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# Balia, a healing tradition among the Kaili people of Indonesia: A biblical response

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The Balia healing tradition remains a significant cultural and spiritual practice among the Kaili people of Central Sulawesi, Indonesia, including within Christian communities. More than a form of traditional medicine, Balia functions as an integrated cultural system that interprets illness as moral and relational disruption, mobilises communal participation and operates within a spiritually populated cosmology. This article employs a qualitative, literature-based theological approach informed by contextual theology to examine Balia and its implications for Christian faith. The analysis identifies three key findings: Balia shapes moral reasoning and communal responses to suffering; the authority of the balian represents a competing structure of spiritual mediation, and the persistence of Balia among Christians reflects deeper challenges in theological formation and pastoral presence rather than conscious doctrinal rejection.

**Contribution:** Through biblical-theological evaluation, the study argues that the central issue posed by Balia lies in its attribution of spiritual agency and authority, not in its holistic concern for healing. By moving beyond functional equivalence, the article proposes a contextually sensitive yet theologically discerning pastoral response, contributing to broader discussions on Christianity and indigenous healing practices.

**Keywords:** Balia; indigenous healing; contextual theology; dual religious practice; Kaili people; Indonesia.

## Introduction

Traditional healing practices continue to play a formative role in many indigenous societies in Indonesia, not merely as alternative therapeutic options but as culturally embedded systems through which illness, suffering and recovery are interpreted. Such practices often integrate cosmological assumptions, social norms and spiritual beliefs, shaping how communities understand the causes of illness and the pathways toward restoration. Among the Kaili people of Central Sulawesi, the Balia healing tradition occupies a particularly prominent place as a ritual practice aimed at restoring harmony between the human body, the social community and the unseen spiritual realm (Safrillah 2017; Septiwiharti 2020). Empirical studies indicate that Balia remains deeply embedded in Kaili cultural identity and continues to be practised despite the expansion of biomedical healthcare and the growing institutional presence of Christianity (Arwan & Pitriani 2017; Pratiwi 2024).

Anthropological scholarship has demonstrated that Balia cannot be adequately understood as a form of traditional medicine alone. Rather, it functions as a ritualised response to illness that is perceived as arising from relational disruption – whether interpersonal, communal, ecological or spiritual (Safrillah 2017; Zaifullah 2013). In this sense, Balia operates as a holistic healing system in which ritual performance, symbolic communication and communal participation are central to both diagnosis and recovery. Acciaioli's (2025) analysis of ritual enactment in Central Sulawesi further situates practices such as Balia within broader processes of cultural performance, showing how ritual healing serves as a public arena for negotiating authority, moral order and religious identity in contexts shaped by modernity, pluralism and socio-political change.

From the perspectives of public health and indigenous knowledge studies, Balia is frequently framed as a form of *local wisdom* that contributes to community-based healthcare, particularly in settings where access to biomedical services is limited or uneven. Arwan and Pitriani (2017) emphasise the psychosocial benefits of Balia, including emotional reassurance, collective support and culturally meaningful interpretations of illness. Comparable findings have been reported in studies of ritual healing practices in other Indonesian and Southeast Asian contexts, where such practices function simultaneously as therapeutic, social and symbolic mechanisms (Putra 2025;

Yusdiana et al. 2023). While these approaches offer important insights into the social efficacy of ritual healing, they often bracket – or leave largely unexamined – the theological implications of the spiritual claims embedded within these practices.

The theological complexity of Balia becomes particularly pronounced when the tradition is practised within Christian communities. In Central Sulawesi, many Kaili Christians continue to participate in Balia rituals alongside church-based practices of prayer, pastoral care and sacramental life (Fitriani 2019; Safrillah 2017). This coexistence does not necessarily signal a rejection of Christian faith; rather, it reflects an ongoing negotiation of religious meaning within a plural spiritual landscape in which indigenous cosmologies and Christian convictions intersect. Similar patterns have been observed among other indigenous Christian communities in Indonesia, including the Dayak Tunjung and the Arfak peoples, where ritual healing practices persist within explicitly Christian frameworks (Fernandes, Chia & Terok 2023; Panggarra, Luthy & Tombuku 2024).

