

# AAR

## IN THIS ISSUE

### *Teaching about Religions, Medicines, and Healing*

Teaching Religion and Healing .....ii  
*Linda L. Barnes*

Religion, Healing, and the Embodied Subject .....iii  
*Suzanne J. Crawford*

Teaching Religion and Healing in a Southern University .....iv  
*Kaja Finkler*

Spirituality of Healing .....v  
*Kwok Pui-lan*

Shamanism and Religious Healing .....vi  
*Michael Winkelman and Christopher Carr*

Shamanism and Religious Healing .....vii  
*Amanda Porterfield*

Magic, Witchcraft, and Healing .....viii  
*Arvilla Payne-Jackson*

Teaching Chicanos/as and Religion: Traditions and Transformations .....ix  
*Lara Medina*

Medicines, Healing, and Spiritualities: A Cross-Cultural Exploration .....x  
*Paula Arai*

Selected Resources .....xii

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.

#### Editor

*Tazim R. Kassam*  
*Syracuse University*

#### Guest Editor

*Linda L. Barnes*  
*Boston University*

*Spotlight on Teaching* is published by the American Academy of Religion  
825 Houston Mill Road  
Suite 300  
Atlanta, GA 30329  
Visit [www.aarweb.org](http://www.aarweb.org)

# spotlight on TEACHING

May 2004

Published by the American Academy of Religion  
[www.aarweb.org](http://www.aarweb.org)

Vol. 19, No. 3

## Teaching about Religions, Medicines, and Healing

Linda Barnes, Boston University  
Guest Editor

### *From the Editor's Desk*



*Tazim R. Kassam*  
Spotlight on Teaching Editor

**S**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/as 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.bmc.org/pediatrics/special/bhlp](http://www.bmc.org/pediatrics/special/bhlp)), 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 ethico-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 superrational, divine grace received through prayer and ethical conduct. Healing in Islam is thus construed 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 acumen 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 systole, 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 *hakim*. Traditionally a person of encyclopedic knowledge, the *hakim* 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 magnum opus, *Al-Hawi* or the *Compendium*, 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 psychosomatic medicine 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 sciences, Ibn Sina, 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 Sina'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: 136). Ibn Sina 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 Sina's greatest treatise on healing, however, was a religio-philosophical work called *Kitab 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. ☪

# Teaching Religion and Healing

Linda L. Barnes, Boston University  
Guest Editor



Linda L. Barnes is an Assistant Professor at Boston University School of Medicine. She directs urban fieldwork related to culturally and religiously grounded forms of complementary and alternative medicine used by local cultural communities, incorporating this work into teaching medical students, residents, fellows, and faculty. Barnes co-founded and chairs the Religions, Medicines, and Healing Consultation of the AAR.

## Introduction

HEALING IS A PROCESS of restoring a person and/or group to wholeness and well-being, and relates to the experience and outcome of that effort and its effects. Healing permeates virtually every religious culture around the world, and can occur within and outside of conventional religious boundaries. In some cases, it means “curing,” the elimination of symptoms; it can also refer to other kinds of meaningful change. It is culturally and historically informed by the tradition(s) within which it is rooted.

In the study of anthropology, systems of healing have secured extensive scholarly attention, particularly in what has emerged as the field of medical anthropology. Many such systems are religious. Yet in the study of religion, issues of healing have often been conceptualized as limited to bioethics, or to the study of groups whose religious worldviews result in tensions with biomedical caregivers. The influence of New Age and self-help movements has generated widespread popular sources on healing that are sometimes incorporated uncritically when religion faculty address the topic of healing.

For a subdiscipline analogous to medical anthropology to develop, five steps are essential. First, religion scholars — as part of faculty development — must become familiar with the wealth of existing scholarship on religion and healing, both broadly and in relation to their own fields. Second, we must incorporate these materials into our teaching, using courses as contexts for deepening our own knowledge, training students, and learning from their research. In this connection, we must also work towards doctoral concentrations in the study of religion and healing. Third, we must engage the issue in our own scholarship. Fourth, we must have forums where we can present such work — one of the rationales for the Religions, Medicines, and Healing Consultation. Finally, we must publish this work, with related attention to theory and analysis, and have our colleagues recognize it as a legitimate area within religious studies.

