Introduction

What Religion Teaches about Healing, and What Healing Teaches about Religion

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The Religion, Health, and Healing Initiative (RHHI) at the Center for the Study of World Religions holds a unique position in the larger wave of popular interest in integrating knowledge gleaned from the world's religions into the practice and understanding of medicine and healing. It is in the only research program in America located within a religious studies department or center – as opposed to a medical school – solely dedicated to the study of religion and healing.

As the RHHI closes out its four-year research mission, I shall offer some reflections on what religion teaches about healing, and what healing and medicine teach about religion.

Effects Matter

As an anthropologist of religion, I was trained in an intellectual environment that embraced cultural relativism, and that treated religion first and foremost as a system of symbols. In practical terms, this meant that we, as academics, were discouraged from making judgments regarding the value of particular religious practices, and that we didn't particularly expect religious practices to "do" anything (or do anything other than serve as symbolic representations).

As scholars of religion, we were taken by surprise when we found out that researchers in medical schools were, in certain ways, taking religion more seriously than we had been. In fact, they were testing religious practices for efficacy in pain management, recovery time from surgery, and control of chronic conditions. Moreover, they not only were conducting experiments, they were producing positive results!

What can we, in the field of religious studies, learn from the healing practices of the faith traditions that we study, and from the current medical research regarding those practices?

I believe the primary lesson is that religion does *work*. What I mean by this is that religious beliefs, acts, and practices generate actual, observable effects. Those who participate in healing rituals certainly expect that their ritual actions will produce real, palpable results, and more recently, medical researchers have begun to critically test and quantify these results.

That religious acts have real consequences is a lesson that scholars at the Center for the Study of World Religions have acknowledged for many years through work in areas such as religion and ecology, religion and globalization, and religion and peace. But it is not a lesson that has been widely embraced in the larger world of the academic study of religion. That absence has far-reaching implications, as scholars of religion, during the past few decades, have not extended their voices very far into the public sphere, and have often times remained silent regarding issues of social inequality, global violence, and violations of human rights that have cried out for the expert counsel of those trained in the study of religion.

Does It Work?

If there is one question that I have been asked more than any other during my time as research director of the RHHI, it is: Does religious healing work? This short question opens up doors to issues that are extraordinarily complex and murky. "Work" can mean a variety of things, not all of which are equivalent to "curing," not all of which closely match the notion of "work" assumed by those asking the question, and not all of which are benign.

Acknowledging that religious practices have real effects leads to a crucial corollary: If religion actually "does" things, then it is foolish to be uncritically accepting of religious practices as unconditionally benevolent. When I am asked whether religious healing works, my answer usually goes something like this: People we meet in communities around the world say that religious practices have healed them, and I am inclined to accept what they say at face value. Along the same lines, I point out, people in communities around the world say that ritual prac-

tices involving sorcery, cursing, and the evil eye have hurt them, and I am equally inclined to accept what those people say at face value.

Toward a "Body, Spirit, Community Model"

Over the course of my tenure as research director of the Religion, Health, and Healing Initiative, I have been asked many times how this initiative, located within Harvard Divinity School's Center for the Study of World Religions, differs from somewhat similarly named endeavors situated within medical schools. The simple answer is that those working in medical settings primarily are interested in curing disease. Medical research concerning religion is oriented toward isolating the essential pieces or mechanisms of religious practices that can be measured for efficacy. As a consequence of that focus, attention to religion in medical school research programs tends to be limited to testing whether particular religious practices, such as prayer or meditation, have quantifiably curative properties in terms of the conventional unit of medical research – individual bodies.

The area within medical research that has been most receptive to exploring religious practices is the new field of mind-body medicine. The mind-body model is, from a medical perspective, wonderfully expansive – it represents a radical break from the Cartesian dualism that dominated the natural sciences in the West for so many centuries, and that formed the conceptual underpinning to a medical system that pays attention to bodies as separate from spirits.

Yet, from the perspective of the study of religion, the mind-body model still seems overly restrictive in that the mind-body paradigm focuses on the bounded individual, albeit in a more holistic way than the older "body only" medical paradigm. In contrast, religions always situate minds and bodies in *relational contexts* that are wider and denser than the individual. While the contours of those contexts vary wildly – and that is what makes our discipline so interesting – they generally include some sort of spiritual aspect and some sort of interpersonal aspect.

Religious healing events almost always involve people other than the individual who seeks to be healed. A sample list of other participants can include friends, family members, fellow sufferers, priests, shamans, lay healers, community members, parish nurses, and anonymous members of an internet prayer chain. In one way or another, religious healing practices invoke, repair, and strengthen these relationships. As Grace Moore found in her work at the Pine Street Inn Nurses Clinic, healing had as much to do with the relationships of respect that developed among the nurses and between the nurses and clients as it did with the actual medications that the nurses dispensed. As Dawn Dorland learned through her interviews with Haitians living with HIV/AIDS, prayer functions as a link between individual and collective religiosity, particularly when pastors and other congregants offer special prayers for people with HIV/AIDS, or when the social support of a religious congregation includes spiritual support and guidance for people with the virus. And, to take one more example, the healing rituals of the Muslim women observed by Noor Kassamali are effective precisely because the women gather together as a group, share food, and, by invoking the presence of the Daughter of the Prophet, clarify their own relationship to the founders of Islam.