For the church, however, this situation raises significant theological and pastoral questions that cannot be resolved through sociological description alone. Balia presupposes particular assumptions about the causes of illness, the sources of healing power and the role of spiritual mediators – assumptions that may stand in tension with core Christian convictions regarding God's sovereignty, the uniqueness of Christ and the nature of spiritual authority. As Chia (2025) observes, many ritual healing practices in Indonesia are embedded within cosmologies that attribute agency to spiritual forces beyond the biblical understanding of divine action, thereby creating unresolved tensions within Christian theology and practice.

Despite a growing body of literature on Balia, explicit biblical-theological engagement with the tradition remains limited. Most existing studies approach Balia descriptively, drawing primarily on anthropology, sociology, public health or cultural policy analysis (Lebba & Abidin 2021; Pratiwi 2024; Safrillah 2017). Although contextual theology has been fruitfully applied to other Indonesian indigenous traditions, such as those in the Toraja, Pamona and Maluku contexts (Sunkudon et al. 2025), sustained biblical reflection on Balia within the Kaili context has yet to be developed in a systematic and critical manner.

This lacuna is particularly consequential for churches ministering in indigenous contexts where traditional healing practices remain influential. In the absence of a clear theological framework, ecclesial responses to Balia often oscillate between two problematic extremes: outright rejection, which risks cultural alienation and pastoral ineffectiveness, and uncritical accommodation, which may result in theological ambiguity or forms of syncretism. Comparable tensions have been documented in studies of ritual healing and contextual theology in Africa and Southeast Asia, where churches continue to struggle with balancing cultural sensitivity and doctrinal integrity (Borja 2021; Buberwa & Njoroge 2025).

Against this background, this article addresses three interrelated research questions: How can the Balia healing tradition be understood as a cultural and ritual system within Kaili society? What theological tensions emerge when Balia is evaluated in light of biblical teaching on illness, healing and spiritual authority? And how can the church formulate a biblical and contextual pastoral response that remains faithful to Christian doctrine while engaging respectfully with indigenous culture?

Accordingly, the aims of this study are threefold. Firstly, it analyses Balia as a cultural and healing system through critical engagement with anthropological and health-related literature. Secondly, it evaluates the theological assumptions underlying Balia in light of biblical theology, with particular attention to healing, mediation and spiritual power. Thirdly, it proposes a contextual pastoral and missiological response informed by the principles of contextual theology. Methodologically, the study employs a qualitative, literature-based approach grounded in contextual theology, especially as articulated by Bevans (2002) and further developed by Bevans and Schroeder (2004). In doing so, this article seeks to contribute to broader scholarly conversations on Christianity and indigenous healing practices, offering insights relevant not only to the Kaili context but also to other Christian communities navigating similar theological and pastoral challenges.

## Research methods and design

This study employs a qualitative, literature-based theological approach to interpret meanings, identify theological tensions and formulate a biblical response to the Balia healing tradition. Such an approach is suitable for analysing religious practices as culturally embedded systems of belief and meaning rather than measurable empirical variables (Bevans 2002). The study is situated within contextual theology, which understands theological reflection as occurring in dialogue with specific cultural and historical contexts. Accordingly, the analysis adopts a biblical-theological perspective that affirms the normative authority of Scripture while engaging indigenous practices through the framework of critical contextualisation, in which culture is treated as a critical interlocutor evaluated in light of biblical revelation (Bevans & Schroeder 2004).

The analysis draws on secondary qualitative data from several bodies of literature. Anthropological and ethnographic studies of the Balia healing tradition among the Kaili people – including Safrillah (2017), Septiwiharti (2020), Zaifullah (2013) and Acciaioli (2025) – provide descriptions of its ritual structure, cosmology and social functions. Public health and indigenous knowledge literature, such as Arwan and Pitriani (2017), Pratiwi (2024), Yusdiana et al. (2023) and Putra (2025), is used to examine Balia as a form of local wisdom and community-based healthcare. Biblical and

theological scholarship addressing healing, mediation and spiritual authority is also engaged, including contextual theological frameworks (Bevans 2002; Bevans & Schroeder 2004) and studies of Christian interaction with indigenous spiritual practices (Borja 2021; Buberwa & Njoroge 2025; Pakpahan 2020). Comparative contextual studies of ritual healing in Christian communities, including research on the Arfak in Papua (Fernandes et al. 2023), the Dayak Tunjung community (Panggarra et al. 2024) and contextual theological developments in Central and Eastern Indonesia (Nanuru, Ruhulessin & Ruimassa 2024; Sunkudon et al. 2025), provide a broader interpretive context.