## Types of Courses

One can start small. A unit in a course can

introduce healing as a dimension of religious studies or, as Suzanne Crawford describes it, “healing as a religious activity.” One can also use healing to illustrate a different course theme. For example, I have taught a course on methods in religious studies, using scholarship on healing to demonstrate applications of methods. Interdisciplinary courses, such as the anthropology of religion, would also lend themselves well to this approach. Indeed, one might see whether a medical anthropologist is on the faculty of one’s school, and explore the possibility of developing a course together. For that matter, one could sit in on related courses to get up to speed on another discipline’s approach to the topic.

One can use healing as the organizing theme of a course in multiple ways. As the essays in this issue of *Spotlight* richly demonstrate, well-designed comparative courses prove highly effective. If focusing on a particular cultural group, as Lara Medina does, one can explore the history and variations of religious healing within that group. If concentrating on a particular tradition, one can look at the history of different understandings and practices of healing within that tradition or complex of traditions. As Amanda Porterfield shows, the history of healing in the trajectories of Christianity is a fertile field. I have taught a course on the history of Chinese healing traditions, which has entailed not only introducing Chinese religions but also Chinese healing, particularly as these have represented variations on religious worldviews and practices.

Scholarship in American medical history has included not only the emergence of biomedicine, but also concurrent vitalist practices that have regularly intersected with religious/spiritual traditions. There is a surfeit of resources for syllabus development representing both majority and minority groups in American culture and history, as some of Arvilla Payne-Jackson’s scholarship illustrates. Advanced courses could include textual translation and analysis, or more ambitious historical or fieldwork projects.

In settings where professional development is foremost, as in divinity schools and seminaries, one could teach how healing has figured in the history of a given denomination. One can also look at some of the cross-cultural resources developed in relation to chaplaincy training. Some medical schools now offer courses on “medicine and spirituality” — many of them reflecting little scholarship on religion and healing, and few preparing medical students to engage in cultural and religious pluralism. As a member of a medical school faculty, where I teach medical students, residents, and faculty, it has been my experience that there is a generally untapped opportunity for religion scholars to engage in medical education.

To illustrate: I teach a semester-long elective for medical students on the cultural formation of the clinician and its implications for introducing unexamined biases into clinical practice — a course that includes a unit on religious formation. I also present lectures on an integrative approach to culture, complementary and alternative systems of healing, and religious worldviews, and give a fourth-year intensive elective (one month) that introduces students to cross-cultural understandings and practices of healing (including community site visits to tradi-

“Healing permeates virtually every religious culture around the world, and can occur within and outside of conventional religious boundaries.”

tional healers). I also engage residents and faculty in developing teaching cases that involve complex medical, cultural, and religious issues, drawing on their own clinical experience.

I find that developing an awareness of the local cultural groups present in a setting is a useful step toward exploring world traditions and related practices in ways that can make the course material more immediate for students. Whenever possible, I photograph such practices or purchase related paraphernalia, and use both in my teaching. Such examples range from the festival for Our Lady of Soccorso Boston’s North End and the festival for Saints Cosmas and Damian in my hometown of Cambridge ([www.cosmas-and-damian.com/home.htm](http://www.cosmas-and-damian.com/home.htm)), to photographing Chinese medicine practitioners. When I travel, I look for sites related to healing, such as the church of St. Roch in New Orleans, the Santuario de Chimayo in New Mexico, or pilgrimage sites that often include petitions for healing, such as the Hanuman Temple in Taos, New Mexico.

## A Comparative Framework

In all of my teaching, I have found it essential to use a comparative framework that draws on the work of medical anthropologists like my own mentor, Arthur Kleinman, and Tom Csordas. Although each heading can be subdivided in various ways, I find the following seven categories analytically useful.

