

Introduction

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THE PAPERS presented in this volume are part of an ongoing collaborative project exploring the extent and forms of religious healing in the Boston metropolitan area.¹ These papers represent original fieldwork research carried out by an extraordinarily talented and dedicated group of Harvard Divinity School students during the 2001–2002 academic year. Following the publication in 2001 of *Religious Healing in Boston: First Findings*, the present volume continues to break new ground in the identification and study of arenas in which religion converges with contemporary health care and healing practices.

Despite the institutional separation of medicine and religion in the United States today, and despite separate training programs, bodies of professional literature, and disciplinary paradigms for religious and medical practitioners, religion and medicine do in fact converge in a multiplicity of ways. Quite simply, both deal with suffering, both deal with birth and death, and both deal with “human potential.” Cross-culturally, in traditional societies, religious and healing practitioners were often one and the same person: shamans, priests, wise women, and folk healers evoked spiritual powers to heal the body and mind and used plant and other physical remedies in conjunction with rituals and ceremonies to heal the spirit.

With the rise of biomedicine, religious approaches to health and healing did not disappear. In the United States today, dozens of research programs examine the health benefits of prayer; sick and healthy individuals seek out holistic and humanistic approaches to health care in reaction to the overly mechanistic and technological approach encouraged by medical institutions and insurance companies; significant numbers of hospitals are funded by religious organizations and typically house chapels in addition to operating rooms and medical wards; religious leaders influence government policy in such issues as abortion and end-of-life decisions; the government is turning to community “faith based” organizations to provide social services—including

health-care services; the majority of the integrative / complementary / alternative medicine modalities that are so heavily utilized by affluent Americans include explicit spiritual components; healing services of various sorts are held at numerous mainstream churches and synagogues around the country; and some physicians have begun discussing whether doctors should prescribe prayer for their patients.

While evidence of religious healing can be found in most neighborhoods, most communities, and most denominations in the Boston area, the dominant biomedical system continues to serve as the backdrop for religious healing endeavors in the United States today. All of the religious healing arenas that we have explored devote substantial thought to defining their relationship with biomedicine. Their articulations of the relationship between religious healing and biomedicine include: clarifying that biomedicine only takes care of the body, whereas religion is concerned with healing the whole person; drawing upon the language of psychotherapy, endorphins, or the deleterious effect of stress on the immune system to explain how religious healing works; distinguishing between physical conditions that fall in the domain of physicians and spiritual conditions that fall in the domain of religious healers; declaring that biomedicine will only work if God wills it to work or if one’s karmic condition is ripe for it to work; differentiating between biomedicine, which explains “how” one is sick, and religion, which explains “why” one is sick; affirming that God wants or commands people to be healthy, choose a healthy lifestyle, cooperate with or obey physicians, and make use of the best biomedical treatments available; ascertaining divine grace in the work of physicians; and asserting that biomedicine is only about the mechanics of the transient body, whereas true healing is about the eternal soul.

Perhaps the greatest lesson learned from our work in this field is that there is no American consensus

regarding what it means to be healthy, why people get sick, what it means to be healed, or the ways in which one can go about the healing process. Even within our greatest medical bureaucracies and government institutions, competing notions of healing flourish. “Religion” and “spirituality”—in their many forms and senses—represent some of the most compelling approaches to healing in contemporary America, yet they too are far from static or uniformly construed or enacted.