The analysis follows the logic of critical contextualisation, in which cultural practices are first examined within their sociocultural framework and then evaluated through biblical-theological reflection (Bevans & Schroeder 2004). Balia is therefore treated not merely as a cultural artefact but as a practice that embodies claims about illness, healing, spiritual power and mediation. The analytical process involves four stages: identifying the cultural structure and cosmology of Balia (Acciaioli 2025; Safrillah 2017), examining theological assumptions concerning illness and ritual mediation, evaluating these assumptions in light of biblical teaching on healing and spiritual authority and articulating a contextual pastoral response for churches in indigenous contexts.

This study is limited to a literature-based analysis and does not include original ethnographic fieldwork. Although this restricts direct empirical engagement with contemporary practitioners, existing ethnographic and contextual studies provide a sufficient basis for theological reflection. Future research may extend this work through field-based approaches exploring how churches and communities negotiate the role of Balia in lived ecclesial contexts.

### Ethical considerations

Ethical clearance to conduct this study was obtained from the Sekolah Tinggi Teologi Injili Indonesia Palu Research Ethics Committee (No. 001/PK-I/STTII-P/II/2026).

## Results

### Balia as a holistic cultural and healing system

The first major result of this study is that Balia operates as a holistic cultural system of healing rather than as an isolated ritual or an alternative medical technique. Anthropological and ethnographic studies consistently indicate that illness within Kaili society is understood not primarily as a physiological malfunction but as a disturbance of relational equilibrium (Safrillah 2017; Septiwiharti 2020). Health and sickness are embedded within a moral and cosmological framework in which harmony between the human body, the social community, the natural environment and the spiritual realm is considered essential.

Ethnographic descriptions indicate that Balia rituals involve a sequence of actions aimed at diagnosing and restoring disrupted relationships between humans and the spiritual realm. The ritual is led by a *balian*, a ritual specialist who identifies the spiritual causes of illness and guides the healing process. Through ritual chanting, symbolic offerings and interaction with spiritual entities believed to influence illness, the balian seeks to restore harmony between the afflicted person, the community and the unseen world. Family members and other community participants are often involved, reinforcing the communal dimension of healing. Illness may be interpreted as the result of moral transgression, spiritual disturbance or disrupted relations with unseen forces, and the ritual aims to restore balance through negotiation with these forces and the reaffirmation of social harmony.

This finding suggests that Balia is best understood as a culturally coherent framework for interpreting suffering, rather than merely as a pragmatic response to illness. Within this framework, illness is not simply something that happens to an individual's body; it is a condition that signals imbalance within a wider relational network. Consequently, healing is conceived not as symptom removal alone but as the restoration of disrupted relationships that sustain communal life.

The analysis further reveals that Balia integrates at least three interrelated dimensions. Firstly, at the physical dimension, Balia addresses bodily suffering through ritual actions believed to restore balance and vitality. These actions are embedded within symbolic narratives that explain why illness has occurred, linking bodily symptoms to moral and relational causes. Secondly, at the social dimension, Balia mobilises communal participation, reinforcing collective responsibility for well-being and reaffirming social cohesion (Arwan & Pitriani 2017). The involvement of family members, ritual specialists and the wider community underscores the assumption that illness is a shared concern rather than a private affliction. Thirdly, at the cosmological dimension, Balia presupposes a spiritually populated universe in which non-human agencies are believed to influence human health and misfortune (Zaifullah 2013). Ritual healing, therefore, involves negotiating relationships not only among humans but also between humans and the unseen world.

Crucially, these dimensions are mutually constitutive and cannot be analytically separated without distorting the internal logic of the practice. To isolate the physical from the social or the cosmological would be to impose an external analytical framework that does not reflect how Balia is experienced and understood by its practitioners. Balia does not merely *treat* illness; it *interprets* it. In this sense, it functions as a system of meaning-making that assigns moral and relational significance to illness while offering culturally intelligible ritual pathways towards restoration.