### Paradigms of Healing: Ultimate Human Possibility

Paradigms of Healing — with a capital “H” — refer to an understanding of ultimate human possibility. Healing, here, represents a tradition’s deepest hope and promise. It may be a way of talking about a person’s relation to a highest reality, whether that be known as God, Yahweh, Allah, Atman, Nirvana, Obatala, kamis, Tian, or other names. It may take the form of salvation, a place in Heaven, life in a World to Come, Paradise, Nirvana, freedom from cycles of rebirth, immortality, sagehood, revered ancestral status, remaining alive in human memory, or something else not related to any particular tradition.

Healing, understood in this way, relativizes everything else about human life. It functions as the frame of reference within which someone may interpret the rest of his or her experience, including the meaning of health in this lifetime. The influence of such visions of ultimate possibility is often read back into how people conduct their lives, leading them to try to live in ways that will bring about this healing.

Many traditions and related systems of healing represent some aspects of Healing as occurring after death. Death, therefore, becomes a transition, marking a change of state. In contrast, biomedicine is a tradition with no way of talking about what follows death, since the demise of the body represents the end of biomedicine intervention.

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, causing suffering. Consequently, Suffering constitutes a fundamental human experience, until one learns how to disengage from its causes. Generally, paradigms of Suffering and Affliction are offset by paradigms of Healing. The former attempt to explain why we suffer, the latter offer possible responses 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 give them more to bear than they can handle, 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 vital force. In Chinese systems, for



# Religion, Healing, and the Embodied Subject

Suzanne J. Crawford, Pacific Lutheran University



Suzanne J. Crawford is Assistant Professor of Religion and Culture at Pacific Lutheran University in Tacoma, Washington. Her publications include *Native American Religious Traditions* (Prentice Hall and Lawrence King, 2004) and the three-volume *American Indian Religious Traditions: An Encyclopedia* (ABC-CLIO, 2004).

COURSES ON RELIGION and healing are uniquely situated to meet what I see as the fundamental educational goals of the liberal arts curriculum and the goals of religious studies as a discipline more specifically: to disrupt students' preconceived worldviews, present them with multiple alternative perspectives, and challenge them to evaluate these perspectives critically. Hence, the goals of this course are to enable students to reflect upon their own philosophical assumptions about the body, healing, and spirituality with a new critical distance, seeing these assumptions as a product of our own historical and cultural context; to appreciate and critically empathize with alternative perspectives on the body and healing; and to analyze the power relations that emerge when different perspectives (often linked to class, gender, and ethnicity) come into contact with each other.

This course is divided into seven units, each oriented around particular modes of embodied subjectivity: "Biomedical Bodies"; "Complementary Bodies"; "Porous Bodies"; "Active Bodies"; "Sacred Bodies"; "Gendered Bodies"; and "Political Bodies." The first three units are guided by theories from medical anthropology on the cultural specificity of healing traditions, drawing on the work of Arthur Kleinman and Robert Hahn; units four and five emphasize questions of the phenomenology of embodiment, using Thomas Csordas's work; and units six and seven are guided by theories of the body and power, building on Michel Foucault, Denise Riley, and Susan Bordo.

The first unit, "Biomedical Bodies," is devoted to disrupting established categories of thought, introducing key theoretical principles, and enabling students to reflect critically upon their own biomedical tradition. I want students to begin to see even Western biomedicine as an inherently religious, ritual-bound phenomenon, emerging from a particular culture-bound worldview. The second goal is to give students theoretical tools and terminologies to begin discussing multiple healing systems. In particular, this unit focuses on the distinction between *illness* and *disease*, and definitions of *healing*. Finally, this unit seeks to provide students with an opportunity to reflect critically upon their

own medical experiences, considering the symbols, rituals, and messages that have been conveyed within them.

I also encourage students to begin rethinking fundamental understandings of healing and illness. Healing can be seen as a fundamentally religious practice if, as Hahn argues, illness is seen as "an unwanted condition in one's person or self," as an inability to be one's self, an inability to fully engage with one's appropriate identity, and that "the soul of sickness is closer to the self than the cell."<sup>1</sup> This notion of illness conveys a sense of healing as a religious activity, one that is fundamentally about self-making, through ritual, symbol, and storytelling. If healing is linked to notions of selfhood, then determining culturally distinct views of the embodied self becomes essential. For this reason, much of this class is devoted to exploring selfhood as it is understood in a variety of religious and philosophical systems.

