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The AAR Committee on Teaching and Learning (Eugene V. Gallagher, Chair) sponsors Spotlight on Teaching. It appears twice each year in Religious Studies News—AAR Edition and focuses on teaching and learning around a particular theme, concern, or setting.

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Teaching about Religions, Medicines, and Healing

Linda Barnes, Boston University
Guest Editor

From the Editor’s Desk

EVEN YEARS HAVE PASSED since Linda Barnes, the guest editor of this issue of Spotlight on Teaching, invited me to discuss healing practices in Islam for a session on “Religion and Healing.” The aim of that panel was to explore the connections between religions, medicines, and healing from the viewpoint of different religious traditions. Linda argued convincingly that while medical anthropology was a well-established and respected discipline within anthropology, no comparable subdiscipline existed within the field of the study of religion.

Barnes’s efforts to gain formal recognition for such a subfield, and to create institutional academic forums that would give sustained and systematic attention to healing practices within diverse religions in relation to modern biomedical practices, have culminated in several forthcoming publications, a consultation on Religions, Medicines, and Healing at the Annual Meeting of the AAR, the establishment of the Boston Healing Landscape Project that she directs (www.bhlp.org), and this issue of Spotlight on Teaching, which profiles various pedagogical attempts to introduce students to healing traditions cross-culturally.

A range of beliefs and approaches to healing and health can be found in the history of Islamic civilization. It is possible to discern two interdependent spheres of healing and medicine in Islam: a science of medicine that develops on the basis of rational inquiry, observation, and clinical experience; and traditions of healing that evolve from ethics, moral, spiritual, and metaphysical ideas. Within the Islamic ethos, medical practice must be based on humanly constructed theories, observation, and experimentation — processes given to rational investigation and revision. Healing, however, entails a synchronicity of intelligent human effort through medical science, as well as supernatural, divine grace received through prayer and ethical conduct. Healing in Islam is thus conceived within a holistic paradigm of the human being as constituting a complex unity of body, mind, and soul, a microcosm of creation.

Accordingly, an ideal physician must not only be equipped with scientific axioms but also be a person of ethical and spiritual integrity. These multiple requirements of intellectual rigor, humanistic faith, and noble character are stated by the 12th-century author, Nizami-i Arudi of Samarkand (d. 1174) as follows: “And no physician can be of tender disposition if he fails to recognize the nobility of the human soul; nor of wise nature unless he is acquainted with Logic; nor can he excel in acumen unless he be strengthened by God’s aid; and he who is not acute in conjecture will not arrive at correct understanding of any ailment, for he must derive his indications from the pulse, which has a pulse, a diastole, and a pause intervening between these two movements.” (Quoted in Seyyed H. Nasr, Science and Civilization in Islam, 1968: 185).

The central figure of learning and healing in Islam is called Askia. Traditionally a person of encyclopedic knowledge, the Askia was at once scholar, scientist, musician,physician, and spiritual guide. Many of the best-known Muslim philosophers such as Al-Razi (b. 865), Ibn Sina (b. 980), and Ibn Rushd (b. 1126) were also great physicians. Al-Razi’s famous work, On Smallpox and Measles, was translated into Latin and other European languages and went through 40 editions between the 15th and 19th centuries. His magnus opus, Al-Husn or the Conduct of the Soul in the Art of Healing, was one of the most comprehensive medical texts written before the 19th century and was a standard reference for physicians in Europe. It covered subjects such as surgery, clinical medicine, skin diseases, diet, and hygiene. Al-Razi was also a master of psychometrics and treated maladies of the psyche and the body. His work Spiritual Physics offers prescriptions on how to overcome moral and psychological illnesses that ruin health.

The other towering figure in Islamic science, Ibn Sinâ, came to be regarded as the greatest Muslim writer on medicine. His encyclopedic work, Al-Qanun or the Canon encompassed anatomy, diseases, hygiene, disorders of the limbs, and herbal compounds and other medicines. Together with Al-Razi’s Compendium, Ibn Sinâ’s Al-Qanun “was used as a basic text in Europe’s medical schools almost until the beginning of modern times.” (Howard Turner, Science in Medieval Islam, 1995: 366). Ibn Sinâ also did pioneering work on the psychological aspects of illness. Perceiving the integral relationship between the environment, emotional states, and physical health, he advocated vigorous exercise and listening to music for maintaining good health. Ibn Sinâ’s greater treatise on healing, however, was a religio-philosophical work called Kitâb al-Shifa, or the Book of Healing. The focus of this metaphysical work was to show how to cure the soul of its diseases of ignorance that alienate it from true self-knowledge and God.

In sum, healing in the Islamic tradition has the following characteristics: it applies to every level of human existence from the physical to the spiritual, it is incumbent on Muslims to understand the nature of the cosmos, including the human body, and to apply this knowledge to secure health and well-being; and finally, healing has an ethico-moral precondition: a true physician cannot be a healer without trustworthy conduct and spiritual wisdom. ♦
Healing permeates virtually every religious culture around the world, and can occur within and outside of conventional religious boundaries.

As a result, death can only represent failure, and is often experienced as such by biomedical clinicians.