A further layer of analysis reveals that Balia also functions as a mechanism of moral interpretation, through which illness is understood as a disruption of moral and relational order rather than as a random or purely physiological event. Safrillah (2017) observes that illness in Kaili society is frequently associated with moral lapses, violations of

*adat* norms or failures to maintain appropriate relational conduct – whether within the family, the wider community or the spiritual realm. Within this interpretive framework, sickness signals not only bodily dysfunction but also a breakdown in the moral fabric that sustains communal life.

Ritual healing in Balia is therefore oriented not merely towards physical recovery but towards moral repair and social reintegration. The ritual process provides a structured means by which responsibility for illness can be identified, narrated and symbolically addressed. Acciaioli's (2025) analysis of ritual performance in Central Sulawesi further illuminates this dynamic by demonstrating how ritual enactment functions as a form of public moral negotiation. In this sense, Balia operates as a public moral performance in which the causes of illness are interpreted, responsibility is redistributed across social and spiritual networks and harmony is ritually restored through collective participation.

This moral and relational dimension helps explain the enduring relevance of Balia within Kaili society, even among communities with access to biomedical healthcare and formal religious institutions. While biomedical approaches may address physiological symptoms, they often leave unresolved questions concerning meaning, responsibility and disrupted social bonds. Balia responds precisely to these concerns by embedding suffering within a shared moral narrative that renders illness intelligible and manageable within the cultural logic of Kaili society.

## The role of balian and ritual authority

The second major result of this study concerns the central role of the balian as a ritual specialist and bearer of spiritual authority within the Balia healing tradition. Across the literature, the balian consistently emerges as a key figure who interprets the causes of illness, prescribes appropriate ritual actions and mediates between the human and spiritual realms (Safrillah 2017). The effectiveness of Balia as a healing system is therefore inseparable from the perceived authority and competence of the balian.

Crucially, the authority of the balian is neither institutional nor doctrinal but fundamentally charismatic and relational. It is not derived from formal office, written tradition or theological training but from perceived spiritual sensitivity, ritual expertise and demonstrated efficacy in addressing illness and misfortune. This authority is sustained through repeated ritual performances and reinforced by communal narratives that recall successful healings and restored harmony. In this sense, authority is continually produced and reproduced within lived ritual practice rather than conferred once and for all.

Analytically, the authority of the balian may be described as a form of charismatic authority accumulated through what can be termed spiritual capital. This spiritual capital consists of symbolic resources such as mastery of ritual knowledge, the ability to discern spiritual causes of illness and the perceived capacity to negotiate with unseen forces. Such capital is inherently relational, gaining legitimacy only insofar as it is recognised and affirmed by the community. Comparable dynamics have been identified in ritual healing practices across Indonesia and Southeast Asia, where ritual specialists derive authority from performative competence rather than institutional endorsement (Fahyan & Farhah 2024).

Comparative studies further demonstrate that such authority structures become particularly persuasive in contexts of crisis, especially in situations involving illness, uncertainty and perceived spiritual threat. Borja (2021) shows that among Christian Zamboangueños, ritual healers often retain significant influence because they are experienced as accessible, empathetic and spiritually effective when formal religious or medical institutions appear distant or insufficient. Similarly, Panggarra et al. (2024) observe that within Dayak Tunjung Christian communities, ritual specialists are frequently consulted alongside church leaders, particularly during episodes of illness and misfortune. These findings suggest that ritual authority operates most powerfully at the intersection of vulnerability, relational trust and perceived spiritual competence.

This result is theologically significant because it indicates that participation in Balia entails more than cultural continuity or symbolic expression. Engagement in Balia rituals involves an implicit recognition of an alternative structure of spiritual mediation and authority. Even when Christians do not consciously reject church teachings or doctrinal commitments, their participation in Balia reflects a form of practical trust in the balian's mediatory role. Authority is thus exercised not primarily at the level of explicit belief but within the domain of lived practice, where ritual efficacy and relational proximity often outweigh formal theological allegiance.

