance where they expect there to be little given by the local community. In particular, there is an outreach arm in which two nurses visit a small number of individuals who have been determined to be too ill to be operated on. These visits into the community by the crewmembers (foreigners) are meant to set an example of generosity for the patients' neighbours, in addition to offering immediate support themselves.

The ship as a body works to heal both its patients as well as its volunteers working on board, who seek out a transformation and the desire to transcend their individual limits collectively. Unified intention generates social cohesion. The ship acts as a point to tie together the individuals of singular intention but diverse origins, led not by a charismatic leader so often highlighted as being the illuminators of group movements (see many, but Csordas 1994a and Harding 2001 as examples), but by the result itself, acting as a healer for those who heal. Here, it is not any one individual who is charismatic and leading a revolution in healing, but it

is the social cohesion and intent that creates the charisma. The charisma, in a sense, is the ship itself, the embodiment of unified intentions and recreation of meanings.

The sense of the divine other is cultivated by participation in a coherent ritual system... The ritual system is embedded in, and helps to continually create, a behavioral environment in which participants embody a coherent set of dispositions or habitus. These are the elements that constitute the webs of significance – or of embodied existence – within which the sacred self comes into being. To be healed is to inhabit the Charismatic world as a sacred self. (Csordas 1994a:24)

Believing that the presence of the ship has the potential to make a difference to the outreach communities, that it is a vehicle and a symbol for hope, plays a fundamental role in the self-construction of image for those who volunteer on board. It bonds and provides a transcendental experience for those to cope with the images of suffering, and their often unattained medical – physical – successes. The point is to keep on, push through with the physical enactment of faith to create healing. A lapse in this would break the intention. *“Being here is a tremendous challenge,”* one nurse told me. *“But I’ve wanted to do this for years. I cannot imagine a more fulfilling way for me to serve God than as I am here right now amongst others who are doing the same.”*

### Summoning support

---

Suffering from a chronic illness can place people in opposition to the ‘healthy world’, one that they do not feel they inhabit any longer or have access to (Stoller 2004). Depending on the type of illness they have, the new and then enduring experience of being sick can separate them from both their social world as well as their own internal world: unfamiliar bodily functions, appearances, practices and the ever-present pain create a dissonance with the lives that they lived before. As Kleinman (1997) states, the individual “often experiences pain as an intrusive agent: an unwelcome force producing great physical distress as well as moral and spiritual dilemmas” (Kleinman 1997:5f).

In much of the literature on pain and suffering there is an emphasis placed on pain resisting language (Good 1994:47), on it ‘devastating the spirit’ of those it grips (Cavell 1997:94) to the point of needing to find other modes of expression. The experience of pain is private and its articulation is public; incompatible with the outside world (Scarry 1985). Veena Das (1997) looks for a language for pain – not just in academic terms but also for those experiencing the suffering (though pain does not equate or necessarily imply suffering).

Language and categories may serve to reshape and communicate pain, but they cannot remove or evade it. In which way, then, do individuals reshape their experience in order to cope with their illnesses? How does one transcend the limitations within which one lives and manage to create a support system geared towards new life circumstances?

One of the nebulous and elusive areas of discussion with ship patients was the subject of the physical pain brought on by their illnesses. While crewmembers, and others in the social circle of my informants, made many assumptions about the pain they were experiencing, direct questions on this subject did not elicit much imagery from the majority of my informants. Instead I was told, “*Yes, there was a lot of pain,*” or “*I took such and such pills against the pain.*” Even with Alexandre, as his cancer advanced, what he expressed were the things he was not able to do anymore as a result of his illness, instead of the pain it caused him. Upon my return after spending some time out of the country, I invited him to come to meet me in Cotonou before I was able to travel to his village. There was silence in response from him until we organised a trip for me to visit him. When I met him at his home, and saw the decline in his health since the last time I had seen him, I understood immediately. “*This is why I could not come,*” he said, indicating his emaciated frame and his face and neck, whose further decay could no longer be hidden by the handkerchief he tied around his head.

If pain, through both physical suffering and mental isolation, removes people from the world, can they be brought back? Perhaps through ritual and language, and a faith-based language at that, which in the process of bringing them into the world also brings others into their world along with them, creating a transformation amongst all actors (who choose to participate). Those that employ the language and the rituals invest themselves in the experience of the ill person and create a forum for a common familiarity. Being incapable of imagining someone’s pain is of a different order than being unable or unwilling to acknowledge it. Participation in these rites represents a mechanism for making suffering visible and legitimate.

Spirituality in any number of forms becomes a mode with which people make sense of their surroundings, and those of people close to them. As Csordas (2004) states, alterity is the kernel from which religion is elaborated. In this context, religious faith serves as a method of meaning-making, control and relief, not only for the ill individual, but, by focusing on the illness, also for the members of his or her social network. This external force is kneaded and melded into a catalyst for hope and unity, through the active expression of a belief in God. Language here is not enough; belief and its enactment, using the tools of ritual, language and

practice are turned to in order to reconstruct the world caused by illness, as much as for an ill person as for a healthy person needing to make sense of things they are unable to explain.

Away from the ship, the resources involved in creating a sense of healing for both the ill person and his or her network have fluid boundaries. A congregation materialises not only through the physical shape of a church and its inhabitants, or through medical technology as a tool, but belonging comes about also through a conscious choice to manifest one's hope and belief towards a targeted source. Rituals can offer a culturally grounded technique that remove, or negotiate, uncertainty from an experience of sickness or suffering that affect a community beyond the sick person.

The following section examines one of the outlets that Alexandre invited into his world that, by embracing him in return, enabled him to live differently in the face of illness. The ship, for a time, was one such source of support, invested in his well-being partly for the sake of their own purpose and well-being too. On land, he wove together support from many corners, retaining help from people who, in turn, wove him into their lives. As mentioned earlier, just as healthy groups execute social control by stigmatising 'the other' (sick individuals), 'the other' can try to control and reclaim their social surroundings as well and form their identity through their tailored experiences and the congregation they assemble to accompany them through their journey. The burden of the body itself can be less taxing than the burden of someone else's attitude toward it. In this scenario, those who are ill have summoned a congregation into their lives to redefine themselves as they want to be seen and be able to live in the manner useful to them.

### *Wednesday prayers*

---

After the ship left Benin for its next outreach destination in Ghana, Alexandre spent a period of time resting at his aunt's house in Cotonou, living with his cousins and his brother. I had the sense that in addition to wanting to be away from the usual place he lived, a small town without much privacy and no escape from the public's continuous tracking of his health status, he wanted to be in an area where he could choose the people he spent time with and the people who supported him. He was fortunate in that he had another place to go and live, and to be able to exercise more control over the people playing a role – spectator or otherwise – in his life. He spent his days largely at home, impaired by a lack of cash to move freely around the city, but he also visited other relatives and a couple times a week a cyber café,

where he would write to nurses he had befriended during his stay on the ship. Twice a week he went to two churches, once on Sundays to the evangelical family church in town near the Étoile Rouge and on Wednesday mornings to another evangelical church in Zogbo for a five-hour session. When she had time, Alexandre's aunt, who had originally introduced him to the group, attended the Wednesday sessions as well, in an act of support for him and as part of a busy schedule of volunteer work that she did. I had been told that this was a special service for ill people, but over time I came to see this was not entirely the case.

This service took place in a rough, low cement construction set on a sandy street surrounded by similar buildings – when there was no service in session, it would not be obvious that the building was actually a house of worship until one stepped inside. Other than that, it was the usual – a concrete wasteland, open, gasping for any breath that could pass through on a typical hot Sunday morning. The ground floor was wide open with pews that would fit three or four hundred people. However, Wednesday's sessions were held in a dark, crumbling room beneath the pulpit that became increasingly packed and steamy as worshipping continued, unless the rains managed to keep some attendees away.

The first time I joined, we arrived when the session was well under way, and Alexandre led me down into the narrow, crowded space. We slipped off our *tapettes* at the stairs and manoeuvred our way over babies, mats and feet until we found a sliver of space on a bench. I was immediately consumed by the heat, smells and voices, and was designated a man who translated for me, and so did not notice until much later that Alexandre had slipped out during the service. He was upstairs in the main hall, sitting on a bench looking down into the crypt through a metal grid. It was only at the end when I was summoned to leave via a church member down near the steps, that I saw it was Alexandre who was inviting me to come up to escape the heat and intensity that permeated the room below.

I wondered why he had removed himself from the beat of the service. He said it was uncomfortable down below, and that he had more space above. In fact though, Alexandre often moved himself to be physically apart from groups of people in many social situations. For example, while sitting at lunch in a clearing with Serge's friends in Tori, he would for a period go off to the side and pace under trees, playing with a cell phone, while the group argued, ate and laughed at the table. However, in this instance, I could understand that it was a good deal more comfortable outside of the sauna-like room below. A few weeks later in a conversation with the pastors about Alexandre, they mentioned that when he began coming to the church, the wound behind the handkerchief on his face was creating an odour that

saturated the air around him. It was unpleasant for those nearby, especially in the humidity, but this was a house of God where they were meant to bind together to help each other overcome sufferings. I think Alexandre had become accustomed to physically distancing and/or removing himself from situations where he thought the sight or smell of his cancer could offend others.

As I sat on the bench, the man next to me – barefoot and dressed in white jeans and a white shirt, holding a Bible in his lap – turned to me to translate after every few phrases spoken. One was meant to fast on this day before coming to prayer, in order to be more receptive to the higher spirit. The session began with an introduction by one of the pastors with interspersed song. This was followed by requests for prayer from those not present as well as testimonies of attendees. The individual would stand at their place, and tell the story of pain, confusion, and disappointment and, depending on what stage they were at, the subsequent resolution to their problems that had come from the power of prayer in these sessions. The themes were generally about witchcraft and family troubles, with a particular emphasis on reproduction and giving birth. The testimonies were followed by a period of intense prayer that involved a pastor calling for blessings and forgiveness and strength, after which the room would break into prayer. The man translating for me would rush to complete the instructions – at one point we prayed that a woman who had been pregnant for two years would finally be able to deliver her baby; that all the women in the room would soon conceive and bear God’s gift; that we would all be released from the evil spells of *sorcellerie* – and then instruct me to “*Pray! Pray! Pray! Pray!!!*” and join the voices earnestly shouting. I think he expected his insistence to entice me to physically and vocally throw myself into the prayer pit, as vociferous as the majority of others, but this was something I never found myself able to do.