Healing from Trauma

The first set of papers in this volume focuses upon ways in which religious practice, practitioners, and communities address trauma. Looking at experiences of childhood sexual abuse, domestic violence, and homophobia, the authors emphasize that victims of abuse or trauma tend to suffer from a variety of chronic illnesses at significantly higher rates than the general population. Typically, their illnesses cannot be healed by medical interventions alone because the physical illness is but the apparent manifestation of injury to the core sense of self. The three case studies in this section highlight a variety of different ways in which religion and spirituality serve healing roles. Narelle Bouthillier found that subtle energy healers help victims of childhood sexual abuse through identifying and correcting imbalances and injuries at the spiritual or energetic level in the context of a safe and supportive therapeutic environment. Lynda Jordan’s study of responses to domestic violence in the Black Church highlights the role of community leaders in developing theological exegeses that condemn sexism and domestic violence, in tandem with counseling and other programs that address both the victim and the perpetrator of violence as human beings in need of God’s love and community support. Christine Gindi’s interviews with gay men and women underscore the role of welcoming congregations and religious support groups in healing the existential wounds caused by earlier experiences of family rejection and homophobic church communities. For many of Gindi’s informants, finding a venue in which they could feel loved and accepted both by God and by fellow congregants was a crucial step in healing from the pain of rejection, abuse, and discrimination. In all of these studies, religion or spirituality offer healing resources that cannot be duplicated in the secular arena.

These studies point to the complexity of the relationship between religion and trauma. In all three cases, religion has provided resources for healing from trauma, yet religion has also caused—directly

or indirectly—the trauma from which Bouthillier’s, Jordan’s, and Gindi’s informants have sought healing. The sexism and heterosexism of traditional Judaism, Christianity, and Islam have, in many cases, legitimated the violence against women documented by Jordan and Bouthillier and codified the homophobia documented by Gindi.

The seemingly paradoxical double-edged nature of religion in processes of causing and healing trauma underscores the capacity of religion to shape bodily experience. As tremendously powerful symbol systems that define for their adherents the meaning of life and death, the nature of the cosmos, and the role of human beings in society and the universe, religious cultures construct human bodies in very particular sorts of ways. Fortified by divine mandates and sanctions, religious stories and practices mold bodies that are experienced as sinful, pleasurable, powerful, vulnerable, unmanageable, ethereal, beautiful, lust-driven, modest, sexual, chaste, healthy, or sick.

The Meaning of Healing

Over the past decade a great deal of epidemiological and clinical research has suggested that for many Americans religion can be health enhancing. The five papers in this section contribute to this emerging field by exploring the actual elements of religious practice and belief that may contribute to good health and by questioning how “health” is defined and conceptualized in various religious contexts.

In her study of a local Chinese Buddhist congregation, Hongyu Wu found that her informants believe themselves to be healthier than the general population. The Buddhists interviewed by Wu pointed to particular practices that impact upon their health both in a direct physical way and through “making merit,” which has the effect of improving their karma. Meditation was singled out by Wu’s informants as a crucial means for improving health through reducing stress in the mind and the body, through allowing them to be more tolerant of pain and illness, and through correcting karmic imbalances. In addition, many of Wu’s informants attributed their good health to their vegetarian diet. Again, the health-enhancing effects of vegetarianism include direct nutritional benefits, increasing one’s karmic merit, and facilitating the peace of mind that helps them avoid use of drugs, alcohol, and tobacco.

Similarly, in his study of health beliefs and practices in a Trappist monastery, Jeffrey DeVido found a community of men who assert that they are

healthier—in a biomedical or clinical sense—than other men of their age. They attribute their good health to the tranquil and relatively stress-free lifestyle of the monastery. Furthermore, when they are sick, their experience of illness is moderated by accommodations that allow even those who are quite ill or elderly to continue to work in some capacity in the monastery, and by the sense of security that comes from knowing that they will be cared for in the monastery infirmary for however long and in whatever way necessary.

A very different conceptualization of the relationship between religious practice and health emerges from Christina Deck's work among participants in the Tibetan Buddhist Kurukulla Center in Cambridge. Drawing upon profound beliefs in reincarnation and karma, Deck's informants interpret poor health in this life as the fruits of karmic seeds planted earlier. Illness itself was described by many of the Kurukulla Center members in terms of purification: through illness, accumulated negative karma can become purified or healed. Religious ritual per se (such as puja to the Medicine Buddha) does not effect healing. Rather, Buddhist philosophy offers understandings and interpretations of suffering that give illness meaning within the natural cycle of lives.