Most religious healing events also involve reaching out to some sort of spiritual power, sensibility, or entity such as ancestors, angels, saints, spirits, and God. This reaching out typically is understood in terms of efforts to intensify the connection between the suffering individual and the spiritual world. As Josh Burek found in his work in a Seventh-Day Adventist community in Boston, prayer's chief therapeutic value lies in connecting man to God: actual physical restoration from illness is nice, but it's not necessarily the point.

Going beyond the mind-body paradigm, we, as scholars of religion, might offer a paradigm that transcends the atomized, individual mind-body entity, and includes relationships and communities. Our paradigm could be called something like the "Body, Spirit, Community Model."[2]

The Politics of Illness and Healing

Once we move beyond the individualistic medical paradigm, we begin to understand that religious healing always takes place in broader social and political contexts as well as in the personal relational contexts we just discussed. In fact, we more accurately, if more cumbersomely, would call our paradigm the "Body, Spirit, Community, Political-Economy Model."

A great deal of the work undertaken under the auspices of the Religion, Health, and Healing Initiative has focused on understanding the political and economic contexts in which contemporary Americans fall ill and seek healing. During the past two years, we have conducted interviews with Americans who fall between the cracks of the medical system. In Idaho, Mississippi, Texas, Illinois, and here in Massachusetts, we have met families who do

not have health insurance, or who bounce back and forth between Medicaid, employment-based insurance, and being uninsured.[3]

Over the course of this project, I have been asked many times: What does research on the uninsured have to do with the study of religion? Like most of the other queries that I field, this is a reasonable question to pose, yet one that I would hope students and scholars of religion could answer for themselves. Our disciplinary mandate extends far beyond the study of rituals. In fact, what makes rituals, including healing rituals, interesting to us is not only their performative aspect, but also the understanding that rituals are parts of larger universes of moral meaning.

And that is what led me in February 2003 to a service at the First Apostolic Church of Meridian, Mississippi.

A Healing Service

Fifty or so African American men and women congregated late Sunday afternoon in a small church building in a run-down part of this small southern city. A husband-and-wife team, the Reverends Huggins, served as pastors. Members of the congregation took turns standing in front of the room to testify in words or solo songs. Each testimony or song was followed by enthusiastic applause from the whole congregation.

Throughout the service, the pastors encouraged members of the congregation to reach out to one another through hugs and handholding. Both pastors made mention of specific church members, thanking them for their contributions, dedication, and prayers. They also mentioned by name the many members of the congregation who were experiencing problems, including health-related problems. The pastors gave precise instructions to the congregation regarding caring for members of their community: they reiterated that members of the congregation should visit those in need and that they should pray for them. Particularly effusive praise was given to members of the congregation who had helped out and visited two families in the congregation who had experienced crises during the past week. When the service was over, the pastors directed everyone to make sure they hugged at least five people on the way out.

During the service the pastors and other members of the church prayed for the sick. Almost everyone in the church took turns coming to the front of the room where the pastor and other congregants laid hands on them. Loud electronic gospel music contributed to the ecstatic feeling in the room: people spoke in tongues, swayed, and danced with their arms waving in the air.

After the service, one of the pastors explained that, having originally come from Detroit, he has noticed that there are so many more sick people in Mississippi than any place he knew. (His informal observation is accurate: Mississippi ranks last in the nation in almost every measure of health. The poor health status of Mississippi residents is most likely linked to the fact that Mississippi is economically the poorest state in the nation.)

> It's because of the diet [the typical diet in Mississippi is high in fat and processed meats] and because of stress. When people eat the wrong foods and that makes them sick, it's because they're not feeling well to begin with. Because if they were feeling good about themselves, then they would want to eat the right foods and take care of themselves.

He further explained that he himself is a vegetarian and he tries to encourage positive eating habits in the community. One way he does that is by asking church members to give up meat and eat only nuts, berries, and a few other healthy and simple foods for forty days each year.

The healing power of the First Apostolic Church of Meridian includes, but goes beyond, specific ritual practices that can be isolated and tested for medical efficacy. Participation in the church enhances health through building a strong sense of community empowerment in an economic and political context characterized by poverty, racism, second-rate job opportunities, and high rates of illness. The opportunity to stand up in front of the church and testify or sing (and receive enthusiastic applause for one's efforts) offers participants a positive alternative to the negative social and economic messages that they receive outside the church. The elevated spiritual state of this very intensely ecstatic service certainly is experienced as healing by church members. The content of the testimonials and of the more formal preaching by the two pastors offers church members a systematic reinterpretation of illness: Through their parables, Bible verses, and stories of miraculous healings, illness is given spiritual meaning that helps church members make sense of, and grapple with, their individual plights. And finally, the pastors offer pragmatic programs that are health enhancing. Most importantly, they help members in need connect with other community members, and they use their own writing and speaking skills to help church members navigate Medicaid and other public aid programs.