Paradigms of Suffering and Affliction

Paradigms of Suffering and Affliction represent explanations for why suffering and affliction happen. Many traditions, for example, explain Suffering as the fruits of earlier actions, whether as a sign of judgment, punishment, and/or testing. The explanation may reiterate core narratives of a tradition: some early individuals behaved in a forbidden way, as a result of which all subsequent humans suffer. Within the trajectories of Buddhism, the very nature of reality is characterized as impermanent. The human desire to hold onto things is routinely frustrated. Consequently, Suffering constitutes a fundamental human experience, until one learns how to dispense from its causes. Generally, paradigms of Suffering and Affliction are often by paradigms of Healing. The former attempt to explain why we suffer, the latter offers possible resolutions and ultimate alternatives.

Such paradigms may frame how each party interprets specific experiences. “Am I being punished? Am I being tested? Am I to learn something from this?” On the other hand, actual experience may lead individuals to reject a paradigm as inadequate to account for a particular reality, and to struggle to find some other reason for why that reality is happening. In such cases, the person is still searching for a paradigm adequate to the experience. Some of these paradigms may be experienced as punitive. If a family is told, for example, that God doesn’t have the power to make such a thing happen, or that they can handle it, it is hard not to think, “If we were weaker, would our beloved family member be living with this disability? Would they still be alive?” The sacred may be represented as indifferent or punishing. Yet the paradox of many traditions is that the sacred is represented as both merciful and loving, and as a force of judgment that is sometimes terrifying. The challenge may involve navigation through such paradoxes.

The Parts of Personhood

Virtually no tradition defines a person only in relation to bodily dimensions. Even biomedicine includes “mind,” although often in relation to neurological structures. American popular culture, through the influence of New Age thought, has oriented many people to conceptualize “the whole person” as a combination of “body, mind, and spirit.” Because these categories have taken such deep root in the culture, they can seem self-evident. But not every culture or tradition understands “body, mind, and spirit” to be the only parts or aspects constituting a person.

In some traditions, the key element may be a viral force. In Chinese systems, for example...
Religion, Healing, and the Embodied Subject

Suzanne J. Crawford, Pacific Lutheran University

C OURSES ON RELIGION and healing are uniquely situated to bring about the educational goals of the liberal arts curriculum and the goals of religious studies as a discipline more specifically: to disrupt the a priori certitude of biomedicine, insofar as it is constructed around ritual practices, ethics, faith, symbol systems, and a sacred hierarchy. Getting students to see biomedicine as a religious system and a product of culture, based upon certain philosophical, social, and cultural assumptions, is not an easy task. They continually tend to revert to a sense of biomedicine as “real” medicine, and other traditions as superstitious, inferior, or less developed. Texts such as Horace Miner’s “Body Ritual of the Nacirema,” and Robbie David Floyd’s Birth as a Rite of Passage is helpful. It also helps students explore their own experiences with biomedicine in personal reflection essays. Having established these notions of healing as an a priori certitude of biomedicine, I introduce units two and three, which present alternative conceptions of healing as it is constructed around ritual practices, ethics, faith, symbol systems, and a sacred hierarchy. Getting students to see biomedicine as a religious system and a product of culture, based upon certain philosophical, social, and cultural assumptions, is an easy task. They continually tend to revert to a sense of biomedicine as “real” medicine, and other traditions as superstitious, inferior, or less developed. Texts such as Horace Miner’s “Body Ritual of the Nacirema,” and Robbie David Floyd’s Birth as a Rite of Passage is helpful. It also helps students explore their own experiences with biomedicine in personal reflection essays.

One primary goal of this course is for students to begin a process of critical reflection on the nature of biomedicine, and what it means to achieve wellness. Unit five (Sacred Bodies) continues this phenomenological and anthropological examination of healing, emphasizing the role of healing traditions in self-making, in crafting a new sense of personhood. The purpose of the unit is both to continue this process of connection between healing traditions of the East and West, and to continue this process of critical reflection on the nature of healing. If healing involves traditions of Pentecostalism, Catholicism, and Orthodox Judaism. To help students engage with the notion of healing as self-making, students are asked to apply the concept to a “real life” individual. Throughout the semester, students work in groups, creating their own views of self, and researching biomedical and alternative treatment options. As they reflect upon their research and compose “treatment recommendations” for the patient, they are asked to consider the role of self-making in their patient’s healing process. What is the self this person is meant to embody? What stands in the way? How can these obstacles to wellness be overcome? As a whole, such projects help students apply abstract ideas to real-life situations, thus expanding their understanding of course material, as well as gaining a better sense of how multiple healing traditions compare and interact with each other.

Having looked at healing traditions in their idealized form, we turn reflect upon their sacred geographies and the ways in which their personal identities are tied into land, lineage, and community. Having introduced a variety of healing traditions outside of Western biomedicine and having established the multiplicity of views of the embodied self, I then turn to unit four (Active Bodies), the purpose of which is to provide a space for comparison between traditions. Drawing from phenomenological studies of embodiment that emphasize the view from within — the experiential reality of being in the body — this unit focuses on the importance of movement and performative in these healing traditions, and the transformative power of such traditions, including yoga, tai chi, healing dance, and ritual action. Most centrally, this unit reinforces the idea that bodies: bodily systems exist between pure matter and pure spirit which can be manipulated intentionally. This approach to dealing with the body, healing, and spirituality as a discipline more specifically: to disrupt the a priori certitude of biomedicine, insofar as it is constructed around ritual practices, ethics, faith, symbol systems, and a sacred hierarchy. Getting students to see biomedicine as a religious system and a product of culture, based upon certain philosophical, social, and cultural assumptions, is not an easy task. They continually tend to revert to a sense of biomedicine as “real” medicine, and other traditions as superstitious, inferior, or less developed. Texts such as Horace Miner’s “Body Ritual of the Nacirema,” and Robbie David Floyd’s Birth as a Rite of Passage is helpful. It also helps students explore their own experiences with biomedicine in personal reflection essays.