A rather similar understanding of illness was offered to Shreena Gandhi by members of the local Baha'i community. Citing the well-read texts of the Baha'i faith, Gandhi's informants explained that illness is a test from God—an opportunity to grow spiritually. By living according to the tenets of Baha'i, one's health is enhanced through refraining from alcohol, drugs, and tobacco, but Baha'i rituals and prayers are not seen as effecting healing in the sense of curing symptoms or physical pathologies.

The distinction between "healing" and "curing" was well articulated by the Friends, or Quakers, interviewed by Hillary Mercer. For most of Mercer's informants "curing"—that is, the eradication of physical symptoms and pathologies—is associated with the Christian informed miracles of the early years of the Society of Friends. This sort of miraculous curing is not looked upon in a sympathetic way by contemporary liberal Friends. "Healing," in contrast, is understood positively in terms of wholeness, spiritual growth, and movement toward greater harmony and equilibrium in one's life.

Taken together, these five papers suggest that "health," "illness," and "healing" are multivalent, ambiguous, and contested terms in contemporary American society. In various religious contexts "health" can refer to the absence of symptoms or the

absence of pain, a sense or feeling of spiritual well-being, a good relationship with God, contentment with one's lot in life, "clean" karma, or a lifestyle of abstinence from harmful food or substances. "Illness" can be attributed to trauma, to "believing that one is sick," to the natural course of human existence, to sin or moral failing, to negative karma, or it can be seen as God "blessing" one with a spiritual wake-up call or an opportunity for spiritual growth or purification. And as a means of moving from "illness" to "health," "healing" can mean curing, coping, acceptance of fate or karma, salvation, submission to God's will, purification, integration and connection among all the elements of one's being, reestablishing self-worth, connection with one's tradition, personal empowerment, developing a sense of wholeness, personal moral or spiritual growth, or repairing one's relationship with God, the community, or the world.

Healing, Immigration, and Globalization

Three of the papers in this volume describe immigrant communities that have brought with them to the United States notions of healing that are quite different from the Western biomedical model. However, in none of these cases has Western biomedicine been rejected, and in one case it actually has functioned as a key vehicle for immigration and absorption into American society.

Michelle Goldhaber conducted fieldwork among the Ukrainian Catholic and Ukrainian Orthodox communities of the Greater Boston area. While her informants in both communities utilize biomedicine when necessary, their first response to illness tends to be self-help oriented. Proud of their Ukrainian tradition and values of independence, strength, and autonomy, Catholic and Orthodox Ukrainians are perhaps a bit reluctant to run to physicians at the first sign of illness, and are unlikely to elevate the physician to a figure of absolute authority. Goldhaber's Ukrainian informants tend to manage their own illnesses, drawing upon traditional folk remedies, liturgical formulae, physicians, chiropractors, and other alternative healers as they see fit. The relatively seamless fit between Ukrainian religion and Western biomedicine is illustrated by the many ways in which the priests assist those who are ill: The Ukrainian priest holds healing masses, pitches in to drive sick parishioners to doctors' appointment, announces a financial drive to assist a visitor from the Ukraine who is in Boston for medical care, anoints parishioners with holy oil before and after surgery, and prays that God's will be done through the doctors and nurses caring for a patient.

For the many Ukrainians who travel to the United States for medical treatment, especially in the wake of the Chernobyl nuclear accident, local churches are sources of financial, social, and spiritual support.

Maribel Valencia Castillo has conducted a groundbreaking preliminary study of healing beliefs and practices among Filipino health-care workers. Noting the large numbers of Filipino immigrants who work in nursing and related professions, Castillo asks what these immigrants bring to the practice of conventional biomedical care. Prominent among the responses of her informants were the themes of caring, nurture, hospitality, and compassion, attributed by her informants to the core values of Filipino culture. While most of her informants identified themselves as practicing Christians, they felt that it is their Filipino culture (in the sense of the value of caring for others) rather than their Christianity (in the sense of faith healing) that informs their approach to patient care.