We begin with the tradition of Western biomedicine. Readings present a compelling argument that biomedicine itself can be viewed as a kind of religion, 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, spiritual, and cultural assumptions, is not an easy task. They continually tend to return to a sense of biomedicine as "real" medicine, and other traditions as superstitious, inferior, or less evolved. Texts such as Horace Miner's "Body Ritual of the Nacirema," and Robbie Davis-Floyd's *Birth as an American Rite of Passage* can be helpful. I also have students explore their own experiences with biomedicine in personal reflection essays.

Having established these notions of healing and selfhood, and having disrupted the a priori certitude of biomedicine, I introduce units two and three, which present alternative perspectives, including Traditional Chinese Medicine ("Complementary Bodies"), Tibetan Buddhist Medicine, and healing traditions among the Diné, or Navajo ("Porous Bodies"). The course works to encourage *critical empathy*: understanding the rationale and reasoning behind other worldviews and traditions, seeing through someone else's eyes, without necessarily adopting that position as one's own. These units seek to establish both a basic knowledge of the physiologies, etiologies, and modes of cure involved in these medical systems; to introduce the notion that there are multiple ways of perceiving the body, causes of disease, illness, and approaches to healing; and that these differences are based on culturally distinct notions of the self. Again, students are asked to make connections between course materials and their own lives. For instance, following a discussion of Tibetan and Diné dry paintings, students are asked to construct their own mandala, and reflect upon their own 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* a body — this unit focuses on the importance of movement and performativity 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 notion of subtle physiologies: bodily systems existing between pure matter and pure spirit which can be manipulated through physical and spiritual practice, and which appear to be present in nearly every healing tradition outside of Western biomedicine.

“Healing can be seen as a fundamentally religious practice if, as Hahn argues, illness is seen as “an unwanted condition in one’s person or self,” as an inability to be one’s self, an inability to fully engage with one’s appropriate identity.”

One primary goal of this course is for students to begin a process of critical reflection on the nature of healing, and what it means to achieve wellness. Unit five ("Sacred Bodies") continues this phenomenological look at 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 find points of connection between healing traditions of the East and West, and to continue this process of critical reflection on the meaning of healing. Here, this 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 a patient biography (based on an actual or fictitious patient), 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 scenarios, 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 to the final two units, which seek to locate these traditions within the real world of political and social inequalities. If healing is truly about self-making, then the lived reality of that self must be considered. What does it mean for an individual to create a working identity, if that identity is compromised by poverty, despair, gendered inequality or the historical

legacy of colonialism? Unit six ("Gendered Bodies") emphasizes the role of gender in healing through a look at Christian, Islamic, and Jewish approaches to pregnancy and infertility, and at the impact of society's construction of masculinity. For instance, students read Howard Harrod's powerful "Essay on Desire," in which he reflects upon the impact that his battle with cancer has had on his sexuality and sense of self.

Finally, unit seven ("Political Bodies") emphasizes the political implications of cross-cultural interaction and polarized debates over parental authority, through a careful reading of Anne Fadiman's *The Spirit Catches You and You Fall Down*. Through its presentation of Hmong approaches to healing, disease etiology, and the philosophical assumptions upon which these rest, the book demonstrates how understandings of the self, the body, illness, and healing are culturally distinct. It makes clear how healing is a process of self-making for the community and for the individual, and it highlights the impact of inequalities of gender, class, and ethnicity through the family's struggles with Lia's doctors and Child Protective Services.

At the conclusion of this class, students come to look at the work of healing as a process of self-making, of navigating and coping with illness, in all its wider experiential implications. Healing requires ritual, ceremony, storytelling, community, and a sense of one's location in the cosmos, and takes place within subtle physiologies, not merely biochemical systems. Students reflect critically upon their own cultural background and biomedical tradition, display knowledge of other approaches to health and wellness, evaluate points of connection and dissonance between them, and suggest ways in which multiple perspectives on wellness might be brought together, both within their own lives and within contemporary culture as a whole. Thus, as I suggested at the outset, a course such as this uniquely meets the demands and pedagogical goals of religious studies as a discipline and the liberal arts as a whole: it encourages students to reflect critically upon their own preconceived assumptions, it provides them with multiple alternative perspectives, and it gives them the tools with which to crucially evaluate them.