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I usually underscore that when such states are reached in the context of a religious ritual or healing, they happen under extremely controlled and usually commu-
nal conditions. Students recognize that such states have meaning within the reli-
gious context, whereas altered states involving drugs or sports are sought for recrea-
tional purposes and are devoid of such meanings. In the final analysis, how-
ever, it can be difficult to teach issues associ-
ated with sacred healing that border the mystical and the enchanted, because stu-
dents themselves seem to acknowledge that these are alien to them. They admit to
lacking a genuine point of reference, except for the occasional student who comes
out of a charismatic tradition.

Finally, we revisit the initial question posed in the syllabus that relates to medi-
chal pluralism in America. As in most soci-
eties, people in the United States tend to
resort to alternative healing systems when
they have been unsuccessfully treated by
physicians — when biomedicine has failed
them. We also explore the comparative
meanings of efficacy, including those of
biomedicine. By biomedical standards, for
example, efficacy of any healing system
depends on eliminating the cause of a par-
ticular disease. Biomedicine has been suc-
sessful in eliminating the causes of infec-
tious diseases with antibiotics, and
arguably with surgery or transplants. In
the majority of disorders, however, biomed-
cine treats the symptoms and its interven-
tions are palliative. In much
sacred healing — of which the
Spiritualists serve as an example —
most treatments do not eliminate the causes of
the disorder. Rather, they address the
symptoms and may be associated with tra-
ditional etiological understandings,
including witchcraft, evil, and suffering.

Most important, teaching about religious
healing allows students to begin to recog-
nize and learn about "the other" by plac-
ing themselves in the other’s shoes. For
this reason I regard this enterprise as a
moral endeavor since, as the philosopher
Levinas suggests, empathy may be the core
of much of human morality.

Resources
Finkler, Kaja. “Sacred and Biomedical Healing Compared.” Medical Anthropology Quarterly 9:
179–197.
Finkler, Kaja. Spiritualist Healers in Mexico: Swearing and Failures of Alternative Therapeutics.
Strathern, Andrew, and Pamela J. Stewart, eds. Curving and Healing: Medical Anthropology in Global
Spirituality of Healing

Kwok Pui-lan, Episcopal Divinity School

During Orientation, I tell students that if they want to train not just the mind, but also the body, they might want to consider taking the course “Spiritual Healing.” My students come from a variety of backgrounds: health care professionals, priests, cancer survivors, musicians, artists, teachers, and business people. The majority of them are Christians who are interested in exploring the spiritual foundation of healing, and the connection between the body, the mind, and the spirit.

As a Chinese professor, I want to introduce a cross-cultural perspective of healing, drawing insights from Chinese and Christian traditions. I believe that if students can learn to appreciate Eastern and Western ways of healing as cultural counterpoints, they will develop a broadened understanding of healing, and acquire the tools needed to learn from traditions other than their own. In the beginning of the class, I emphasize that healing is an open book and no one has all the answers. I encourage students to share what they know about the subject and participate in class. I know that people need in order to grow.”

Engaging the Body

Healing has so much to do with the body. In Chinese philosophy and medicine, the human body is often seen as a complex and integrated organism, a microcosm of the universe, and not as a machine with separate parts to be fixed. In contrast, early Christian writers were influenced by Gnosticism and neo-Platonism and espoused a hierarchical view of the spirit over the flesh. The Augustinian understanding of spirituality and original sin further contributed to a negative view of the body, the separation between spirituality and sexuality, and the repression of desire in Western Christian traditions.

In designing the course, I hoped to recover the body as a focus of spiritual wisdom. I define spirituality as that dimension of the human subject by virtue of which the person is capable of integrating the body, mind, and spirit, of maintaining just and right relationships with other human beings, and of communion with the divine and the whole cosmos. To counteract the prevalent body-mind split in higher education, I want to engage the body, and respect the different ways of knowing and multiple intelligences of the students. We begin each class with a short meditation guided by a chant from Thich Nhat Hanh. I also teach the students to interface what they are learning in class.

The issue of sexuality has direct bearings on spirituality and healing, because it touches on the desire and longing for intimacy.

The is a relevant to corporate life.

Success and Evaluation

How do we evaluate the effectiveness of a course that includes meditation, music, poetry, lecture, discussion, centerpieces, and ritual? The most important indicator, by far, is the level of student participation, because the course is designed in such a way that collaborative learning is key to its success. The enthusiasm shown by students in taking turns to create an aesthetic and communal learning environment, and their engagement with the readings and discussion, indicate the degree to which they embrace this pedagogy, which does not involve their brains alone. Through reading their weekly journals, I derived a broader picture of how individuals were learning in class.

It is helpful to ask students in the beginning of the class to name their fears and vulnerability in taking this course, and to suggest ways of overcoming such challenges. The course’s success also hinges on, and is dependent upon, the general learning atmosphere of the school. Otherwise this type of learning is likely to be labeled “soft” or “nonacademic.” My school’s mission statement stresses the goal of embracing diversity and multi-culturalism in our curriculum and pedagogy. Students are asked to integrate their own spiritual pursuit with what is happening in the classroom, which does not always happen — even in a divinity school. We say repeatedly in class, “When the student is ready, the teacher will come.”