When Alexandre invited me to go with him for the first time, we agreed on a landmark at which to meet: underneath a tree near the Mayor’s office in Zogbo, an area I was previously unfamiliar with, from where we would continue on together. I arrived on a *zem* and sat underneath the tree for an hour waiting for Alexandre (who did not yet have a mobile phone), and eventually decided to walk back the route I came as I had passed a service in session and thought that could have been the one we were meant to attend. I sat in the back of the hall and saw an older hunched man with a cane whom I had earlier observed slowly making his way up the street sitting a few pews ahead of me. Otherwise, exclusively women and children were present. Still with the thought that it might be the service for the sick, I watched everyone raising their arms together to the music, and was overcome by the sense that as a community their arms were holding each other up in numbers. The music drowned

out the rest of the world and people were elevated and supported by the hands raised to the heavens.

One of the women took me under her wing and translated some of the service for me. She explained that it was a special two-hour session for women. I asked her whether this was because women had more problems than men? She responded, *“No, well, yes, that too, but women need a place to be heard where God listens to them and they are not out-talked by men. Men tend to think their problems are more important and deserve more time than other people’s.”* This was not the service for the sick, but another subset, a community within a community, united in intention as much as in person.

Back at Alexandre’s service, some weeks after I had begun attending the Wednesday sessions, I met privately with the pastors who organised and lead them. Our meeting was at the church at 7 a.m., a couple hours before the service was scheduled to start. When I arrived they were stretching and rearranging furniture, having stayed up all night fasting and praying to channel the Holy Spirit. Some had to carry on to work, but four of them were able to sit with me, and at one point I asked the simple question of why these sessions were carried out in the way they were – in the basement, on Wednesdays. Were they really intended for sick people, as I had been informed? And, why does everyone have to speak and shout so loudly?

Fabrice, a 30-year-old pastor who led some of these sessions, told me that for people who were able to, Wednesdays provided a break within the week to be able to devote themselves to God. Many asked their employers for time off to attend the service, and were granted leave to do so every week. Indeed, some of the testimonies given showcased formerly “stubborn” employers coming around and granting their employees the time off to go to the sessions, given as an example of how God’s word was reaching more and more people through the existence of this gathering, and how powerful they were as a group.

This was something I also heard from another pastor who worked with Mercy Ships when I brought up the expressiveness of evangelical prayer. He compared it to a supposed ‘European’ style of Christian worship, and stated that the average Beninois tended not to be concentrated enough to remain focused on their prayer in silence. Shouting, dancing, and chanting all forced people to hear themselves and be aware of their goals, keeping them from sliding into distracted thought and a careless communion with God. Active prayer in groups further heightened the connection, because not only was their prayer more likely to be heard

through the power of numbers, but the quality of the prayer would be increased because together each individual was able to produce more intensity.

I met Alexandre later on a Wednesday afternoon that I was not able to attend the services, and he told me he had given a testimony and that everybody had prayed for him. He had thanked the church for supporting him and felt that their prayer made him stronger, that he was able to resist temptations and encourage his faith regarding his illness. He said that he spoke about Mercy Ships and all the friends that encouraged him during this period; God had come through again. Everyone prayed together that he might be healed soon and that he be blessed.

The communion Alexandre felt with this service, but not the church itself, seemed to be substantial. In his home village, he had attended a small church that was quite intimate in nature. He had joined it when he was at his most sick six years before, after receiving a home visit from the pastor who was new to the village. It seemed that he missed the ambiance of the church there and the communion he felt with members of the parish, as he seemed to underline the presence of this new church in his life more than he may actually have attended it. Alexandre was not vigilant about being on time to the service – in fact he was one of the few people that I observed arriving late and leaving early. He regularly sat upstairs in the empty church, perched at the grill that served as a vent down into the crypt, looking in on the congregation. Being involved with the Wednesday sessions, however, held a cachet for him, even if part of the reason was because he knew that I was interested in this area of his activities. Alexandre created a considerable amount of dialogue around group activities that he was a part of, often elaborately recounting the events for weeks afterwards and demonstrating his excitement through decorative speech and high-fives. In an obvious sense, this service fell into a similar category.

All of the above convey one way in which ritual is enacted in order to create a sense of community and hope. What seemed important was not so much the actual outcome of the prayer, but the consistency in carrying it out. Months could go by in which the state of suffering was constant, but even these could ultimately be explained as being part of the process and God's will. Miyazaki's thoughts, as he outlined in a chapter of *The Method of Hope* (2004), are useful in elaborating this idea. As he writes: "the ritual experience of hope and its fulfillment [is] instrumental in the production of hope" (Miyazaki 2004:86). The collective anticipation of fulfilment and the recounting of instances of fulfilment by members of the group, are as important, even more important, than the fulfilment itself. This is the creation of a unified body with a sick person at the centre, instead of a sick person being



outcast, as is so often highlighted in other literature and in other examples from the stigmatisation of people with facial disfigurement. It is an enactment of faith that embraces the sick person instead of casting them out, and forms part of the ties that bind people together.

Or, to put it in Klassen's (2005) words who describes one of her informant's experiences who practiced complementary spiritual techniques (in this case east-Asian practices) alongside Christianity, "this promised healing was not necessarily curing, but instead a coming to terms with bodily suffering that may or may not eliminate the bodily suffering" (Klassen 2005:383). The impact of volunteering to be a part of someone else's healing process, rebounds back onto oneself and acts as an aid to 'right' the world, rebalancing the disorder created by illness and misfortune; recasting a lack of comprehension as faith. Hope in this scenario involves believing that one's social investments in one's surrounding worlds will bear fruit, if not immediately, then at some point in the future (Bourdieu 2000).

Turning to these services and opportunities is a way of watching out for oneself and creating a community where there otherwise might not be one. A unifying characteristic among the patients of the ship that I followed was that they actively sought out faith and the ritual enactment of it in order to reconstruct their worlds. The people in their lives that were a part of these networks, may have come and gone, but the networks and options remained, the searching for them became an integral part of daily life. In a similar sense, the volunteers on the ship were re-enacting their faith through ritual practices aimed at helping others but also to transform their own lives as well.

## Conclusion

---

Ten months after the birthday party in the opening scene of this chapter, and three days after Christmas, Alexandre collapsed in the afternoon and died. He was six weeks short of his 33<sup>rd</sup> birthday, for which party-planning had already begun. Serge reached me in Germany that evening to let me know, and through text messages updated me on the burial held the following morning, at dawn, near his parents' compound. Those of us who had become part of Alexandre's life held simple masses in his honour in the following months. My colleague at work in Cotonou arranged for a mass held in his name at the CNHU church; even though she had only met him twice. Other ceremonies were held across Cotonou and in his village by the pockets of individuals in his life.

One afternoon, much later after some time had passed for both of us to reflect, Serge and I discussed Alexandre's last months, and he filled me in on some of the events I had missed when I was away. According to Serge, old interpersonal difficulties had arisen again in Alex's life. Some months before, he had convinced his aunt in Cotonou to let him expand her beverage-sale business to his village. He threw himself into the vending and managed to build up a client base while living in his usual room at another relative's house. However, the uncle there had something against Alexandre, and strategically took over his business, pushing him out of the house at the same time. Alexandre became frustrated that that which he had built up and worked hard for was being taken away from him, and, when it fell apart, he moved back to his mother's compound in the bush about 20 minutes away from the village by motorcycle. Again, he found himself in an isolated position, geographically and socially alone. Not having money or transport to head to town, he stopped seeing his friends, going to the doctor for expensive blood transfusions, being able to vary his daily plan, and his health deteriorated.

Serge said he believed that if it had worked out with the beverage sales, Alexandre would still be alive (two years later), even though several years previously doctors and others had doubted he would survive more than a few months. Being defeated in his venture, according to Serge, took away the spirit to ward off the spread of his disease, and it had been able to overcome him. His congregation, carefully made up of group and individual relationships he nurtured, who in turn nurtured him, had, ultimately failed him when he slipped away out of sight. The weakening corporeality of his support system was not enough to sustain the corporeality of his physical self.

So often in the discussions surrounding healing – whether medical, charismatic, religious and all combinations thereof – talk turns to its efficacy, proof that any results are the product of a definable, unifiable series of steps taken to make a person better. 'Efficacy' can be relevant for the community's health and resuscitation throughout a period of suffering, just as it can be for the impact on an individual life and survival through an illness. Betty's comment in the ward, earlier in this paper, is relevant here again: *I want to make someone feel loved*, she said. While the focus previously was on the love expressed and hopefully received, the first part of her statement should not be ignored: "*I want to...*" The prayer, energy, emotion and resources she puts forward towards the patients in the ward are not only about them, but also about her being able to work towards her goal of achieving a personal transformation.

Faith in being able to bring about a change, follow-through in the pursuit of it, and the reverberations of these actions all created scenarios of healing – bringing people back into healing, when they otherwise might not have been a part of it. Faith continues in the form of those who rally around misfortune, despite, and sometimes because of, the failures encountered along the way.

*And though something of one's own experience – of hope or despair, affinity or estrangement, well-being or illness – is always one's point of departure, this experience continually undergoes a sea change in the course of one's encounters and conversations with others. Life transpires in the subjective in-between, in a space that remains indeterminate despite our attempts to fix our position within it – a borderlands, as it were, a third world. (Jackson 2010:xiii)*

Over the last 35 years, Mercy Ships has been sailing ships into ports in West African countries, awakening the hopes of those who queue for the healthcare being brought by the ship, while simultaneously sparking the imaginations of future crewmembers who come across the organisation as they click on their internet browsers at home. In this dissertation, I have sought to understand what happens when people from these different worlds come together, what movement is stirred and what changes are brought about through their encounters with medicine, faith, and each other.