<sup>1</sup> Hahn 1996, 5.

## Selected Resources

Csordas, Thomas. *The Sacred Self: A Cultural Phenomenology of Charismatic Healing*. Berkeley: University of California Press, 1994.

Davis-Floyd, Robbie. *Birth as an American Rite of Passage*. Berkeley: University of California Press, 1992.

Fadiman, Anne. *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors and the Collision of Two Cultures*. New York: Farrar, Straus & Giroux, 1997.

Hahn, Robert A. *Sickness and Healing: An Anthropological Perspective*. New Haven: Yale University Press, 1996.

Harrod, Howard. "Essay on Desire." *Journal of the American Medical Association* 289 (2003): 813–814.

Kleinman, Arthur. *The Illness Narratives*. New York: Basic Books, 1988.

Miner, Horace. "Body Ritual of the Nacirema." *American Anthropologist* 58, no. 3 (June 1956): 37–41. ♣

# Teaching Religion and Healing in a Southern University

Kaja Finkler, University of North Carolina, Chapel Hill



Kaja Finkler is Professor of Anthropology at the University of North Carolina at Chapel Hill. She is the author of five books and numerous articles on religious healing and its efficacy, and biomedical beliefs and practices in Mexico and the United States.

**B**ECAUSE RELIGION is an emotionally charged subject, teaching about it and about healing traditions in entry-level college courses requires different approaches than teaching topics that do not always touch on a student's personal feelings. Consideration must therefore be given to the specific backgrounds of the students, particularly if many come out of conservative Christian traditions, as is the case with the Southern university where I teach. Because students from such backgrounds may be sensitive to discussions of religious beliefs and practices from an analytic rather than a theological perspective, one must address such topics with great sensitivity. At the same time, the influence of discourses based on scientific rationality requires subtle navigation when teaching about the mystical aspects of religious healing — including the use of altered states of consciousness — to students, many of whom are bound for medical school.

I require students to think critically about all the readings and topics. They may come in with stereotypical views about the nature of religious healing, either perceiving it as quackery or idealizing along the lines of the “noble savage.” My aim is to disabuse them of either view. I want them, instead, to recognize the multidimensional nature of any healing practice, including biomedicine, and to learn that all healing systems may be effective in some cases and ineffective in others.

I stress that they must distinguish “the forest from the trees,” a metaphor they seem to remember years later better than any specific point discussed in class. We may focus on specific healing systems — the trees — but each one opens windows onto the broader society of which it is part — the forest. I draw on my extensive fieldwork in Mexico, where I not only studied both biomedical practices and Spiritualist healing, and the efficacy of the healers' ministrations, but also trained to become a healer. Using these materials, students learn how beliefs regarding the causality of sickness can illuminate broader social processes and cultural contexts.

For example, in Mexico anger is viewed as a major cause of sickness. While the attribution of sickness to anger is in and of itself significant, we also discuss notions about anger as moral statements that may suggest responses to injustice, or improper

actions by others, reflecting values involving justice and social expectations. The etiological belief about anger also suggests a form of social control; that is, if one does not control one's anger, one may fall ill. I want students to examine how any healing system, whether religious or secular, is embedded in a society, and reflects major themes of that society. Much as biomedicine reflects a technological society in which we live, so does the Kung healing system of the Kalahari Desert reflect the egalitarian nature of the society, its lack of technology, its aesthetics, and its emphasis on community.

We have seen the burst of interest in complementary and alternative healing in the United States. A core question I pose is “In light of the great advances made by biomedicine, why do more and more 21st-century Americans resort to alternative healers?” I indicate that to answer this question is to explore the nature of several healing systems cross-culturally, including biomedicine. I ask students, when approaching ethnographic descriptions of religious healing systems, to find similarities and differences between sacred and

in the world. Since I dwell on the Spiritualist healing that I studied, I discuss how a major way that Spiritualist healers know the world is through spirit possession.