Learning to Teach

In “The Courage to Teach,” Parker Palmer explores the inner spiritual landscape of the teacher and emphasizes that we teach what we are, and that the identity and integrity of the teacher matter. In teaching this course, I have experienced a dynamic and intimate interplay between my knowledge and passion for the subject, my embodiment of the values taught in the course, and my ability to connect with students. Throughout my graduate training, I never participated in a class that involved the body, which means I have had to acquire a new set of skills and expand my teaching repertoire. I applied for a grant to go to Italy to learn more about religious arts, and visited Thich Nhat Hanh’s Plum Village in Southern France and the Taizé community as a participant observer. I discussed with colleagues in theological schools about teaching spirituality and exchanged vini with them. I practice tai chi and yoga and have observed reiki, chi gong, foot massage, and demonstrations of healing touch. Located in Boston, I have used the resources available from the Mind/Body Medical Institute of Harvard Medical School and Boston’s Chinatown to enhance my teaching.

We address spiritual healing practices of shamanism in a multicultural context. Our approach integrates the perspectives of Eliade and Harner's "core" shamanism,很明显，本文使用了非常多的术语和专业词汇，而这些专业词汇可能会使人感到困惑。例如，"shamanism"这个词在文章中多次出现，而其定义和应用也有所不同。此外，"shamanistic"和"shamanic"等术语也被频繁使用。为了更好地理解文章内容，可能需要查阅更多相关的专业文献。
Shamanism is a good place to begin a course on religious healing because it serves as a useful model for conceptualizing the general phenomenon of religious healing, and for comparing different instances of religious healing. Defined as a ritual practice that represents the hidden forces influencing human life and material reality, shamanism helps us discern elements of ritual practice and dramatic performance in many instances of healing. This appeal to shamanism as a conceptual model calls attention to ritual performance involved in Pentecostalism and other forms of modern faith healing, and even in medical procedures in which the symbolic and dramatic dimensions of healing often go unnoticed. White coats, stethoscopes, medical jargon, and antiseptic smells may not represent “spirits” in any customary religious sense, but they are manifestations of otherwise invisible power, and they can function much like the symbols of social authority and individual transformation wielded by shamans.

As we work toward a shared understanding of what shamanism means, we move further into the analysis of religious healing by exploring both the biological and social effects of shamanic performance. We consider the role that symbolic procedures can play in stimulating cognitive, emotional, and biological processes that alleviate stress, make people feel stronger, and even slow or reverse the progress of disease. We consider literature on the placebo effect, looking at theories that explain religious healing, and shamanism in particular, in terms of symbols, and symbolic procedures, that generate expectations of power, healing, and health. We also discuss the meaning of the term placebo as it has changed over time, and consider recent arguments calling for a moratorium on use of the term.

We also look more closely at the social settings in which shamanic performances occur, focusing on the role that such performances play in constructing communities, and on the role these communities play in shaping expectations, moods, and behavior. In the performances they conduct, shamans expel malevolent spirits from suffering individuals and invite benevolent spirits to extend their powers to relieve sickness and misfortune. The spirits that shamans invoke represent the wise invisible power, and they can function much like the symbols of communal life and responsibilities entailed in religious healing. The strengthening or restoration of group integrity is such a powerful feature of shamanism that shamanic techniques have sometimes been employed to shape individuals rather than heal them. For example, the early-20th-century Danish ethnographer Rasmussen reported that Inuit shamans attempted to reverse bad luck in hunting by attempting to stamp out collective guilt. This interpretation works as much to strengthen a group as it does to relieve individual suffering, and conformity to collective rules of feeling and behavior has often been part of the social responsibility entailed in religious healing. The strengthening or restoration of group integrity is such a powerful feature of shamanism that shamanic techniques have sometimes been employed to shape individuals rather than heal them. For example, the early-20th-century Danish ethnographer Masnun reported that Inuit shamans attempted to reverse bad luck in hunting by attempting to stamp out collective guilt. This interpretation works as much to strengthen a group as it does to relieve individual suffering, and conformity to collective rules of feeling and behavior has often been part of the social responsibility entailed in religious healing.

In the second section of the course, we explore historical changes in beliefs and practices associated with Christian healing. This historical discussion of the healing ministry of Jesus sets the stage for moving forward in time to consider some of the ways in which Jesus as Christ has functioned as an object of faith, and agent of healing, for countless believers. In shifting attention from consideration of the historical ministry of Jesus to his presence as Christ in the minds and hearts of believers, we enter into vast terrains of Christian history characterized by a multitude of images, ideas, and ritual practices across many centuries and in many different places, all of which are associated with the person of Christ, and with his healing and saving power.