#### *Summary of chapters*

To address these questions, 22 months of ethnographic fieldwork were undertaken between 2004 and 2007, both on board Mercy Ships and off shore at various locations in Benin, Togo, Ghana and in the UK and Germany. The dissertation begins in chapter one by laying out the background that Mercy Ships and the individuals who seek it out for either medical care or volunteering inhabited and negotiated. The historical precedent of missionaries in the region informs both the landscape into which the *Anastasis* arrives, as well as the imaginations of those who serve on board through the inculcation into Mercy Ships' mission and philosophy. The current constellation of faith-based aid as well as the academic study of development on the African continent are rooted in the happenings of the past, and are recreated and reinterpreted through each encounter. I contend that the ship, as well as those seeking out the ship, fit into a long tradition that has continued from the past into the present.

The methodology that shaped this exploration was laid out in chapter two, detailing how a narrative ethnography approach allowed for voices and experiences to be layered over time and context, making the most of the multi-sited fluidity of this fieldwork. Part I closed with a

detailed description of the main activities undertaken during the first years of fieldwork, demonstrating the different worlds that I moved in – geographically, conceptually and over time – that made it possible to weave together people’s understandings of their lives and of those in their networks.

Part II of this dissertation, *Movement to the ship*, addressed the *pull* of the ship by exploring the paths of patients and crew to the *Anastasis*, and the circumstances of their lives that brought them together. Both groups demonstrated the need to harness ambiguity and uncertainty in their lives, and the ability to create meaning and sense out of their experiences that were not only significant to themselves, but often also recognised as such by relatives and friends. Chapter three introduced the worlds of Mercy Ships patients as they navigated falling ill and their transformed roles in the communities they moved in. The importance of hope and its fundamental role in driving forward change during periods of searching emerges in this chapter. Even if one personally let up hope, someone else could step in to pick up and maintain it for a time (for example, when Francine withdrew to live on her own but her father continued to hold watch). These powerful sentiments are underscored by the strength of the network of friends and family that remained with people during ill health, through other people’s often-harsh judgment about their illness, and other hardships. For the patients of Mercy Ships, health, sickness, healing and invisible forces are intertwined, making the healthcare offered by the *Anastasis* a logical but also special version of a cure, one that engages with a dichotomous choice of physical transformation and spiritual development.

Crewmembers also navigated their way through choices and uncertainty as they found their way to Mercy Ships. One way in which this was expressed was through a narrative of *calling*, detailed in the exploration of crewmembers’ pathways to the ship in chapter four. By recounting personal decisions and journeys, it was possible to organise experiences in a collectively recognised way, facilitate membership into a group, foster cohesion, and generate stories that resonated with those of others. The public, shared organisation of life events created a map and a guide through uncertainty.

With its focus on patient and crew interactions, Part III, *Encounters*, illustrates the importance of the ship environment for healing, exploration and growth. It was here on the ship that the stories of the past, the present and the future crafted in people’s narratives were realised and created. The defining element – for both patients and crew, was blending body, spiritual and social care together, creating an exceptional healing environment. Trends towards this type of care are seen in a number of places in industrialised nations, but this integration in

institutionalised settings largely remains the work of faith-based organisations in the West African communities I studied. Personalised care can in some instances be seen as positive, where established private connections bring you more humane medical and social attention. But conversely, exercised unjustly, it can be experienced as damaging, with prejudice and engrained structures preventing patients from being treated equally or obtaining the same higher standards of fair, personalised care. Mercy Ships, as relative outsiders, strives to deliver a standard of personal care that goes beyond religion, ethnicity, and personal connections.

Chapters five and six illustrated how, for patients, the unique possibility of affordable and competent medical care – so long denied for some in their search for solutions – was complemented by a social care that defined their roles as patients differently from how they were perceived on land. Being selected for medical treatment involved a process of patience, endurance, and a willingness to publicly show their illness (as they waited with thousands of others to present themselves at the screening). Once accepted for treatment, the world they entered became a more personal, holistic version of biomedical care, even though they were separated from their ‘normal’ lives and networks by the gangway, the operating theatre and the ward on board the ship. For crewmembers, these medical encounters tested and frequently reaffirmed their faith, spurring them on to develop more elaborate understandings of their roles as volunteers on board this hospital ship in West Africa as well as their larger purpose in the world in relation to their belief in God. Mercy Ships is shaped by a layered landscape populated by people, practices and intentions, that in turn shapes the experience of those that come into contact with it. Reflecting on the affective infrastructure of the ship lends further insight into how the collective experience of transformation is brought about.

Chapter seven emphasised again how important a sense of community and belonging is to crew and patients alike. The Mercy Ships’ Christian community is made clear first and foremost at the crew level. Enacting and showing one’s Christianity *on* board was important and being Christian was highlighted as a topic of discussion as much as, if not more, than acting Christian was encouraged both on and *off* ship, especially during outreach into different communities. While patients receiving medical care on board the *Anastasis* could stay with little evangelical focus addressed in their direction, crew could not.

The sense of community on board the ship is strong, in part due to living, sleeping, working, praying, eating and socialising together. But on top of that, conditions are maximised to increase the likelihood that faith-based and other spiritual goals might be achieved through

time spent on board the ship, by assessing volunteer applications in terms of religious commitment and staging an array of social activities beyond work obligations. Through discussions and prayer meetings, regular devotionals, fieldtrips and shared communal living, activities allowed for strong bonds to form between crew members, to the ship's cause, and to their relationship with their faith and to God. For those crewmembers without a faith in God, or in the process of re-examining their outlook on the world, this meant that their experience was permeated by the dialogue on board, giving them ideas and situations around which to define themselves as well.

For many crew I followed, this type of missionary work was as much about their own spiritual journey as it was about the communities they worked with during outreach activities. Indeed, as many people on board rarely had contact with the local country or the surgical/outreach activities, they were more likely to be influenced by their fellow Christian crewmembers and the meetings and services on board. Therefore, not only was their most consistent personal impact on the ship community itself, but it was the ship community that had the biggest impact on them. This may or may not have been what many of them had in mind when they first decided to do this kind of missionary work. This community allowed people to recreate themselves in relation to it – either for or against, in or out, partial or full – and gave a firm, all-encompassing lifestyle with which to engage in order to do so.

These potentially transformed lives after Mercy Ships encounters were explored in *Transformations*, Part IV. These chapters focused on the consequences of the physical changes for patients on their social, economic and spiritual lives; and on the influence of the time served on board a Mercy Ship on these dimensions for crewmembers too. Incorporating theories from the literature about managing insecurity in uncertain circumstances, it is argued in chapter eight that negotiating their struggles was a way for people to continue to try to make sense of difficult or nonsensical lives, to organise them, and to find value in them for themselves and those around them. For the patients, the ship came into focus in their healthcare trajectories as a way of reaffirming their belief in God, in medicine and in the reach and potential of their faith. For both patients and crew, the ship was viewed as having the potential to ignite change in their lives, whether it ended up fulfilling this role or not.

In chapter nine, the power of individuals and groups that gathered to support people going through a hard time – a sort of *congregation* – came to the fore, also demonstrating that kind, generous acts committed are often done as a way of salvaging the self, and not solely for the benefit of other people. This idea runs throughout the dissertation: that faith can contribute to

a process of healing, if enacted properly and according to one's ideas of the therapeutic effects of God. This notion encapsulates why God was so important on board for the crew, not just for off-ship evangelising. This final part of the dissertation highlights the struggles that remain or develop after the Mercy Ships encounter, but it also shows that a "good" life and a personal sense of forward momentum can be possible despite difficulties.

\* \* \* \* \*

Shortly after my return from my stay on the ship in Sierra Leone, I had a meeting with members of my advisory committee at LSHTM to discuss the first phase of my research. I shared some of my impressions and we discussed the next fieldwork period in Benin. The meeting wilted near the end, when someone present suggested that I had perhaps been converted during my time on board, and could no longer see the organisation for what it really was: an unethical group of zealous missionaries who had no business entering into the aid scene in Africa nor to be mixing religion with medicine.

I had actually been pleased that I had managed to come through this first stint of fieldwork with, by and large, a respect, curiosity and warmth for the individuals living on the ship, after not having had any substantial, deep engagement with Christian communities in the past. My research questions (as far as the people on the ship were concerned) revolved around the personal aspects of serving with Mercy Ships and the relationships that developed on board. While there was no question in my mind whether I had been brainwashed or converted, I was bemused by this opinion. I considered the first step of fieldwork as being about trying to understand how people thought about, and made sense of, the world in which they lived – however unfamiliar and strange it may appear from the outside. I thought what I was going through at this stage was part of a very standard academic process, but my doing so seemed to trouble some of the academics present. This incident, though short and inconsequential (we simply dispersed and went about our days at the end of the meeting), is a prism through which to see a longstanding area of tension between the field of northern/western public health and religion. On the one hand, this may have had something to do with the objectivist tradition of research at the London School of Hygiene and Tropical Medicine confronted with the impression that I gave of being biased (as all ethnographers are to a certain extent). On the other hand, this also seemed to bring out into the open the point that a 'faith in development' and 'faith in medicine' seemed incompatible with a faith in God.



An extended ethnographic study of Mercy Ships has not previously been undertaken (to the best of my knowledge), and in so doing, this dissertation offers new perspectives on pertinent themes addressed in anthropological research. This dissertation contributes to studies of healing, faith and to the body of work on international development, particularly medical aid programmes, by looking at how the worlds interlinked by Mercy Ships sustain themselves in the lives of the individuals who meet on board. I have explored how the construct of the hospital ship is enacted and experienced, and show how perhaps surprisingly it is both the lives of the crewmembers as well as the patients that have changed, as they project their faith and visions of lives well lived onto their ship experience.

This dual transformation might seem a peculiar role for a hospital ship, but in effect it is not that different from processes surrounding other development organisations (see Yarrow 2009, among others). It is just rather more visible in this Christian project. As exotic as it might sound, Mercy Ships – with its floating operating rooms and accommodation for hundreds of people on a shared mission – is not actually a strange outlier in the field of development.