We then move to different forms of religious healing. I use Katz's *Boiling Energy*, which describes in excellent detail the Kung of the Kalahari Desert, their culture, religion, and healing. I follow with my own work on Spiritualist healers in Mexico, and then with Fadiman. Her work brings us back to Western medicine but also gives us a fine view of Hmong traditional healing beliefs and practices. It is especially appropriate for this class because it brings into bold relief the clash between American and Hmong cultural understandings of sickness, illustrates and explains Hmong shamanistic practices, and raises numerous ethical issues.

Since so many religious healing systems — including the Kung, the Spiritualists, and the Hmong — resort to altered states of consciousness, I spend a considerable amount of time discussing such states of consciousness from cultural and experiential perspectives. We discuss the human

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 communal conditions. Students recognize that such states have meaning within the religious context, whereas altered states involving drugs or sports are sought for recreational purposes and are devoid of such meanings. In the final analysis, however, it can be difficult to teach issues associated with sacred healing that border the mystical and the enchanted, because students 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 medical pluralism in America. As in most societies, 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 particular disease. Biomedicine has been successful in eliminating the causes of infectious diseases with antibiotics, and arguably with surgery or transplants. In the majority of disorders, however, biomedicine treats the symptoms and its ministrations 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 that may be associated with traditional etiological understandings, including witchcraft, evil, and suffering.

Most important, teaching about religious healing allows students to begin to recognize and learn about “the other” by placing 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.



Spiritualist performing healing, Mexico (Courtesy of Kaja Finkler)

“I want students to examine how any healing system, whether religious or secular, is embedded in a society, and reflects major themes of that society.”

secular healing systems — how they differ and how they are the same. We examine the role of symbols in human life, including those used in both sacred and secular healing. We also analyze the healing process, including differences between healing and curing, and the meanings of efficacy in different systems. We address ethical dilemmas resulting from differences between cultural understandings, as for example between biomedical interventions and the convictions of groups who refuse such treatment and interventions. Fadiman's *The Spirit Catches You and You Fall Down* raises many of these questions.

By way of introduction I discuss the nature of religion in general; I call attention to some major characteristics of many religious systems, including attempts to explain how the universe works, the creation or emergence of the world, how humans came to be, and how to explain adversity, with sickness and suffering being a central concern. All religious systems promote a way of knowing and being

desire to know reality through an altered state, contrasted with scientific views of what happens to human consciousness when people are in a trance, or become possessed by spirits, and their brain waves deviate from the usual patterns. I ask “Why do human beings seek transcendence through altered states?”

Students find the section on altered states of consciousness both far and near. It is far when we talk about forms of apotheosis and transcendence, when a person confronts the “true reality,” as the Kung say. In such instances, students often recognize that they live in a society dominated by skepticism and disenchantment, making it difficult for them to comprehend such mystical ideas. It is near when the discussion turns to altered states achieved by using drugs, including marijuana and LSD. Occasionally students may note having entered an exalted state while attending a sports event that is similarly a communal event, but then quickly recognize that it lacked the sacred context to give it significance.

## Resources

- Fadiman, Ann. *The Spirit Catches You and You Fall Down*. New York: Noonday Press, 1998.
- Finkler, Kaja. “Sacred and Biomedical Healing Compared.” *Medical Anthropology Quarterly* 8: 179–197.
- Finkler, Kaja. *Spiritualist Healers in Mexico: Successes and Failures of Alternative Therapeutics*. New York: Praeger, 1985.
- Jordan, Brigitte. *Birth in Four Cultures: A Crosscultural Investigation of Childbirth in Yucatan, Holland, Sweden, and the United States*, 4th ed. Prospect Heights, IL: Waveland Press, 1993.
- Katz, Richard. *Boiling Energy: Community Healing among the Kalahari Kung*. Cambridge, MA: Harvard University Press, 1982.
- Strathern, Andrew, and Pamela J. Stewart, eds. *Curing and Healing: Medical Anthropology in Global Perspective*. Durham, NC: Carolina Academic Press, 1999. ❖