In working through some of the major turning points of this history, we consider, in sequence, some of the ways religious healing has changed under the influence of Gnosticism; the impact of Christianity on Europe; in relation to developments in violent society, as a result of the modifications in modern science; and through the modern expansion of Christianity in Africa, Asia, and the Americas. We build upon a lesson from the first section of the course, that performances of religious healing often have a social function, by looking for changes in Christian belief and practice that reflect larger currents of social unrest and development. We look, in particular, for ways that Christians have utilized religious healing to negotiate social unrest, initiate social reform, and develop new strategies for constructing communities. For example, in examining the popularity of new forms of Christian healing in southern Africa during the 19th and 20th centuries, we focus on the diffusion of traditional practices into Christian healing. New combinations of Christian and indigenous forms of healing not only represented the suffering and injustice of colonialist and apartheid situations, but also contributed to social reform, and to the development of political leadership in Africa.

Native Americans have also contributed traditions of healing practices with Christianity, and interpreted the healing qualities of Christian faith in light of struggles endured as the result of colonization. Although in many cases conversions to Christianity coincided with missionary efforts to undermine Native cultures, and force Western culture upon Native Americans, Native people developed their own interpretations of Christianity that strengthened traditional community life, facilitated individual vitality, and combated the social ills resulting from the imposition of Western culture. To cite just one example from a multitude of Native American interpretations of Christianity, for participants in the Native American Church, Christian belief combines with traditional commitment to visionary experience in devotion to Jesus as the spirit of healing manifest in visions. We also consider the historical interplay between Christianity and medicine in world history. Conflicts at times, but often highly cooperative, this interplay has figured importantly in both traditions. For example, the origins, expansions, retractions, and transformations of hospitals contributed to the historical development of both medicine and Christianity. Beliefs about Christ as the Great Physician contributed to respect for physicians, as well as to the popularity and access of healing practices within Christianity. New developments in science often found their way into the language Christians used to describe their healing experiences and expectations, as in the case of medical practices that often describe the healing work of the Holy Spirit as an invisible force or current not unlike electricity.
Lectures provide the basic concepts and foundation for the topics covered in the course, including a historical overview, definitions, and theoretical perspectives. I give cross-cultural examples and make comparisons that highlight how different cultures frequently use similar basic mechanisms of explanation but dress them differently. Students engage in different kinds of learning experiences — lectures, videos, assigned readings, discussions, and assignments that involve self-evaluation, research, and some fieldwork. The learning goals are to stimulate students to explore their own understandings of the supernatural, and how those understandings affect the ways in which they relate to others, live their daily lives, and interact with the environment. Students are encouraged to share with others many of their beliefs, stereotypes, experiences, and questions that they are otherwise hesitant to discuss, due to the stigma attached to belief in the supernatural and paranormal.

Discussions held in class include sharing of personal experiences that the instructor and/or students have had. Discussion flows more freely if I open with my own experiences and then ask students to share theirs. It is important to recognize and validate the shared experiences and maintain a nonjudgmental environment. An alternative to discussing personal experiences is to open with examples of common experiences, e.g., thinking about someone and they phone, having unexplained哆嗦 or dreams following which the event actually occurs, using a particular object that is imbued with mana to insure success, or exploring cultural beliefs on a broader scale (e.g., illness as a result of breaking tabus), such as sexually transmitted diseases.

Videos illustrate cultural variations of topics under discussion. For example, we contrast great and little traditions of the Roman and Mayan civilizations, and how political leaders used their religious cosmologies in similar ways to build and manipulate the power base and political structure of their governments. We also compare these examples with the role of religious beliefs and cosmologies in today's political arena. Other videos offer personal experiences, such as the celebration of death: the Anthropology of Mortuary Ritual, London: Cambridge University Press, 1979.

Students undertake three basic assignments over the semester: a ritual report, a funeral report, and a service learning project. The ritual report requires students to attend, as participant-observers, a ritual (secular or religious) and to discuss their ritual experience (with permission from the instructor) that they have not attended before. The report involves selecting a definition of ritual, writing up preconceptions about the event, describing the layout and the actual structure of the ritual and the role of all the participants, discussing the latent and manifest functions of the ritual, comparing their ritual to the definition selected, and reflecting on what they learned from the experience.

The object of the funeral report is to help demystify death and allow students to explore their feelings about death and the afterlife. Students plan their own funerals or one for a person of the same ethnic and social class background. The report begins with students discussing the philosophy that shapes their approach to planning the funeral. The report also requires an obituary and death notice, as well as a full description of how the service will be performed. Funereal home directors, clergy, newspapers, and online resources provide particular details of preparing the funeral and the costs. They must also include relevant information concerning legal requirements involved, from the time of death, through the movement of the body from place of death, to the actual burial.

The third assignment includes a service learning component. Students work with Solutions VII, Inc., a faith-based organization that focuses on strengthening families and community. Students work with clergy, newspapers, and online resources provide particular details of preparing the service, dealing with this issue, and organizing and implementing the Race Against Violence.

The final exam, involving essay questions, is handed out at the beginning of the semester and is due at the end. Students are required to discuss the relationships among the different concepts and topics covered during the semester, and must include references (properly cited from their readings, the videos, discussions, and their own research, observations, and experiences.

Occasionally a parent calls to find out what the child is not being taught “how to do” witchcraft. Most students are not experienced in doing field research or analyzing data collected firsthand. Therefore, they are allowed to rewrite their assignments to develop their skills of observation and writing. Funeral reports may involve apprehension, in that students are leery of writing about their own deaths. Therefore, it is important to offer the option of writing the report for a fictitious person of the same ethnic and social background. It is also important that funeral reports reflect realistic circumstances. For example, a viewing or wake taking place during spring or summer, but not three full days from morning until night.