#### *Anthropology of faith-based development and medical aid*

Some researchers contend that faith-based development aid has been viewed with suspicion and has been sidelined from “mainstream” development because of the normative assumptions that underlie both religion and development (Jones 2011, Lunn 2009 among others). Development is the realm of development agencies, and religion’s role is to attend to other matters. The presence of organisations that could have dual aims creates tensions in the branding of “development” work (despite there in actuality being many philosophies behind this single label/term). The religious aspect to Mercy Ships’ medical work is perceived as contentious, particularly in the academic world, but similarly to Lunn, I believe the term “religion” in development has been narrowly conceptualised and is used as a blanket term that encompasses very diverse approaches. This, I argue, also undermines the identity of FBOs in the secular world and of the processes at work for the individuals who work with them. Over time, I came to see that it was not the religious or Christian aspect to Mercy Ships that shaped concerns I may have had about its work, but rather I considered it in comparison to other secular medical aid and development efforts that were limited in vision and potentially more self-serving than further-thinking.

The inequalities perpetuated by such vertical, niche projects as Mercy Ships generate a lot of debate in the field of development, as discussed in the introduction. Johanna Crane identifies

this phenomenon in her ethnography *Scrambling for Africa* (2013) when she draws attention to the fact that the HIV epidemic in Africa has not only been a catastrophe for human lives and relationships, but has also been transformed into one of profit and possibility for outsiders; in fact, into “fodder for profound institutional and intellectual opportunity” (Crane 2013:7). She examines how the field of global health has been created as a movement the world over, shaping networks, funding, ideologies, systems, disciplines, and micro-level structures along the way. By analysing the manner in which HIV in Africa was approached and tackled by outside actors, she exposes how the process ended up perpetuating inequalities on a number of levels, at the same time that some of the actors involved tried to diminish them.

Mercy Ships makes it clear in their mission that their work is also about themselves, even if not for “institutional or intellectual opportunity,” but rather for personal and evangelical aims. They follow the example of Jesus to “bring hope and healing to the world’s forgotten poor.” This means Mercy Ships is also fundamentally about those who are acting out the example of Jesus – and as such, it has always been observable that the infrastructure of the ship is designed to offer its crew a transformative experience, not just to the patients on whom it operates.

Most of its staff does not integrate with populations on land. The medical care they offer is complex and complications for patients after the ship sails are not uncommon. Despite systems in place to support individuals who might need further care, Alexandre, Francine and Dominique’s experiences show us that they are unreliable or sometimes inaccessible. The resources committed by the ship, in funds and human hours, are sizeable. Instead of “going rogue,” not following international standards and keeping solely their own interests at heart (those of their crew and their surgical patients) they could invest in integrative initiatives that actually contribute to health systems reform rather than their niche projects. Their project continues to gain strength, however. The twelve-minute segment about Mercy Ships that was aired on the US television news magazine *60 Minutes* in 2013 (referenced in chapter six) further increased the profile of the organisation in the United States and secured even more donations, including one private donation of \$20 million USD. They are now sketching out the plans to build a second ship with a mid-2017 launch date to be able to reach more of “the poorest of the poor in Africa.”<sup>94</sup>

---

<sup>94</sup> Mercy Ships 2013 annual report, available at [http://www.mercyships.org/wp-content/uploads/2014/10/MSUS\\_AR-2013-lr.pdf](http://www.mercyships.org/wp-content/uploads/2014/10/MSUS_AR-2013-lr.pdf) (last accessed December 2014)

Mercy Ships as an institution, from a development perspective, is worth a further in-depth look. I encountered considerable ambivalence when trying to obtain permission to undertake my research, but perhaps the organisation will become more open to external studies in years to come, as this type of aid – aid fueled by faith-inspired funding and human resources – becomes part of the mainstream development offerings and is increasingly perceived as more acceptable by secular peers. Indeed, almost half of all health care delivered in sub-Saharan Africa is funded by religious organisations (Marshall 2005), showing what a fundamental role it actually plays. In the years after the introduction of the Africa Mercy (2007), Mercy Ships shifted their outreach efforts to take a more health systems approach: strengthening the public health communities they work with, improving collaboration with governments to develop strategic planning, accompanying longer term initiatives for capacity building, and supporting structural aid that goes beyond the surgical care they continue to offer. This revised approach has occurred in tandem with what Alicia described in chapter eight as a shift away from the concerns about individual hearts and souls to fitting into a more corporate structure concerned with finances and “the bottom line.” For the individuals serving on board, though, it has always been about the person and the personal.

It has been suggested that research on FBOs active in development should not only focus on the influence of religion on development, but should also investigate how development informs people’s religious practice and faith (Donnelly 2013). In *Ship to Shore*, I have given attention to how volunteering with an FBO in a development context has shaped the personal trajectories of those who carry out the work of these organisations. Narrowing my focus away from the institutional issues towards the meanings that are created on a day-to-day basis for Mercy Ships volunteers, the importance of relationships, evangelism, medical transformations, and agency came to the fore. This ethnography has shown that religion can play a greater or lesser role in people’s lives, even as faith – in themselves, in the cause, in helping others, and in finding a purpose in life – keeps circling to the centre of volunteers’ worlds.

### *Anthropology of faith*

In this dissertation, I have explored the meaningful experiences for individuals involved with a Christian organisation, and shown how their faith plays a role in the organisation and interpretation of their experience. Much of the study of religious faith in anthropology has focused on the conversion experience - what happens when religions are introduced into

different groups and societies, and other moments of transition in faith and belief. Eva Keller (2005) has argued that the anthropology of Christianity should concern itself with matters beyond understanding conversion experiences, and also with what constitutes religious commitment and what keeps people emotionally engaged in their faith after they have been transformed. With *Ship to Shore*, and my predominantly Christian informants, ultimately I am exploring what happens in between these moments of greater spiritual upheaval (conversion), and the events, actions, and encounters that can lead to meaningful shifts in beliefs, decisions, and desires. For those who encounter Mercy Ships, I have looked at the possible transformations within the transformation, to see how this life is maintained, normalised, and what ends up becoming the kernels of sustenance and persuasion.

During fieldwork, writing-up and speaking about my research with non-religious people, it has become apparent that many secular people think that religion can be broken down simply into “one believes or one doesn’t believe.” Religious faith takes on an air of the intangible, mystical, nonsensical and irrational to the outsider. It is perceived that one cannot argue with the faith aspect of personal beliefs and opinions. Indeed, this was one of Thomas’ delights on the *Anastasis*: to design arguments in his head against the ‘illogical’ beliefs of his crewmates. However, this research, and other research like it, draws attention to the activities involved in feeding and nurturing belief. Luhmann (2007) writes, for example, that it is apparent that God is *not* fundamental to believers, and that, in fact, the religious community also knows this. They understand that belief in God is “not automatic” (Luhmann 2007:101); and they recognise that this belief needs constant reinforcement through communal activities (such as church services, Bible groups and community outreach). Keller, in her work on Seventh day Adventists in Madagascar, focused on what people saw in their religion over time, and saw that “the primary attraction of Adventism is the intrinsic worth of the religious activity itself” (Keller 2005:233). This means that for her informants, the spiritual value of the religion came through its ritual acts and activities, and that the practices of the religion hold a value that generate further, deeper meaning.

This resonates with what Paul Stoller has written in much of his recent research, including his latest book, *Yaya’s Story* (2014). He refers to his own journey towards being able to grasp the messages of the ancestors in Songhay culture as an apprenticeship, and determines that in order to understand the supernatural, hear voices from beyond, and interpret the communications from the ancestors, individuals must commit to a devoted practice of prayer and reflection that will empower them to create a life more meaningfully lived. This *meaning* he links to people’s desire for a transitory sense of well-being (Stoller 2013, in this case

referring to American Evangelicals). Luhrmann confronts the debate on practices aimed at achieving well-being and suggests that “religious practices – particularly these practices of training the inner imagination – promote well-being in a variety of ways by transforming the world, as it is, into the world as it should be or could be” (Luhrmann 2013:391).

I give these examples from the literature because I believe that the *Anastasis* serves as a way for people – both patients and crew – to come to terms with their God, to learn more about Him and in the process about themselves, and to have their beliefs challenged and confirmed through the encounters brought about by the ship. These are transformations that are experienced physically, emotionally, and spiritually – through their own experiences or through witnessing those of others. It is both the inwardly oriented reflection (prayer, dreams, suffering) and the outwardly oriented shared activities (medical work, travelling, preaching, recovering, community services) that join to create a person’s spiritual path, affecting many life milestones along the way. The results are not always as expected. Some things change, some change for a while and go back to the way they were, and others – where one might have expected a change – end up not changing at all. Mercy Ships works differently for different individuals, providing a cause, a structure, and a pull for like-minded individuals to seek out their futures.

### *The promise of illness*

Researchers in the latter part of the twentieth century have elaborated on the distinction between healing and curing (as Mol 2002 discusses). Curing is the collection of processes and actions that ultimately result in the absence of symptoms. Healing, on the other hand, lessens suffering by positioning symptom expression within cultural idioms that members of the social groups to which the sick belong, along with the sick themselves, both understand and accept. Healing involves a language into which one folds one’s understandings of symptoms so that a resolution for the social, spiritual – and in some cases even physical – symptoms can be harmonised into one’s life. Though healing and curing may overlap, conceptually and practically they are distinct.