Taken together, these findings underscore that the role of the balian is central to understanding the theological tensions surrounding Balia. The balian embodies a competing model of spiritual mediation that functions effectively within the cultural logic of Kaili society yet raises critical questions when evaluated in relation to Christian understandings of authority, mediation and divine agency. These questions form the basis for the theological discussion developed in the subsequent sections.

## Theological tensions emerging from Balia

The analysis identifies three recurring theological tensions that emerge from the continued practice of Balia within Christian contexts. These tensions arise not from abstract doctrinal disagreement but from the lived interaction between Balia as a ritual healing system and Christian theological commitments as embodied in everyday religious practice.

The first tension concerns the source of healing power. Within the Balia framework, healing is understood to occur through ritual negotiation with spiritual forces that are

believed to influence illness and misfortune. Healing efficacy is thus closely linked to the successful management of relationships with these forces through ritual performance. By contrast, Christian theology locates healing ultimately within the sovereign action of God, even while acknowledging the spiritual dimension of illness. Although both frameworks recognise spiritual causality, they diverge fundamentally in their understanding of divine agency and the locus of healing power (Chia 2025). This tension becomes particularly visible when ritual efficacy is perceived as contingent upon correct performance rather than divine initiative.

The second tension relates to mediation and spiritual authority. In Balia, mediation is vested in the balian as a ritual specialist who is believed to possess privileged access to the spiritual realm and the capacity to intervene on behalf of the afflicted. This mediatory role is central to the ritual's perceived effectiveness. In contrast, Christian faith confesses Christ as the definitive mediator between God and humanity. The tension here is not merely functional but theological, touching the core of Christological confession and the nature of spiritual authority (Bevans & Schroeder 2004). Participation in Balia, therefore, raises questions about competing structures of mediation that operate simultaneously within Christian communities.

The third tension concerns religious loyalty and dual practice. The simultaneous participation of Christians in church rituals and Balia ceremonies reflects a form of layered or pragmatic religiosity in which ritual effectiveness and existential reassurance often take precedence over theological coherence. Such patterns do not necessarily indicate conscious theological rejection but rather reveal how religious meaning is negotiated within complex spiritual landscapes. Similar dynamics have been documented in other Indonesian contexts, including among the Arfak in Papua and the Dayak Tunjung in Kalimantan, where ritual healing practices persist alongside explicit Christian identity (Fernandes et al. 2023; Panggarra et al. 2024).

Taken together, these tensions constitute the primary results of the theological analysis. They demonstrate that Balia is not a neutral cultural artefact or merely a symbolic expression of tradition, but a practice that makes substantive theological claims about healing, authority and mediation. These claims demand careful theological discernment rather than simplistic acceptance or outright rejection.

# Discussion

## Biblical-theological evaluation of healing, authority and discernment

The present study approaches healing from a biblical-theological perspective rooted in evangelical theology, emphasising the authority of Scripture, the sovereignty of God in healing and the mediatory role of Christ. At the same time, Christian traditions differ in how healing, spiritual agency and human participation are understood. In many Pentecostal and Charismatic contexts, for instance, illness may be linked to spiritual conflict, and practices such as deliverance prayer or exorcism may accompany healing ministries. Although this article does not attempt a comprehensive account of these traditions, acknowledging such diversity helps situate the analysis within the broader landscape of Christian interpretations of healing.

Interpreting the findings of this study through a biblical-theological lens reveals that the principal challenge posed by the Balia healing tradition lies not in its holistic concern for healing but in its theological attribution of agency and authority. Scripture consistently affirms God as the ultimate source of life and healing while also recognising the complexity of suffering within a broken world (Ex 15:26; Ps 103:2–3; Wright 2009). Illness in the biblical narrative is never reduced to a purely technical or mechanistic problem, yet neither is healing detached from God's sovereign initiative (Brueggemann 2012). Rather, healing is embedded within the relational dynamics of covenant, faithfulness and divine compassion.