In summary, this course allows students to expand their understanding of their own worldviews, as well as to gain an appreciation and understanding for others. They also learn that religion, magic, witchcraft, and healing do not exist separate and apart from each other. The course provides an opportunity to explore students' own perceptions of what these phenomena are, without feeling overwhelmed or judged. Classroom discussions and assignments provide a format for students to come together as a group and openly dialogue about their experiences and beliefs. They leave the semester with a better understanding of how to view culture historically, cross-cultural similarities, and appreciate the wealth of diversity. Students learn to examine beliefs within the context of experience and strip away the labeling of “other’s” beliefs and cultures as exotic.

Selected Resources


Teaching Chicanos/as and Religion: Traditions and Transformations

Lara Medina, California State University, Northridge

My emphasis on Indigenous epistemology challenges the majority to confront their internalized biases toward non-Christian and non-Western worldviews. For Chicanos/as, who are products of biological and cultural mestizaje (cultural and biological hybridity), reconciling the differences and discovering the similarities between Christian and Indigenous traditions offer healing. Healing in this context is about bringing forth self-knowledge and historical consciousness allowing one to claim religious agency, or the ability to determine for oneself what is morally and ethically just, and what enables communication with spiritual sources. For young women in the class, discussions about moral authority over one’s body constitute a central part of the healing process. The personal nature of the students’ interest in religion influences the course design as I attempt to address their searches, as well as provide an understanding of how religion shapes Chicana/o culture.

I start with religious diversity within Chicano/Latino communities. While the majority remains Catholic, I address their historical presence within Protestant denominations, and growing numbers in Islam, Baha’i and Sateriá. I also insert discussions of gender within patriarchal religions, leading to a discussion about transformations that women are making in religious discourse and practices. Beginning the course around multiple religious identities, which includes my own story, helps create an atmosphere that encourages diversity, dialogue, and critical thinking.

I next provide a basic understanding of Mexican Indigenous epistemology as a framework for understanding contemporary Mexican and Chicano/as’ religiosity. A central theoretical premise of the course is that mestizaje shapes the foundation of such religiosity. One cannot understand this mestizaje without some understanding of Mexican Indigenous epistemology: I emphasize the concepts of duality, fluidity, balance, metaphorical language, corporeal/spiritual anamistic sites, circular time, inter-dependency, reciprocity, sacrifice, flor y canto (flower and song), and canas y conchas (face and heart), sketching the fundamentals of this worldview.

Grounding the course in these concepts is important, because when we look at the merging of Indigenous spirituality and Spanish Catholicism, and later Chicano religiosity, we can name the Indigenous values that continue to be active today. Students can then identify how Indigenous epistemology and practice exist in much of their familial religiousity, such as the construction of altars or domestic sacred centers, or the making of promises or mandas (devotees of Guadalupe) as an act of empathy between humanity and divinity. What might have seemed “superstitious or old-fashioned” can now be understood as reciprocal actions to maintain familial spiritual and cosmic balance. The experience of mestizaje provides the foundation to understand the process of construction, colonisation, and adaptation that occurred in Chicano/a religiosity.

I introduce the concept of nepantla spirituality — a spirituality at the biological and cultural crossroads where diverse elements converge, sometimes in tension and sometimes in cohesion. Nepantla is a Nahua term, meaning “in the middle.” Nepantla spirituality is not syncretic, but an example of transculturation, or a continuous encounter of two or more divergent worldviews. Much of Mexicano/Chicano religiosity reflects nepantla spirituality, a creative blending of symbols, rituals, and meanings that allows the Indigenous, European, African, and Asian to speak and coexist.

A critical historical perspective on Our Lady of Guadalupe follows as a fundamental expression of nepantla spirituality. Her image embodies the coexistence of the Spanish Catholic and the Mesoamerican iconographic system. I introduce the historical treatment of Guadalupe with the significance of oral tradition in the “Guadalupe event.” Faith and the testimonies of Guadalupe’s (devotees of Guadalupe) receive equal treatment with the lack of historical evidence for the event. I provide a timeline beginning in 1521 when the apparition is dated, and ending in 2003 with the canonization of St. Juan Diego by the papacy, to illustrate the power that her mythology has on a culture and a global church. Students are required to read Guadalupe’s image as a Nahua codex, one that speaks with metaphors through its colors and symbols. Gender must also be addressed, as Guadalupe has historically been used as a symbol of liberation in revolutionary struggles. Yet for women, she continues to be used as an archetype of the “good woman” — an all-sacrificing mother — negating her sexuality. Revisionist art by Chicana artists shows the feminist transformations that Guadalupe is undergoing.

With so much focus on the Virgin, the next step is to deal with religion and sexuality. We explore the processes that demonized female sexuality: A discussion of contemporary sexuality and spirituality develops, drawing connections between the high rate of Latina teenage pregnancy and the silencing of female sexuality in Latino cultures. We also discuss the denigration of homosexuality in traditional Chicano/Latino cultures and how Christian paradigms supplanted native understandings of the fluid nature of sexuality.