Linda Barnes, the director of the Boston Healing Landscape Project, and members of the BHLIP research team offer insight into healing and the effects of immigration among several African diaspora communities, including Brazilian, Haitian, Southern Sudanese, and Ghanaian. Conflict, marginalization, and racism are dominant themes in the lives of these communities. For some members of these communities, religion and spirituality provide tools that help them cultivate resilience, overcome sadness, and cope with multiple past and present traumas.

Striking in all of these papers are the ways in which traditional notions of healing are maintained despite use of (in the Ukrainian and African diaspora cases) and providing (in the Filipino case) American-style biomedicine. The core cultural values of both groups make room for biomedicine as one of several possible ways to manage illness.

Healing and the Institutionalization of Spirituality

While biomedicine remains the dominant healing or health-care modality in the United States, the importance of spirituality in the healing process is increasingly recognized—and institutionalized. Jennifer Hollis's and Avi Spiegel's papers address *how* spirituality is coming to be defined in the United States today, and *who* is getting to define spirituality.

Hollis has looked at chapels and prayer rooms in Boston-area hospitals. Institutionally and architecturally part of the hospitals, the chapels and prayer

rooms represent a healing style that differs in almost every conceivable way from the hospital wards, clinics, and operating rooms. Chapels and prayer rooms are quiet, dark, private, and colorful, while the rest of the hospital is brightly lit, noisy, public, and monochrome (green or white). Despite these extensive differences, chapels and prayer rooms do not challenge biomedical hegemony, but rather complement it. The intention of the chapels and prayer room is *not* to establish an alternative curative or treatment venue, but rather to establish a venue for the creation of an alternative mood. This mood—introspective, hushed, and aesthetic—is understood as “spiritual.” Given the placement of chapels and prayer rooms in prime locations (such as right off the lobby) in most area hospitals, spirituality in the limited sense of enhanced inner feelings of serenity or tranquility is welcomed as part of the healing process.

Immigration and Naturalization Service detention centers are another public arena in which spirituality recently has come to be construed as important for healing individuals, and even more recently has been delineated and institutionalized by the United States government. Spiegel began his fieldwork searching for organizations that offer spiritual support or healing services for immigrants and refugees. He soon discovered that the INS permits no one except for physicians, attorneys, and spiritual advisors into their detention centers. Moreover, the only officially recognized spiritual advisors are graduates of a particular training course that Spiegel was privileged to be allowed to attend. In a manner analogous to that described by Hollis, Spiegel discovered that in the eyes of the INS today, spirituality plays an important role in healing as long as spirituality is not combined with any sort of advocacy or activism. “Acceptable” spirituality is complementary to, not challenging of, the work of the INS. As with the hospital chapels and prayer rooms, the official spirituality of the INS is expressed in terms of subjective and interior feelings and moods that are presumed to be beneficial to those suffering from trauma or dislocation.

Directions for Future Research

When we embarked upon this exploration of the forms of religious healing practiced in contemporary Boston, we little imagined that two years and more than thirty fieldwork projects into our study we would only have scratched the surface of the diverse ways in which residents of our city engage religion in the quest for health and healing. As we reflect upon our work, we are just beginning to

understand the dynamic nature of the relationship between religion and healing. Advances in medical technology trigger new health problems (e.g., coping with the side effects of chemotherapy, living with the results of genetic testing, caring for large numbers of people surviving into extreme old age), which elicit further religious responses. New waves of immigrants bring with them new health problems—some actually elicited by the immigration process itself—and additional religious practices in response to their health problems. Religious communities become settings for exchanging information regarding physicians, the latest medical procedures, and changes in health insurance policies,

while university medical schools become settings for studying the efficacy of prayer. As scholars of religion, we are privileged to witness the dynamic creativity with which our neighbors and fellow citizens draw upon a multitude of resources in the pursuit of healing.

Note

1. The groups involved in this research are Boston University's Boston Healing Landscapes Project, Harvard University's Pluralism Project, and the Religion, Health, and Healing Initiative of Harvard Divinity School's Center for the Study of World Religions.