Of all the health-enhancing practices and programs that take place at the First Apostolic Church

of Meridian, the one that to my mind best encapsulates what religion has to offer medicine and healing is the contrast between Pastor Huggins's insight about why members of this community eat unhealthy foods (they do not feel good about themselves – not a surprise given the long history of racism in Mississippi) and the way in which local medical providers we interviewed spoke about the eating habits of their patients. The operative word used by local medical personnel to describe the failure of their low-income diabetic and hypertensive patients to follow their prescriptions to "watch what you eat" is "non-compliance" (rarely acknowledging that the foods the doctors suggest are far beyond the financial means of most of their patients). Pastor Huggins, however, understands that healing necessitates the nurturing of a healthy-minded community, and he understands the role of his church in constructing that community.

Healing at the First Apostolic Church clearly transcends specific physiological measures. Healing has to do with strengthening relationships to God, to the Holy Spirit, to Jesus Christ. Healing has to do with developing a conceptual framework for making sense out of one's life and death. Healing has to do with taking responsibility for members of one's community, and with allowing these members to help you out as well. Healing has to do with nurturing self-esteem and with encouraging pride in – and public recognition for – one's talents and abilities. Healing has to do with contributing to a communal culture of healthy lifestyle habits. Healing has to do with learning to access public services like Medicaid, and with acknowledging that social forces like racism and poverty, rather than simple individual bad luck, make people sick.

The Reverend Huggins made a point of emphasizing that this church has been around for nineteen years and has not had a single funeral in the congregation, a dramatic state of affairs in this community that continues to be grossly underserved by medical professionals. With my research tools as a scholar of religion, I can't "verify" his claim. I can, however, attest to how the congregants looked and deported themselves at the end of the service. As they walked out the door and congregated in the street to chat, they laughed, joked around, and emanated good health.

Toward a New Model

Another question that I have been asked repeatedly over the past four years is: What *should* the role of religion be in terms of healing and medicine? As we close out the RHHI, I would like to share some of my thoughts about the more successful ways in which religious practice can enhance health care, at least in our own society today.

In America in the year 2004, medical care is complex, expensive, and technologically sophisticated. Religion cannot and should not be in the business of competing with medicine. What religious organizations and individuals can and should do is draw upon their expertise in, and commitment to, the building of relationships (an endeavor that, as I have discussed, lies at the heart of religious healing). In addition, they can and should use the moral power that lies in faith traditions to urge our society to accept the ethical responsibility of providing adequate medical care to all people, regardless of income, race, or insurance status.

Of all of the religious healing and medical enterprises that I have seen around the country – faith-based clinics, denominationally owned hospitals, and so on – the most effective efforts seem to me to be the various parish and congregational nursing programs that have been instituted in a growing number of communities.

Jackie Herzlinger, a Jewish congregational nurse in New Jersey, explains the dialogical or relational aspect to her work in this way: "Each congregation has different needs; needs assessment is a required part of the practice. Congregational nurses react to the needs of their congregation." These needs can be physical, financial, social, and emotional. "All nurses have the obligation to care for the body and the mind or body and soul. [For us as Jews] it is our religious obligation, commanded by the Torah, that we be concerned with the health of our people. The body is the container of the soul, and we have a responsibility to take care of the body."

In line with this religious commitment to the inherent dignity of the human body, much of what parish nursing offers community members falls under the general rubric of medical logistics: keeping track of patients' medications, monitoring for side effects of multiple medications, acting as an intermediary with physicians and pharmacists, working out exercise and dietary plans. What distinguishes parish nursing from other nursing specialties is the level of trust that develops at the community level. Synagogue and church members see congregational nurses at the library, grocery store, bank, and schools. For parish nurses, the "patient" is the whole family – the entire circle of people whose lives are enmeshed with that of the patient. Herzlinger explains: "Congregational nursing is about the ongoing transformation of the faith community into a source of health and healing for all its members."

A Final Word

It has been a privilege to work with students, colleagues – both locally and around the world – and religious practitioners and healers for the past four years.

I wish to offer special thanks to Professor Larry Sullivan, whose vision made this initiative into a reality; Professor Diana Eck for her gracious support; Susan Lloyd McGarry, whose assistance has been both warm and efficient; Rebecca Kline for organizing all of the events of the RHHI; Kit Dodgson for editing the RHHI publications; and Sharon Kivenko for her willingness to pitch in on all aspects of RHHI work. I most particularly want to thank Linda Barnes for her friendship and collegiality.

The spaces in which religion and healing intersect and converge in our contemporary world are fluid and dynamic. I look forward to continuing to pursue our many mutual interests.

Notes

1. For more on this model, see *Religion and Healing in America*, ed. Linda Barnes and Susan Sered (Oxford: Oxford University Press, 2004).

2. This research will be published as *Sick and Out of Luck: Uninsured in America* in January 2005 by the University of California Press.