Taking these ideas further in this dissertation, the patients of Mercy Ships that I followed over the years showed me that healing is in many ways about letting go, and about the shifting of expectations and of the discourse surrounding an illness. Healing is about the possibility and promise of illness, allowing people to focus on the relationships, experiences and encounters that bring value to their lives. The promise can be religious: as the pastor said in chapter four,

illness has compelled those people with faith to develop their relationship to God. It has pushed them to see how they will align themselves and make sense of their lives and experiences. The promise can be social: in personal and communal efforts to let go of viewing an illness solely as negative and allowing it to provide something to both the individuals who are sick and to those who support them. Rachel Naomi Rehm, a researcher working with people mainly in North America at “the edge of life,” referring generally to terminal conditions, has studied how emotional growth can emerge from difficult circumstances. “Sometimes what appears to be a catastrophe over time becomes a strong foundation from which to live a good life. It’s possible to live a good life even though it isn’t an easy life... and I think that’s one of the best kept secrets...” (Rehm 2010). I believe what defines the experience for my informants is that Mercy Ships in its form provides a catalyst for hope and the promise of change. Through its packaging of faith and medical technology, it additionally provides a backdrop for expressions of belief, hopes, and desires to be framed – to at once create a unique narrative that finds a home in the experiences of others who have followed, or long to follow, a similar path.





## Bibliography

---

### Books, articles, presentations and reports

Ablon, Joan. "The Nature of Stigma and Medical Conditions." *Epilepsy and Behavior* 3 (2002): 2-9.

"Stigmatized Health Conditions." *Social Science and Medicine* 15B (1981): 5-9.

Aroney-Sine, Christine. *Tales of a Seasick Doctor: Life Aboard a Mercy Ship*. Grand Rapids, Michigan: Zondervan, 1996.

Badone, Ellen and Sharon R. Roseman. 'Approaches to the Anthropology of Pilgrimage and Tourism', in (same authors) *Intersecting Journeys: The Anthropology of Pilgrimage and Tourism*. Urbana and Chicago: University of Illinois Press, 2004: 1-23.

Barnett, Michael, and Janice Gross Stein. *Sacred aid: faith and humanitarianism*. Oxford and New York: Oxford University Press, 2012.

Baer, Hand; Singer, Merrill and Ida Susser. *Medical Anthropology and the World System: A Critical Perspective*. Westport, CT: Bergin & Garvey, 1997.

Barthes, Roland. *Critical essays*. Evanston, IL: Northwestern University Press, 1972.

Becker, Howard. *Outsiders: Studies in Sociology of Deviance*. New York: Free Press, 1963.

Berger, Julia. "Religious nongovernmental organizations: An exploratory analysis." *Voluntas: International Journal of Voluntary and Nonprofit Organizations* 14.1 (2003): 15-39.

Bible, Holy. King James Version. Texas: National Publishing Company, 2000.

Biehl, Joao, Good, Byron and Arthur Kleinman. Introduction: Rethinking Subjectivity. In *Subjectivity: Ethnographic Investigations*. University of California Press: London, Berkeley, 2007.

Bierschenk, Thomas. "Democratization without Development: Benin 1989–2009." *International Journal of Politics, Culture, and Society IJPS* 22.3 (2009): 337-357.

Bledsoe, Caroline. *Contingent Lives: Fertility, Time, and Aging in West Africa*. Chicago & London: University of Chicago Press, 2002.

Bledsoe, Caroline and Monica F. Goubaud. "The Reinterpretation of Western Pharmaceuticals among the Mende of Sierra Leone." *Social Science and Medicine* 21.3 (1985): 275-282.

Blier, Suzanne Preston. *African Vodun: Art, Psychology, and Power*. Chicago: University of Chicago Press, 1995.

Bornstein, Erica. *The spirit of development: Protestant NGOs, morality, and economics in Zimbabwe*. Palo Alto: Stanford University Press, 2005.

"Rituals without Final Acts: Prayer and Success in World Vision Zimbabwe's Humanitarian Work", in Engelke, Matthew and Matt Tomlinson (eds) *The Limits of*



- Meaning: Case Studies in the Anthropology of Christianity*. New York, Oxford: Berghahn Books (2006): 85-103.
- Bourdieu, Pierre (trans. Richard Nice). *Outline of a Theory of Practice*. Cambridge: Cambridge University Press, 1977.
- Pascalian Meditations* (translator Richard Nice). Cambridge: Polity Press, 2000.
- Bowen, Elenore Smith and Alice Bowen. *Return to laughter*. New York: Doubleday, 1964.
- Bowling, Ann. *Research Methods in Health: Investigating Health and Health Services*. Buckingham Philadelphia: Open University Press, 2002.
- Brewster, E. Thomas, and Betty Sue Brewster. *Bonding and the Missionary Task: Establishing a Sense of Belonging; Language Learning is Communication: is Ministry*. Lingua House, 1982.
- Brivio, Alessandra. “‘Nos grands-pères achetaient des esclaves...’ Le culte de Mami Tchamba au Togo et au Bénin.” *Gradhiva. Revue d'anthropologie et d'histoire des arts* 8 (2008): 64-79.
- Brown Hannah. “Hospital Domesticity: Care Work in a Kenyan Hospital.” *Space and Culture* 15.1(2012): 18-30.
- Burridge, Kenelm. *In the Way: A Study of Christian Missionary Endeavours*. Vancouver: University of British Columbia Press, 1991.
- Burroughs, Augusten. *Running with Scissors*. New York: Picador, 2002.
- Bury, Michael. Chronic illness as biographical disruption. *Sociology of Health and Illness* Volume 4 No. 2 July 1982.
- Butler, Judith. *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge, 1990.
- Cavell, Stanley. Comments on Veena Das’s Essay ‘Language and Body: Transactions in the Construction of Pain.’ In *Social Suffering*, ed. Arthur Kleinman, Veena Das, and Margaret Lock. Berkeley: University of California Press, 1997.
- Clark, John. “Democratizing development: NGOs and the state.” *Development in Practice* 2.3 (1992): 151-162.
- Clifford, James. *The Predicament of Culture: Twentieth-Century Ethnography, Literature, and Art*. Cambridge, Mass: Harvard University Press, 1988.
- Comaroff, Jean. “The Diseased Heart of Africa: Medicine, Colonialism, and the Black Body.” *Knowledge, Power & Practice: The Anthropology of Medicine and Everyday Life*. Eds. Shirley Lindenbaum and Margaret Lock. Berkeley: University of California Press, 1993.
- “The politics of conviction: Faith on the neoliberal frontier.” *Social Analysis*. Volume 53, Issue 1 (2009): 17-38.
- Comaroff, John. *Of Revelation and Revolution Volume II: The Dialectics of Modernity on a South African Frontier*. Chicago, London: University of Chicago Press, 1997.

Crapanzano, Vincent. "Kevin: On the Transfer of Emotions 866." *American Anthropologist* 96, no. 4 (1994): 866-885.

Crane, Johanna Tayloe. *Scrambling for Africa: AIDS, expertise, and the rise of American Global Health Science*. Cornell University Press, 2013.

Csordas, Thomas J. "Asymptote of the Ineffable: Embodiment, Alterity and the Theory of Religion," *Current Anthropology* Volume 45, Number 2 (2004): 163-185.

"Introduction: The Body as Representation and Being-in-the-World" in *Embodiment and Experience: The Existential Ground of Culture and Self*, ed Thomas J. Csordas. Cambridge, New York: Cambridge University Press, 1994a.

*The Sacred Self: A Cultural Phenomenology of Charismatic Healing*. Berkeley: University of California Press, 1994b.

Das, Veena. "Language and Body: Transactions in the Construction of Pain," in *Social Suffering*, ed. Arthur Kleinman, Veena Das, and Margaret Lock. Berkeley: University of California Press, 1997.

"Documentary Practices: State and Everyday Life on the Peripheries." *South Asia Centre Annual Lecture, School of Oriental and African Studies, University of London* 22 (2001).

Deflem, Mathieu. "Ritual, Anti-Structure, and Religion: A Discussion of Victor Turner's Processual Symbolic Analysis." *Journal for the Scientific Study of Religion* vol 30(1)(1991): 1-25.

Desjarlais, Robert. *Body and Emotion: The Aesthetics of Illness and Healing in the Nepal Himalayas*. Philadelphia: University of Pennsylvania Press, 1992.

Dilger, Hansjörg, Abdoulaye Kane, and Stacey A. Langwick, eds. *Medicine, mobility, and power in Global Africa: transnational health and healing*. Bloomington: Indiana University Press, 2012.

Dilger, Hansjörg, Astrid Bochow, Marian Burchardt, Matthew Wilhelm-Solomon. Draft Prospectus for *Affective Trajectories: Religion and Emotion in African Cityscapes*, 2015.

Donnelly, Gabrielle. "Reading the "signs of the times": "centering" religion and development." *Canadian Journal of Development Studies/Revue canadienne d'études du développement* 34, no. 2 (2013): 189-202.

Douglas, Mary. *Purity and Danger: An Analysis of the Concepts of Pollution and Taboo*. Harmondsworth: Penguin, 1970.

Dozon, Jean-Pierre. "Ce que valoriser la médecine traditionnelle veut dire." *Politique Africaine*, Paris, December 1987, n° 28, p. 9-20.

Elisha, Omri. "Faith Beyond Belief: Evangelical Protestant Conceptions Of Faith And The Resonance Of Anti-Humanism." *Social Analysis* 52.1 (2008): 56-78. *EBSCO MegaFILE*. Web. 5 Dec. 2014.