Within the biblical witness, healing is integrally connected to God's redemptive purposes. In the Old Testament, acts of healing are frequently associated with the restoration of covenantal relationships and communal wholeness (Lv 26; Is 53:4–5). Healing is not merely therapeutic but relational, addressing brokenness at both personal and communal levels (Goldingay 2006). In the New Testament, healing assumes an even more explicit theological significance. The healing ministry of Jesus is presented as a sign of the inbreaking reign of God, anticipating the fullness of redemption rather than merely alleviating immediate suffering (Mt 4:23; Lk 7:22). As Guder (2000) and Wright (2012) observe, healing in the ministry of Jesus functions as an enacted proclamation of the kingdom, pointing beyond physical restoration toward renewed life under God's rule. Healing is therefore not an autonomous ritual technology, but an expression of divine agency within the unfolding economy of salvation.

From this perspective, the theological tension with Balia does not arise from its recognition of the spiritual dimension of illness, which resonates in important ways with biblical sensibilities (Eph 6:12; Js 5:14–16). Rather, the tension lies in its cosmological assumptions regarding the distribution of spiritual agency and authority. As the analysis has shown, Balia presupposes a spiritually populated universe in which healing is achieved through ritual negotiation with multiple spiritual forces and mediated by ritual specialists. Biblical theology, by contrast, consistently affirms the primacy of divine agency and confesses Christ as the definitive and sufficient mediator between God and humanity (1 Tm 2:5; Heb 9:15). As articulated in classical Christology and reiterated in contemporary biblical theology, mediation is not dispersed across multiple ritual agents but is centred in the person and work of Christ (Bevans & Schroeder 2004; Thiselton 2015).

The issue at stake, therefore, is not whether healing occurs, but how healing is theologically understood and by whom it is mediated. When healing practices implicitly relocate spiritual authority away from God's sovereign action and Christ mediatory role, they introduce alternative theological grammars that shape religious imagination and practice. Discernment in contextual theology must therefore attend not only to cultural meaning and experiential efficacy but also to the underlying theological claims that practices embody (Bevans 2002; Volf 2019).

A critical theological misstep in ecclesial engagement with practices such as Balia is the assumption of functional equivalence. Within this logic, Balia is assessed primarily on the basis of its perceived effectiveness and is treated as functionally comparable to Christian practices such as prayer, pastoral care or communal intercession. While such an approach may appear pastorally pragmatic, it risks collapsing theological discernment into mere functional comparison. Biblical theology evaluates practices not only by the outcomes they produce but also by the confessional claims they embody and the sources of authority they presuppose (Bevans 2002).

From a biblical-theological standpoint, the central question is therefore not whether Balia 'works', but what Balia confesses about the nature of reality, power and salvation. As demonstrated in the preceding sections, Balia encodes a *theological grammar* in which ritual efficacy, spiritual negotiation and mediatory authority are central. Christian theology, by contrast, articulates a grammar in which healing is grounded in God's sovereign action and mediated through Christ (Bevans 2002; Wright 2012). To equate these practices on the basis of function alone is to ignore their divergent theological logics and to risk theological reductionism, in which practices are assessed pragmatically rather than confessionally (Sunkudon 2025).

Such reductionism has significant implications for contextual engagement. When ritual effectiveness becomes the primary criterion for evaluation, questions of truth, authority, and allegiance are marginalised (Thiselton 2015). In indigenous contexts such as Kaili society, where ritual healing is embedded within comprehensive moral and cosmological systems, the assumption of functional equivalence fails to account for the depth of meaning and authority carried by such practices (Volf 2019). It also obscures the ways in which participation in ritual healing may implicitly shape theological imagination and spiritual allegiance, often at the level of practice rather than explicit belief (Smith 2009).

Moving beyond functional equivalence does not require the church to deny the experiential significance, psychosocial benefits or communal functions of Balia. Rather, it calls for a mode of theological discernment that attends to both the cultural logic of indigenous practices and the normative claims of Christian faith. Such discernment enables the church to affirm practices of communal care and relational restoration while critically evaluating claims about spiritual agency and mediation (Bevans 2002; Brueggemann 2012). In this way, biblical-theological engagement with Balia can avoid both uncritical accommodation and cultural rejection, maintaining doctrinal integrity while remaining pastorally attentive to lived realities.

## Dual religious practice as a theological symptom

The phenomenon of dual religious practice among Kaili Christians should not be dismissed simply as syncretism or theological inconsistency. Rather, it is more accurately interpreted as a theological symptom that reveals underlying dynamics within the life of the church and the lived experience of faith (Bevans 2002; Volf 2019). Dual practice emerges not primarily from conscious doctrinal rejection but also from the interaction between indigenous healing traditions and Christian faith in contexts marked by vulnerability, uncertainty and existential distress (Buberwa & Njoroge 2025; Fernandes et al. 2023; Fitriani, Sunkudon & Santoso 2025).