We spend a significant amount of time on understanding the Mexican Indigenous/Chicano tradition of honoring and commemorating the dead. As in many Indigenous cultures around the world, the dead or the ancestors play a key part in cultural continuity. The ancestors guide the living and offer protection. Constructing sacred space in their honor, leaving them gifts of food and drink, spending time with their spirits, and sharing in oral tradition ensures family stability and, most importantly, reminds the living of their historical lineage. For marginalized peoples in the United States, the simple act of remembering family history holds spiritual and political significance. Whether celebrating the dead takes place in public processions and gatherings in cultural centers, or in the privacy of a family altar, the tradition — mainstream attempts to ignore the histories and traditions of nonwhite and mixed-raced peoples. Through public ritual, marginalized “others” claim public space and reject efforts to dismiss their presence in an increasingly segregated society. The tradition challenges a society that privileges youth and silences the dead, underscoring the distinctiveness of non-Western epistemologies.

At the end of the semester, students must construct ofrendas (offerings) to a deceased member of their family or community. The ofrenda can be designed in a box that is easily carried to class. They must decorate the container with symbols and photos representing the life of the deceased. In their oral presentations they offer a brief biographical sketch followed by an explanation of the symbols they chose to represent the deceased. For many students, building the ofrenda, explaining it to the class, and writing a summary facilitates a healing process by enabling them to confront the pain of loss. Many express how meaningful the
Religious Studies News — AAR Edition

Medicines, Healing, and Spiritualities: A Cross-Cultural Exploration

Paula Arai, Carleton College

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gious studies of East Asia. Her special interests include Japanese Buddhist rituals and prac-
tices, women’s experiences and contributions, and healing. Her primary research is based on anthropological fieldwork in Japan. She is the author of Women Living Zen: Japanese Soto Buddhist Nuns (1999) and several book chapters and journal articles.

THE PERSPECTIVES of modern Western scientific medicine and several Asian healing and spiritual practices are the focus of the course I teach entitled “Medicine, Healing, and Spirituality.” Analysis of cultural and religious influences on the concepts of illness and health and the relationship of body and mind directs the inquiry. Linda Barnes’s “Integrated Model of Affliction and Healing” facilitates cross-cultural understandings and discussions. Barnes’s list of questions that constitute the model are incisive in the way that they draw out core concepts that enable one to compare divergent views.

Barnes’s model comprises seven issues: 1) understandings of Ultimate Health/ Possibility; 2) understandings of Affliction and Suffering; 3) understandings of the Self; 4) understandings of Illness/Sickness; 5) the Healers; 6) the Nature of the Intervention/Care; and 7) Efficacy. The model helps one find clarity about specific differences and similarities between sys-
tems, while also seeing them in their own context. It facilitates discussions of cos-
mologies and epistemologies with precision, helping students gain insight into the rami-
fications of differences. It makes it easy to see that whatever something is deemed “sound knowledge,” “New Age nonsense,” or “primitive” turns upon one’s concepts of knowledge and self. Whether one’s concept of self is bifurcated mind and body or an inextricably integrated mind and body makes a difference in what is deemed possible and realistic.

We begin this journey with students becoming conscious of their biases and assumptions. To this end, I first articulate biases and assumptions relevant to the course material that I have come to be aware of in myself. Class policy is that no one has to reveal any information they do not want to. It is a priority to establish respect and trust for each other in the class-
room.

Brainstorming on the board, we launch a discussion of the meaning of the three main concepts of the course: medicine, healing, and spirituality. As words go up on the board, students immediately see how their ideas are not always shared by their peers. We then probe to find what sorts of assumptions of self, death, body, mind, etc., are implicit in their concepts of medicine, healing, and spirituality. They must analyze themselves and find a coherent way to explain their thinking to their classmates. I often analyze my own con-
cents to model how to do this exercise. For example, I think healing is the result of accepting life as it is and not rejecting parts of it. This is based on my view that every-
ing in the world is interrelated. So, one cannot be whole if one does not embrace all events as part of oneself.

I ask them to observe how their assump-
tions affect their perception of events and, hence, their actions. The first formal course assignment is to answer the question “What kind of a researcher am I?” The response includes exposition of one’s race, gender, sexual orientation, age, educational background, concentration of study, class, language(s), health/illness experiences, and anything else students think relevant to becoming conscious of their assumptions and gaining insights into the context in which they are doing this work. The assign-
ment has either been a one-page paper or a five-minute oral presentation. Students reported that doing several of these exercis-
es in oral form, rather than written, helped them more. They benefited from the views and insights of others. It also fostered
closer bonds of trust, enabling students to deal with some difficult issues in a non-
threatening environment. This is essential, because painful experiences and intense sadness often emerge, especially as students delve into the field project.

The course integrates a field research pro-
ject into the broader investigation of the relationship of healing and spirituality, pos-
sing such questions as “How do attitude and belief influence health and illness? What difference does culture make to health?” Each student must converse with a collaborator for at least three two-hour ses-
sions, while also seeing them in their own context. It is in the messy details that one can broach accuracy. Looking at the specifics of what people do one begins the question “why?”

As students begin to see how different things look from different perspectives, they realize that a tight definition of the term “religion” is neither possible, nor even desir-
able. So much depends on the details of the specific context that generalizations can simply be misleading. Students have observed that they can even reflect imperial-
istic arrogance, inadvertently at work. Most often, misunderstanding and poor commun-
ication are the results of trying to under-
stand “religion” with a generalization defini-
tion. What I hope the students learn about religion through this study of healing is that any topic must be pursued first with ques-
tions. By scrutinizing their own assump-
tions and analyzing the assumptions of oth-
ers, nuanced understanding develops and distinguishes emerge. It brings into high relief the particular concepts such as life and death, body and mind. In my expe-
rience, this is an essential foundation from which to understand and appreciate what healing means in any given context.