- Ellison, Christopher G. "Religious involvement and subjective well-being." *Journal of health and social behavior* (1991): 80-99.
- Engelke, Matthew and Matt Tomlinson. 'Meaning, Anthropology, Christianity' in *The Limits of Meaning: Case Studies in the Anthropology of Christianity*, eds same. Oxford: Berghahn, 2006.
- Englund, Harri and James Leach. "Ethnography and the Meta-Narratives of Modernity." *Current Anthropology* Volume 41, Number 2, (April 2000): 225-248.
- Espirito Santo, E. Gomes do, B. Floury, and M. Cissé. "Déterminants du recours aux soins dans la ville de Cotonou (Bénin)." *Bulletin de l'Organisation mondiale de la Santé* 76.2 (1998): 195-201.
- Fabian, Johannes. *Time and the work of anthropology: Critical Essays, 1971-1991*. Chur, Switzerland; Reading: Harwood Academic Publisher, 1991.
- "Language, history and anthropology." *Philosophy of the Social Sciences* 1, no. 1 (1971): 19-47.
- Falen, Douglas J. "Good and bad witches: The transformation of witchcraft in Benin." *West Africa Review* 10 (2007).
- Falk, Richard. *Religion and Humane Governance*. Palgrave, New York, 2001.
- Farmer, Paul, Bourgois, P., Scheper Hughes, N., Fassin, D., Green, L., Heggenhougen, H. K et al. "An anthropology of structural violence 1." *Current anthropology* 45.3 (2004): 305-325.
- Farnell, Brenda. "Getting out of the Habitus: An Alternative Model of Dynamically Embodied Social Action." *Journal of the Royal Anthropological Institute*, Vol. 6(2000): 397-418.
- Feeley-Harnik, Gillian. "Against the motion." *Key Debates in Anthropology. 'Debate: Is the Past a Foreign Country* (1996):201-248.
- Feldman-Savelsberg, Pamela. *Plundered Kitchens, Empty Wombs: Threatened Reproduction and Identity in the Cameroon Grassfields*. Ann Arbor: University of Michigan Press, 1999.
- Ferguson, James. *The anti-politics machine: "Development," depoliticization, and bureaucratic power in Lesotho*. Minneapolis: University of Minnesota Press, 1994.
- Ferme, Mariane C. *The Underneath of Things: Violence, History, and the Everyday in Sierra Leone*. Berkeley, Los Angeles: University of California Press, 2001.
- Fife, Wayne. 'Extending the Metaphor: British Missionaries as Pilgrims in New Guinea,' in Badone, Ellen and Sharon R. Roseman (eds) *Intersecting Journeys: The Anthropology of Pilgrimage and Tourism*. Urbana and Chicago: University of Illinois Press, 2004: 140-159.
- Fortes, Meyer. *Religion, Morality and the Person: Essays on Tallensi Religion*. Cambridge: Cambridge University Press, 1987.
- Frank, Arthur. 'Bringing Bodies Back In: A Decade Review', *Theory, Culture, Society* Vol.7 (1990): 131-162.

Fry, Margaret. "Triage nursing practice in Australian emergency departments 2002-2004: An ethnography." University of Sydney, 2004.

Fujita, Noriko, Perrin, Xavier R., Vodounon Joséf A., *et al.* "Humanised care and a change in practice in a hospital in Benin." *Midwifery*, vol. 28, no 4(2012):481-488.

Garro, Linda C., and Cheryl Mattingly. "Narrative as construct and construction." *Narrative and the cultural construction of illness and healing* (2000): 1-49.

Geertz, Clifford. *The Interpretation of Cultures: Selected Essays*. London, Fontana Press, 1993.

Geissler, Paul Wenzel and Robert Pool. *Medical anthropology*. McGraw-Hill International, 2005.

Geissler, Paul Wenzel, and Ruth Jane Prince. *The land is dying: Contingency, creativity and conflict in Western Kenya*. Vol. 5. Oxford: Berghahn Books, 2013.

George, Linda K., Christopher G. Ellison, and David B. Larson. "Explaining the relationships between religious involvement and health." *Psychological inquiry* 13, no. 3 (2002): 190-200.

Gifford, Paul. *African Christianity: Its Public Role*. London: C. Hurst, 1998.

Goffman, Erving. *Stigma*. Englewood, NJ: Prentice-Hall, 1963.

Good, Byron J. *Medicine, Rationality and Experience: An Anthropological Perspective*. Cambridge: Cambridge University Press, 2002.

Good, Mary-Jo DelVecchio, Paul E. Brodwin, and Byron J. Good, eds. *Pain as human experience: An anthropological perspective*. Vol. 31. University of California Press, 1994.

Green, Tyler; Green, Heidi; Scandlyn, Jean and Andrew Kestler. "Perceptions of short-term medical volunteer work: a qualitative study in Guatemala." *Globalization and Health* 5.4 (2009): 1-13.

Hahn, Robert. "Biomedical Practice and Anthropological Theory: Frameworks and Direction." *Annual Review of Anthropology* 12 (1983): 305-333.

Hammersley, Martyn and Paul Atkinson. *Ethnography: Principles in Practice* 2<sup>nd</sup> ed. London: Routledge, 1995.

Harding, Susan Friend. *The Book of Jerry Falwell: Fundamentalist Language and Politics*. Princeton, NJ: Princeton University Press, 2001.

"Convicted by the Holy Spirit: The Rhetoric of fundamental Baptist conversion." *American Ethnologist*, 14, no.1 (1987): 167-182.

Hefner, Robert W. "World Building and the Rationality of Conversion." In *Conversion to Christianity: Historical and Anthropological Perspectives on a Great Transformation*. Ed. Robert W. Hefner. Berkeley and Los Angeles: University of California Press, 1993.

Heiler, Friedrich. *Prayer: A study in the history and psychology of religion*. Vol. 16. Oxford University Press, 1958.

Helman, Cecil. *An Amazing Murmur of the Heart*. Hammersmith Books Limited, 2014.

Holenstein, Anne-Marie, and Wendy Tyndale. *Role and Significance of Religion and Spirituality in Development Co-operation: A reflection and working paper*. Swiss Agency for Development and Co-operation (SDC), 2005.

Hopgood, Stephen, and Leslie Vinjamuri. "Faith in Markets." In *Sacred Aid: Faith and Humanitarianism*, Michael Barnett and Janice Gross Stein, eds. Oxford and New York: Oxford University Press, 2012.

Hoppe, Karl. "Lords of the fly: colonial visions and revisions of African sleeping-sickness environments on Ugandan Lake Victoria, 1906-61." *Africa* [Edinburgh] Vol. 67, No. 1, 1997: 86-106.

Howell, Brian M. *Short-term mission: An ethnography of Christian travel narrative and experience*. InterVarsity Press, 2012.

Ingold, Timothy. *Key Debates in Anthropology*. London: Routledge, 1996.

Jackson, Michael. *Paths Toward a Clearing: Radical Empiricism and Ethnographic Enquiry*. Bloomington: Indiana University Press, 1989.

*Life within limits: Well-being in a world of want*. Durham: Duke University Press, 2011.

*The palm at the end of the mind: Relatedness, religiosity, and the real*. Durham: Duke University Press, 2009.

James, Chris D., Hanson, Kara, McPake, Barbara, Balabanova, Dina, Gwatkin, David *et al.* "To Retain or Remove User Fees?" *Applied health economics and health policy*, (2006):137-153.

Janes, Craig R., and Kitty K. Corbett. "Anthropology and global health." *Annual Review of Anthropology* 38 (2009): 167-183.

Janzen, John M. "Drums Anonymous: Toward an Understanding of Structures of Therapeutic Maintenance." In *The Use and Abuse of Medicine*, Martin de Vries, Robert Berg and Mark Lipkin, eds. New York: Praeger Press, 1982.

"Therapy Management: Concept, Reality, Process," *Medical Anthropology Quarterly*, New Series 1.1 (March, 1987): 68-84.

Jones, Ben, and Marie Juul Petersen. "Beyond faith-based organizations: critiquing recent work on religion and development." *Third World Quarterly* (2011).

Kaplan, Steven, ed. *Indigenous Responses to Western Christianity*. New York: New York University Press, 1995.

Keane, Webb. *The Evidence of the Senses and the Materiality of Religion* in Special Issue: The Objects of Evidence: Anthropological Approaches to the Production of Knowledge, ed: Engelke, Matthew. *Journal of the Royal Anthropological Institute* 2008: S110-S127.

Keller, Eva. *The Road to Clarity: Seventh-Day Adventism in Madagascar*. New York: Palgrave Macmillan, 2005.

Klassen, Pamela E. "Ritual Appropriation and Appropriate Ritual: Christian Healing and Adaptations of Asian Religions," *History and Anthropology*, Volume 16: Issue 3, 2005: 377–391.

Kleinman, Arthur. Patients and healers in the context of culture: An exploration of the borderland between anthropology, medicine, and psychiatry. Vol. 3. University of California Press, 1980.

*The Illness Narratives: Suffering, Healing and the Human Condition*. New York: Basic Books, 1988.

"Experience and Its Moral Modes: Culture, Human Conditions, and Disorder." The Tanner Lectures on Human Values. Salt Lake City: University of Utah Press, 1999.

Kleinman, Arthur and Joan Kleinman. "The Appeal of Experience; The Dismay of Images: Cultural Appropriations of Suffering in Our Times" in *Social Suffering*, eds Arthur Kleinman, Veena Das and Margaret Lock. Berkeley: University of California Press, 1997.

Knudson-Cooper, Mary S. "Adjustment to visible stigma: the case of the severely burned." *Social Science & Medicine*. Part B: *Medical Anthropology* 15.1(1981): 31-44.

Koenig, Harold G. "Is religion good for your health? Effects of religion on mental and physical health." New York: Hawoth, 1997.

Kohnert, Dirk. "Magic and witchcraft: Implications for democratization and poverty-alleviating aid in Africa." *World Development* 24, no. 8 (1996): 1347-1355.

"On the renaissance of African modes of thought: The example of occult belief systems." *Witches, Witch-hunts and Magical Imaginaries in Modern Africa*, Burghart Schmidt and Rolf Schulte, eds. (2007): 40-62.

Krishna, Anirudh. *One Illness away: Why people become poor and how they escape poverty*. Oxford: Oxford University Press, 2010.

Kristeva, Julia. *The Powers of Horror*. New York: Columbia University Press, 1982.

Kurti, Linda. *Making space to breathe: Values, identity and accountability in a faith-based NGO*. Diss. University of New South Wales, 2005.

Lachenal, Guillaume, Céline Lefève, and Vinh-Kim Nguyen. "Le triage en médecine, une routine d'exception." (2014): 1-25.

Lagae, Johan. "Kinshasa. Tales of the tangible city." *ABE Journal. Architecture beyond Europe* 3 (2013).

Lange, Isabelle and Lydie Kanhonou. "Perceptions et vécu des césariennes dans un contexte de gratuité au Bénin: résultats d'une recherche qualitative." At the "Exemption policies for maternal health services in Africa: evaluations, experiences and knowledge-sharing" conference (Financial Access to Health Services CoP workshop) in Ouagadougou, Burkina Faso, November, 2013.