As the preceding analysis has shown, Balia offers a culturally intelligible framework for interpreting illness, restoring relational harmony and addressing spiritual anxiety. When churches fail to engage adequately with these lived realities – particularly experiences of illness, fear and suffering – believers often turn to alternative spiritual resources that appear more immediately responsive and culturally resonant (Guder 2000; Smith 2009). Dual participation in church practices and Balia rituals thus reflects a pragmatic negotiation of meaning rather than an intentional departure from Christian commitment, as religious practices often function at the level of embodied habit and affective assurance rather than explicit doctrinal reflection (Borja 2021; Panggarra et al. 2024).

Comparative studies support this interpretation. Fernandes et al. (2023) argue that ritual healing practices persist among Arfak Christians not because of theological ignorance alone, but because they provide existential assurance in moments of crisis where ecclesial responses are perceived as abstract or insufficiently embodied. Similarly, Buberwa and Njoroge (2025) demonstrate that in several African contexts, ritual healing practices coexist with Christianity not as a form of explicit apostasy but as a response to gaps in pastoral engagement, spiritual accompaniment and contextual catechesis.

Understanding dual religious practice as a theological symptom rather than mere deviance has significant pastoral and theological implications. It shifts the focus from condemnation to diagnosis and from prohibition to formation. Rather than asking only whether such practices should be permitted or forbidden, the church is invited to examine how its own theological language, pastoral practices and ecclesial presence address – or fail to address – the concrete experiences of suffering that shape believers' spiritual lives.

This perspective also highlights the importance of theological formation that engages indigenous cosmologies explicitly rather than implicitly. When churches do not articulate a theologically coherent account of healing, spiritual authority

and divine agency that resonates with local worldviews, believers are left to integrate these frameworks on their own, often through dual practice. Pastoral accompaniment that attends to the emotional, relational and spiritual dimensions of illness is therefore essential for addressing the roots of dual religious practice.

In this sense, dual practice functions as a diagnostic lens through which the church can discern areas of pastoral weakness and theological ambiguity. Addressing this phenomenon requires not only clearer doctrinal teaching but also the development of contextually meaningful practices of prayer, care and communal support that embody Christian convictions about healing and redemption. Such an approach allows the church to respond constructively to indigenous healing traditions without resorting to simplistic rejection or uncritical accommodation.

### Analytical synthesis

Taken together, the expanded analysis yields a set of interrelated insights that clarify both the theological significance of the Balia healing tradition and the challenges it poses for Christian engagement in indigenous contexts. These insights do not stand independently, but form a coherent analytical pattern that links cultural practice, theological tension and ecclesial response (Bevans 2002; Bevans & Schroeder 2004).

Firstly, the study demonstrates that Balia functions as an integrated cultural system rather than a discrete ritual activity. It shapes how illness is interpreted, how moral responsibility is assigned and how communal responses to suffering are organised. By framing illness as relational and moral disruption, Balia provides a culturally intelligible narrative that connects bodily affliction to broader social and cosmological concerns (Safrillah 2017; Septiwiharti 2020). This integrative capacity explains the enduring relevance of Balia within Kaili society, even in contexts where biomedical healthcare and institutional Christianity are present (Arwan & Pitriani 2017; Pratiwi 2024). The finding challenges reductionist approaches that treat indigenous healing practices as either obsolete traditions or purely therapeutic alternatives (Acciaioli 2025).

Secondly, the analysis highlights the centrality of ritual authority embodied in the figure of the balian. The balian represents a competing structure of spiritual mediation that operates effectively within the cultural logic of Balia. This authority is charismatic, relational and performative, sustained through communal recognition and ritual efficacy rather than institutional legitimation (Fahyan & Farhah 2024; Safrillah 2017). Theologically, this finding is significant because it reveals how spiritual authority is negotiated and enacted at the level of lived practice. Participation in Balia, therefore, involves implicit theological commitments that extend beyond cultural symbolism and raise questions about mediation, authority, and allegiance within Christian communities (Bevans & Schroeder 2004; Thiselton 2015).