In order to collaborate with someone else in discussions about their healing process, one must have a complex set of skills. Therefore, the course is designed to cul-
vate three kinds of intelligence outlined by Howard Gardner: 1) linguistic (the ability to use written and oral language flexibly and productively); 2) personal (the capacity to understand others, to work well with them, to motivate them); and 3) interpersonal (involving a correlative understanding of oneself: one’s strengths, weaknesses, desires, fears, and the capacity to use written and oral language flexibly and productively); 2) interpersonal (the capacity to understand and appreciate what healing means in any given context.

• Highlighting the theme of healing goes beyond theoretical concerns and requires attention upon what people do. Environment, diet, rituals, human relations, gender-specific roles, and activities all come into focus.

I ndependent intelligence is cultivated through the self-reflexive questions that are discussed in class, but most pointedly in the oral report on “What kind of a researcher am I?”

After their first collaboration session, stu-
dents write or present a report on their relationship with their collaborator, noting issues that should be flagged for likely bias (positive or negative), issues of communica-
tion (similar styles, distance, etc.). As the collaboration proceeds, they must also give a report on their field journal. At the end of the term, each student gives an oral pre-
sentation (more formal than a report, because it is timed and students polish their writing and organization) on their own research process. The final paper concen-
trates on their analysis of their collabora-
tor’s healing process.

Focusing on religion and healing is an effective approach for exposing students to the ramifications of religion in the way people perceive and experience life and death. Examining fundamental concepts that make up a worldview, such as self, body, world, and meaning of life and death, facilitates seeing differences between religious traditions. The implications of those differences also become easier to identify. Once students learn that they need to be clear about the assumptions at work in any given activity or concept, then they can analyze an event or idea while being less likely to project their own worldview inadvertently onto someone else.

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Resources:
Living Fully until Death. VHS. A Dartmouth-Hitchcock Medical Center Production, BVL6035, 1995.
example, qi (pronounced “ch’ee”) is a subtle force that has both energetic and material dimensions, and of which all reality consists. Rocks are qi; winds and clouds are qi. Blood is qi, and so is everything else about the body and all its subtle aspects. Chinese systems recognize the key aspects of qi, yin and yang, change, and transformation. A clear division between “body” and “mind,” therefore, does not persist. Even though there are words for both things, their meanings are not the same.

For that matter, some traditions include one or more souls (which may be differentiated from the spirit). Here, the religious tradi-
tion involved makes a difference: “Soul” in the Christian tradition is not the same thing as “soul” in the Confucian tradition. If the culture or tradition views reincarnation as a process integral to human life, then a per-
son is conceptualized not only in terms of this life, but also of previous lives that may underlie who he or she is. In some West African traditions, when elders die, they reincarnate back into the family line. Grandchildren may then be recognized not only as themselves, but also as a returned grandparent.

One particularly powerful and normative model of personhood in many Western cul-
tures privileges the stand-alone individual. Yet this is not an ideal in all cultures, some of which place the capacity to sustain inter-
connectedness. For systems that view family, clan, tribe, or analogous networks as the ground from which all meaning and finds meaning, the relational and commu-

cial is yet another intrinsic part of the per-
son. Gender provides another key variable in thinking about understandings of person-

hood. Illness and Disease Why does it matter to know how the parts of personhood are conceptualized? Because if we do not know the parts of the person, we do not know all the ways a person can get sick or be afflicted. Generally, each aspect of a person is conceptualized as susceptible to particular kinds of illness or affliction. Environments and causal factors point, on the one hand, to which a person emerges and finds meaning, the relational and commu-

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WINKELMAN-CARR, from p. vi

Selected Resources

Selected Resources
Books
Journals
Culture, Medicine & Psychiatry
Ehlers Medical Anthropology
Medical Anthropology Quarterly
Social Science and Medicine
Visual Images
The Image Bank, housed at the Center for the Study of World Religions (slides can be ordered): www.hbs.harvard.edu/ser/publications/imagelbank/Imagelbank_home.html
The Boston Healing Landscape Project: www.bmc.org/pediatrics/specialties/

SPOTLIGHT ON TEACHING

BARNES, from p. vii

The term refers to social structures and systems that have perperated and perpetuated unequal access to resources and justice for different groups. Such inequities are often buttressed by eco-
nomic, political, legal, and religious influ-
ences, taking their toll on individual bodies. When therapeutic interventions focus solely on individual bodies, however, they overlook the structural and ideological under-

 meanings of the individual’s poor health —

what are really individual expressions of social conditions.

The Essays in This Issue
The authors in this issue suggest that heal-

ing occurs in multiple domains, including personal, interpersonal, institutional, and social. It encompasses elite and popular sys-
tems, as well as the interplay between them, and the ways they are inflected by specific cultural, historical settings. Kaja Finkler suggests that the study of healing opens windows onto broader social processes, while Paula Arat positis that we examine our views to understand why people expe-
rience healing, and how it occurs through the study of what they do. Crawford argues that the study of healing addresses “fundamenta-

mental educational goals of the liberal arts curriculum and the goals of religious studies as a discipline more specifically.” I concur with all of them.
People paying respects at an altar for Día de los Muertos (Courtesy of Lara Medina)