Last, Murray. "Non-western Concepts of Disease." In *The Companion Encyclopedia of the History of Medicine*. Eds. W. S. Bynum and Roy Porter. Vol. 1. London: Routledge, 1993: 634-659.

Lemay-Boucher, Philippe, Vincent Somville, and Joël Noret. "Double, Double Toil and Trouble: An Investigation on Occult Forces Expenditures in Southern Benin." No. 1105, 2011.

Lévi-Strauss, Claude. *Tristes Tropiques*. Paris: Plon, 1955.

Lienhardt, Godfrey. "Self: public, private. Some African representations." In *The Category of the person*, Michael Carrithers, et al. Eds. Cambridge: Cambridge University Press, 1985.

Livingston, Julie. "Disgust, Bodily Aesthetics and the Ethic of Being Human in Botswana," in *Africa: The Journal of the International African Institute*, Volume 78, Number 2, 2008: 288-307.

*Improvising medicine: an African oncology ward in an emerging cancer epidemic*. Durham, NC: Duke University Press, 2012.

Lock, Margaret. "Cultivating the Body: Anthropology and Epistemologies of Bodily Practice and Knowledge." *Annual Review of Anthropology*, vol. 22 (1993): 133-155.

Long, Debbi, Cynthia Hunter, and Sjaak Van der Geest. "When the field is a ward or a clinic: Hospital ethnography." *Anthropology and Medicine* 15.2 (2008): 71-78.

Luhrmann, Tanya M. *When God talks back: Understanding the American evangelical relationship with God*. Random House LLC, 2012.

"Talking back about when God talks back." *HAU: Journal of Ethnographic Theory* (3)2013: 389-98.

"How do you learn to know that it is God who speaks?" *Learning Religion: Anthropological Approaches* (2007): 83-102.

Luhrmann, Tanya and Joanne J. Myers. Carnegie Council for Public Affairs lecture: *When God talks back: Understanding the American evangelical relationship with God* (2013).

Lunn, Jenny. "The Role of Religion, Spirituality and Faith in Development: a critical theory approach." *Third World Quarterly* 30, no. 5 (2009): 937-951.

Malinowski, Bronislaw. *Coral Gardens and Their Magic: The Description of Gardening [1935]*. Routledge, 2013.

Manji, Firoze, and Carl O'Coill. "The missionary position: NGOs and development in Africa." *International Affairs* 78.3 (2002):567-583.

Marcus, George E. "Ethnography in/of the world system: the emergence of multi-sited ethnography." *Annual review of anthropology* (1995): 95-117.

Marshall, Katherine. "Africa: How and why is faith important and relevant for development?" Berkley Center for Religion, Peace and World Affairs, 2005.

Martin, Emily. "The potentiality of ethnography and the limits of affect theory." *Current Anthropology* 54.S7 (2013): S149-S158.

Martiniuk, Alexandra LC, Mitra Manouchehrian, Joel A. Negin, and Anthony B. Zwi. "Brain gains: a literature review of medical missions to low and middle-income countries." *BMC health services research* 12, no. 1 (2012): 134.

Matory, J. Lorand. *Black Atlantic Religion*. Princeton: Princeton University Press, 2005.

Mauss, Marcel. "The Category of the Human Mind: The Notion of Person; the Notion of Self" in *The Category of the Person: Anthropology, Philosophy, History*, eds Michael Carrithers, Steven Collins, and Steven Lukes. Cambridge University Press: Cambridge, 1985.

"Techniques of the body." In *Sociology and Psychology: Essays by Marcel Mauss*, Marcel Mauss, 97-123. London: Routledge and Kegan Paul, 1979.

McCleary, Rachel M., and Robert J. Barro. US-Based Private Voluntary Organizations: Religious and Secular PVOs Engaged in International Relief & Development. No. w12238. National Bureau of Economic Research, 2006.

McColl, Lord Ian. "Ship of Hope." *Reader's Digest*, UK, April, 2002.

McIntyre, Di, Lucy Gibson, and Vimbayi Mutyambizi. Promoting equitable health care financing in the African context: Current challenges and future prospects. EQUINET, 2005.

McPake, Barbara, Brikci, Nouria, Cometto, Giorgio, et al. "Removing user fees: learning from international experience to support the process." *Health policy and planning*, vol. 26, no suppl 2, (2011): ii104-ii117.

Mercy Ships. *Mercy Ships annual report 2013*. Texas: Mercy Ships, 2014.

Meyer, Birgit. Christianity in Africa: From African independent to Pentecostal-Charismatic Churches. *Annual Review of Anthropology*, Vol 33 (2004): 447-474.

"Modernity and Enchantment: The image of the Devil in Popular African Christianity." In *Conversion to Modernities: The Globalization of Christianity*, edited by Peter van der Veer, New York: Routledge, 1995.

Miyazaki, Hirokazu. *The Method of Hope: Anthropology, Philosophy, and Fijian Knowledge*. Stanford: Stanford University Press, 2004.

Mol, Annemarie. *The body multiple: Ontology in medical practice*. Duke University Press, 2002.

Moss, G. "Provisions of trustworthiness in critical narrative research: Bridging intersubjectivity and fidelity." *Qualitative Report*, vol. 92 no. 2(2004): 359-374. Retrieved [August 20, 2004], from <http://www.nova.edu/ssss/QR/QR9-2/moss.pdf>.

Murphy, Robert. *The Body Silent*. New York: Norton, 1990.

Ngokwey, Ndolamb. "The President's Illness: Culture, Politics, and Fetishism in Benin." *Cultural medicine and Psychiatry* 18.1 (1994): 61-81.

Nguyen, Vinh-Kim. *The Republic of therapy: triage and sovereignty in West Africa's time of AIDS*. Duke University Press, 2010.



Nicaise, Kodjogbe, et. al. "Enquete Demographique et de Santé, Republique de Benin 1996." Calverton, Maryland: Institut National de la Statistique et de l'Analyse Économique and Macro International Inc., 1997.

Peel, John David. *Religious Encounter and the Making of the Yoruba*. Bloomington & Indianapolis: Indiana University Press, 2000.

Pfeiffer, James, and Mark Nichter. "What can critical medical anthropology contribute to global health?" *Medical Anthropology Quarterly* 22, no. 4 (2008): 410-415.

Pink, Sarah. "The White 'Helpers': Anthropologists, Development Workers and Local Imaginations." *Anthropology Today* 14.6 (Dec 1998): 9-14.

Piot, Charles. "Placing the Local at the Millenium: Thoughts on an African Postcolony." Paper presented at the conference Place, Locality and Globalization, University of California Santa Cruz, October 28, 2000.

*Remotely Global: Village Modernity in West Africa*. Chicago: University of Chicago Press, 1999.

Portelli, Alessandro. *The Death of Luigi Trastuli: Form and Meaning in Oral History*. Albany: State University of New York Press, 1991.

Prata, Ndola, Montagu, Dominic and Emma Jefferys. "Private sector, human resources and health franchising in Africa." *Bulletin of the World Health Organization* 83, no. 4 (2005): 274-279.

Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

Marsland, Rebecca, and Ruth Prince. "What is life worth? Exploring biomedical interventions, survival, and the politics of life." *Medical anthropology quarterly* 26, no. 4 (2012): 453-469.

Prince, Ruth J., and Rebecca Marsland, eds. *The Making and Unmaking Public Health in Africa: Ethnographic and Historical Perspectives*. Ohio University Press, 2014.

Ranger, Terrance. "Godly Medicine: The Ambiguities of Medical Mission in Southeastern Tanzania, 1900-1945." In *The Social Basis of Health and Healing in Africa. Comparative Studies of Health Systems and Medical Care* 30. Eds. Steven Feierman and John M. Janzen. Berkeley: University of California Press, 1992.

Rapp, Rayna. *Testing Women, Testing the Fetus: The Social Impact of Amniocentesis in America*. Vol. 1. Psychology Press, 1999.

Redfield, Peter, and Erica Bornstein, eds. *Forces of compassion: humanitarianism between ethics and politics*. School for Advanced Research, 2011.

Robert, Emilie, and Valéry Ridde. "Global health actors no longer in favor of user fees: a documentary study." *Global Health* 9 (2013): 29.

- Rolland, Jenny. "Safety, Hope, and Healing: A Unique Perspective." *AORN journal* 99.1 (2014): 160-165.
- Romanucci-Ross, Lola. "The Hierarchy of Resort in curative practices: The Admiralty Islands, Melanesia." In *Culture, Disease and Healing: Studies in Medical Anthropology*. David Landy, ed. Pp. 481-487. New York: Macmillan, 1997.
- Rosaldo, Renato. *Culture & Truth: The Remaking of Social Analysis*, with a New Introduction. Boston: Beacon Press, 1993.
- Rosenthal, Judy. *Possession, Ecstasy, and Law in Ewe Voodoo*. Charlottesville: University Press of Virginia, 1998.
- Ruby, Jay. *A crack in the mirror: Reflexive perspectives in anthropology*. Philadelphia: University of Pennsylvania Press, 1982.
- Sangren, P. S. "Rhetoric and the Authority of Ethnography: Postmodernism and the Social Reproduction of Texts." *Current Anthropology*, Vol. 29 (1988): 405-35.
- Sargent, Carolyn Fishel. *The Cultural Context of Therapeutic Choice: Obstetrical Care Decisions among the Bariba of Benin*. Dordrecht: London, 1982.
- Scarry, Elaine. *The Body in Pain: The Making and Unmaking of the World*. New York: Oxford University Press, 1985.
- Scheper-Hughes, Nancy and Margaret M. Lock. "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology." *Medical Anthropology Quarterly*, New Series 1.1 (March 1987): 6-41.
- Scheper-Hughes, Nancy. *Death without Weeping: The Violence of Everyday life in Brazil*. Berkeley: University of California Press, 1993.
- Shouse, Eric. "Feeling, emotion, affect." *M/c journal* 8.6 (2005): 26.
- Skoggard, Ian, and Alisse Waterston. "Introduction: Toward an Anthropology of Affect and Evocative Ethnography." *Anthropology of Consciousness* 26.2 (2015): 109-120.
- Stephens, Don. *Ships of Mercy: The Remarkable Fleet Bringing Hope to the World's Forgotten Poor*. London: Hodder and Stoughton, 2005.
- Stirrat, Roderick L. "Mercenaries, Missionaries and Misfits Representations of Development Personnel." *Critique of Anthropology* 28.4 (2008): 406-425.
- Stoller, Paul. *Stranger in the Village of the Sick: A Memoir of Cancer, Sorcery, and Healing*. Boston: Beacon Press, 2004.
- Sensuous Scholarship*. Philadelphia: University of Pennsylvania Press, 1997.
- Fusion of the Worlds: An Ethnography of Possession Among the Songhay of Niger*. Chicago: University of Chicago Press, 1997.
- Yaya's story: the quest for well-being in the world*. Chicago: University of Chicago Press, 2014.