Thirdly, the persistence of Balia among Christians is shown to be symptomatic of deeper ecclesial challenges, particularly in relation to theological formation and pastoral presence. Dual religious practice emerges not simply as an instance of syncretism but as a response to gaps in the church's engagement with illness, suffering and spiritual anxiety (Buberwa & Njoroge 2025; Fernandes et al. 2023). When theological teaching remains abstract and pastoral care fails to address lived experiences in culturally resonant ways, believers often draw on alternative frameworks that offer immediate meaning and assurance (Guder 2000; Smith 2009). This insight reframes dual practice as a diagnostic indicator of areas where ecclesial life requires renewed theological and pastoral attention (Panggarra et al. 2024).

Taken together, these insights underscore the necessity of a contextual theological response that integrates cultural sensitivity with biblical discernment. Such a response resists two common but inadequate strategies: romanticising indigenous practices as inherently harmonious with Christian faith and dismissing them wholesale as incompatible or dangerous. Instead, it calls for critical engagement that takes the cultural logic of practices like Balia seriously while evaluating their theological claims in light of Christian confession (Bevans 2002; Fitriani et al. 2025; Sunkudon 2025; Volf 2019).

This analytical synthesis thus provides the conceptual foundation for the concluding section of the article. It clarifies the theological contribution of the study and frames the practical and missiological implications that follow. By situating Balia at the intersection of culture, theology and lived faith, the study contributes to broader conversations on Christianity and indigenous healing practices, offering insights relevant not only to the Kaili context but also to other Christian communities navigating similar tensions (Nanuru et al. 2024; Sunkudon et al. 2025).

## Conclusion

This study has examined the Balia healing tradition among the Kaili people of Central Sulawesi through a qualitative, literature-based theological approach informed by contextual theology. The analysis has shown that Balia is not merely a traditional healing ritual, but an integrated cultural system that interprets illness as moral and relational disruption, mobilises communal participation and operates within a spiritually populated cosmology. These features account for the enduring relevance of Balia, including within Christian communities.

The findings demonstrate that the primary theological challenge posed by Balia lies not in its holistic concern for healing but in its attribution of spiritual agency and authority. In particular, the central role of the balian represents a competing structure of mediation that carries significant theological weight when evaluated in light of Christian confession. The persistence of Balia among Christians further reveals deeper ecclesial challenges related to theological

formation and pastoral presence, rather than simply instances of conscious syncretism or doctrinal rejection.

By moving beyond functional equivalence, this study has argued that ecclesial engagement with indigenous healing practices must attend not only to social efficacy or cultural meaning but also to the theological claims such practices embody. A biblical-theological evaluation of Balia highlights the need to discern how healing, authority and mediation are understood and enacted, especially in contexts where multiple spiritual frameworks coexist.

The contribution of this article lies in its application of critical contextual engagement to the Balia tradition, offering a model that avoids both uncritical accommodation and cultural rejection. Instead, it proposes a mode of pastoral and theological response that integrates cultural sensitivity with biblical discernment. For churches ministering in indigenous contexts, this entails strengthening theological formation on healing and spiritual authority, developing contextually meaningful practices of care and accompanying believers through illness and suffering in ways that embody Christian convictions.

While this study is limited by its reliance on secondary sources, it provides a theological foundation for future empirical research on how churches and communities negotiate indigenous healing practices in lived ecclesial contexts. More broadly, the study contributes to ongoing discussions on Christianity and indigenous healing by demonstrating how careful theological analysis can illuminate the complex intersections of culture, ritual and faith in contemporary Christian life.

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### CRediT authorship contribution

Agustinus Depparua: Conceptualisation, Formal analysis, Methodology, Resources, Supervision. Yewin Tjandra: Formal analysis, Investigation, Project administration, Validation. Pieter G.O. Sunkudon: Data curation, Formal analysis, Software, Writing – review & editing. All authors reviewed the article, contributed to the discussion of results, approved the final version for submission and publication and take responsibility for the integrity of its findings.

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### Data availability

Data sharing is not applicable to this article as no new data were created or analysed in this study.

### Disclaimer

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