Cultivating the inner senses. *HAU: Journal of Ethnographic Theory* 3, no.3 (2013): 365-368.

Strandsbjerg, Camilla. "Kerekou, God and the ancestors: religion and the conception of political power in Benin." *African Affairs* 99, no. 396 (2000): 395-414.

Strathern, Andrew and Michael Lambek, eds. *Bodies and persons: Comparative perspectives from Africa and Melanesia*. Cambridge: Cambridge University Press, 1998.

Street, Alice. *Biomedicine in an Unstable Place: Infrastructure and Personhood in a Papua New Guinean Hospital*. Duke University Press, 2014.

Street, Alice. "Affective Infrastructure: Hospital Landscapes of Hope and Failure." *Space and Culture* 15.1 (2012): 44-56.

Street, Alice, and Simon Coleman. "Introduction: Real and Imagined Spaces." *Space and Culture* 15.1 (2012): 4-17.

Stromberg, Peter G. "Ideological Language in the Transformation of Identity." *American Anthropologist*, Volume 92 Issue 1, (1990): 42-56.

Sullivan, Noelle. "Enacting Spaces of Inequality Placing Global/State Governance Within a Tanzanian Hospital." *Space and Culture* 15.1 (2012): 57-67.

Sykes, Kevin J. "Short-Term Medical Service Trips: A Systematic Review of the Evidence." *American journal of public health* 0 (2014): e1-e11.

Temple, Bogusia. "Watch Your Tongue: Issues in Translation and Cross-Cultural Research." *Sociology* 31.3 (1997): 607-618.

Thaut, Laura C. "The role of faith in Christian faith-based humanitarian agencies: Constructing the taxonomy." *Voluntas: international journal of voluntary and nonprofit organizations* 20.4 (2009): 319-350.

Thornton, John. "On the Trail of Voodoo: African Christianity in Africa and the Americas," *The Americas*, 44, (1988).

Tomalin, Emma. "Thinking about faith-based organisations in development: where have we got to and what next?" *Development in Practice* 22, no. 5-6 (2012): 689-703.

Turner, Victor. "Liminality and communitas." *The ritual process: Structure and anti-structure* (1969): 94-130.

Unruh, Heidi Rolland and Ronald J. Sider. *Saving Souls, Serving Society: Understanding the Faith Factor in Church-Based Social Ministry*. Oxford: Oxford University Press, 2005.

United States Agency for International Development. *USAID Country Health Statistical Report, Benin, September 2004*. Available at: [http://www.dec.org/pdf\\_docs/PNADC007.pdf](http://www.dec.org/pdf_docs/PNADC007.pdf) (last accessed 6.8.2014)

United States Department of State. *The International Religious Freedom Report – Benin*. 2004

- Van der Geest, Sjaak, and Kaja Finkler. "Hospital ethnography: introduction." *Social science & medicine* 59.10 (2004): 1995-2001.
- Van der Veer, Peter. *Conversion to Modernities: The Globalization of Christianity*. New York: Routledge, 1995.
- Van Gennep, A. *The Rites of Passage* (Vizedom, M & Cafee, G., Trans.). London: Routledge & Kegan Paul, 1960.
- Van Wolputte, Steven. "Hang on to Your Self: Of Bodies, Embodiment, and Selves." *Annual Review of Anthropology* Vol. 33 (2004): 251-269.
- Vaughan, Megan. *Curing their ills: colonial power and African illness*. Palo Alto: Stanford University Press, 1991.
- Ver Beek, Kurt Alan. "Spirituality: a development taboo." *Development in practice* 10.1 (2000): 31-43.
- Vigh, Henrik. "Motion squared: A second look at the concept of social navigation." *Anthropological Theory* 9.4 (2009): 419-438.
- Wall, L. Lewis, Arrowsmith, Steven D., Lassey, Anyetei T., and K. Danso. "Humanitarian ventures or 'fistula tourism?': The ethical perils of pelvic surgery in the developing world." *International Urogynecology Journal*, 17.6 (2006): 559-562.
- Waxler, Nancy. "Learning to Be a Leper: A Case Study in the Social Construction of Illness." *Understanding and Applying Medical Anthropology*. Edited by Peter J Brown. Mountain View, CA: Mayfield Publishing, (1998): 147-157.
- Wendland, Claire L. *A heart for the work: Journeys through an African medical school*. Chicago: University of Chicago Press, 2010.
- Wengle, John L. "Death and rebirth in fieldwork: A case study." *Culture, medicine and psychiatry* 11, no. 3 (1987): 357-385.
- Whiting, Russell. "'No Room for Religion or Spirituality or Cooking Tips': Exploring Practical Atheism as an Unspoken Consensus in the Development of Social Work Values in England." *Ethics and Social Welfare* 2, no. 1 (2008): 67-83.
- Whyte, Susan Reynolds. *Questioning misfortune: The pragmatics of uncertainty in Eastern Uganda*. Vol. 4. Cambridge University Press, 1997.
- Wikan, Unni. "With life in one's lap. The story of an eye/I (or two)." In *Narrative and the cultural construction of illness and healing*, edited by Cheryl Mattingly and Linda C. Garro. Berkeley, Los Angeles, London: University of California Press, 2000.
- Winkler, Cathy and Kate Wininger. "Rape Trauma: Contexts of Meaning," in *Embodiment and Experience: The existential Ground of Culture and Self*, ed. Thomas J. Csordas. Cambridge: Cambridge University Press, 1994.
- Wood, Peter. "Afterword: Boundaries and Horizons." In *Conversion to Christianity: Historical and Anthropological Perspectives on a Great Transformation*. Ed. Robert W. Hefner. Berkeley and Los Angeles: University of California Press, 1993.

Worboys, Michael. *Spreading germs: Disease theories and medical practice in Britain, 1865-1900*. Cambridge University Press, 2000.

Yarrow, Thomas. "Life/history: personal narratives of development amongst NGO workers and activists in Ghana." *Africa* 78.03 (2008): 334-358.

Young, Allan. "The Anthropologies of Illness and Sickness." *Annual Review of Anthropology* 11 (1982): 257-285.

Zaman, Shahaduz. *Broken Limbs, Broken Lives: Ethnography of a Hospital Ward in Bangladesh*. Amsterdam: Het Spinhuis, 2005.

Zinzindohoue, Barthélemy. "Traditional Religion in Africa: The Vodun Phenomenon in Benin." Published on <http://afrikaworld.net/afrel/zinzindohoue.htm>. [Accessed on 20.07.05]

Zola, Irving Kenneth. *Missing Pieces: A Chronicle of Living with a Disability*. Philadelphia, PA: Temple University Press, 1982.

"Self, Identity, and the Naming Question: Reflections on the Language of Disability," in *Perspectives on Disability*, 2<sup>nd</sup> ed., M. Nagler (ed.). Palo Alto, CA: Health Markets Research, (1993): 15–23.

Zunigo, Xavier. "'Visiter les pauvres:' Sur les ambiguïtés d'une pratique humanitaire et caritative à Calcutta." *Actes de la recherche en sciences sociales*, 170 (2007).

### **Films, television and radio programmes:**

*Africa Mercy: Hospital of Hope*, CBS 60 Minutes programme feature, airdate: 4. August 2013.

*Living in Emergency: Stories of Doctors without Borders*. First Run Features, 2010.

*The Witches of Gambaga*. Fadoa Films, 2010.

Rehmen, Rachel Naomi. "Listening Generously." *On Being with Krista Tippett*. July 29, 2010.

### **Blogs:**

*As cited in text:*

<http://peetfamilyinliberia.blogspot.de/>

<http://www.onamercyship.com/>

<http://doingmercy.com/>

<http://nursingadventuresinfaith.blogspot.co.uk/>

<http://www.alirae.net/blog>

<http://www.theelliottadventure.org/>

<http://www.reachout.org/nancydelamere/>

[http://www.xanga.com/vale\\_la\\_pena\\_86](http://www.xanga.com/vale_la_pena_86)

<http://www.lisascharf.com>

<http://krissyonmercy.blogspot.com>

**Other websites:**

Mercy Ships Philosophy of Missions. Available online at:

[http://www.kopjar.com/christian/update1/mission\\_philosophy.pdf](http://www.kopjar.com/christian/update1/mission_philosophy.pdf) (last accessed 1.4.2009)

<http://www.mercyships.org/blog/entry/screening-day-update>, (accessed March 8<sup>th</sup>, 2011)

<http://www.mercyships.org/News/News.cfm?ID=554&c=6&Type=s> (accessed 12.11.2007)

Tour of the Africa Mercy, Mercy Ships NZ, at:

<https://www.youtube.com/watch?v=CXob1LURg1I> (accessed October 2015)

<http://irinnews.org/PrintReport.aspx?ReportID=27395> (last accessed 30.12.11)

CIA factbook at

<https://www.cia.gov/library/publications/the-world-factbook/fields/2226.html> (accessed 17.9.2014)

WHO Statistical Information System (WHOSIS) for 2002 available at

<http://www3.who.int/whosis/country/indicators.cfm?country=ben&language=en#economic>

<http://data.worldbank.org/indicator/SH.DYN.MORT?page=2>