# Spirituality of Healing

*Kwok Pui-lan, Episcopal Divinity School*



*Kwok Pui-lan is Professor of Theology at the Episcopal Divinity School in Cambridge, Massachusetts. Her areas of teaching and research include Christian theology, world Christianity, religion and culture, Asian religions, and women's studies.*

**D**URING 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 "Spirituality of Healing." My students come from diverse 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 encouraged students to share what they know about the subject and participate actively in class, so they will feel a sense of ownership of the learning process. I share the insights from Jane Tompkins's compelling book, *A Life in School: What the Teacher Learned*: "My chief concern is that our educational system does not focus on the inner lives of students or help them to acquire the self-understanding that is the basis for a satisfying life. Nor, by and large, does it provide the safe and nurturing environment that people need in order to grow."<sup>1</sup>

## 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 sexuality 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 locus of spiritual wisdom. I define spirituality as that dimension of the human subject by virtue of which the per-

son 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 began each class with a short meditation guided by a chant from Thich Nhat Hanh. I also teach them tai chi, and explain how the movements enact the interplay between yin and yang, and amply illustrate the principles of balance and transformation in Chinese medicine. When I invite an acupuncturist to demonstrate in class, many students are eager to be "guinea pigs."

For each session, I ask one volunteer to create a centerpiece as a visual focus for the topic discussed, and another to select a poem or invocation to read. In the classroom we often debate about truth and discuss virtue, but seldom attend to beauty and imagination. The creation of centerpieces becomes an important channel for students to interface what they are learning with their own spiritual journeys, and a means for community building. We conclude each class with a short ritual led by me for the first few times and then by student volunteers. Over the course of the term, the centerpieces and closing rituals create a rich visual memory, much like a mosaic of contrasting colors, shapes, and sizes. To allow creativity to flow and to foster a noncompetitive learning atmosphere, students are encouraged to take the course pass-fail, instead of for a grade.

## Personal and Systemic Dimensions of Healing

Because American culture is highly individualistic, many popular self-help books on healing focus on the personal dimension: diet, personal health, aging, and coping with pain and depression. To broaden students' horizons, I talk about the different images and metaphors used to describe the body, the diagnostic process, and the roles of the healer in Chinese and Western healing systems. As students see that healing has personal, interpersonal, cultural, institutional, and spiritual dimensions, they become more open to discussing the difficult issues of racism, homophobia, and gender discrimination. I use personal narratives from well-known writers like James Baldwin, Alice Walker, Richard Rodriguez, and Andrew Holleran to discuss racism and other forms of internalized oppression. I enlist the help of both white students and students of color to share their reflections, and ensure that students of color do not feel that we were dealing with "their problems," or that their lived experience is put under microscopic scrutiny.

As I taught the course in the fall of 2003, the Massachusetts Supreme Judicial Court ruled that gays and lesbians had the legal right to marry under the Massachusetts constitution. The issue of sexuality has direct bearings on spirituality and healing, because it touches on the desire and longing for intimacy, the seeking of fulfillment in erotic relationships, and the risk and vulnerability in opening oneself and loving others. We began the discussion with sexual identity development, so that both gay and straight students would reflect on their journeys of coming to know their own sexuality. We discussed how sexuality is socially constructed and different cultures have diverse expressions of the sexual self. It was important to explore biblical teachings on sexuality, since the Bible has selectively been used

to legitimate discrimination against gays and lesbians. Many gay and lesbian theologians have helped rediscover the profound connection between sexuality and spirituality, and between human eros and the love of God. We challenged each other to think how an expansive understanding of human sexuality would influence our sexual expression and bodily practices as both gay and straight people. The closing ritual was led by a student, who created a wonderful liturgy blessing our bodies.

I concluded the class with a section on healing and social transformation, because I wanted to include practical suggestions and strategies for how we could bring what we had learned into congregations and workplaces. We engaged in a critical analysis of the middle-class structure and ethos of mainline congregations and workplaces, and explored ways that spirituality could be more relevant to corporate life.

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

## 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 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 multiculturalism 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 who 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 role as a model for the 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 syllabi 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.

<sup>1</sup> Jane Tompkins, *A Life in School: What the Teacher Learned* (Reading, MA: Addison-Wesley, 1996), xii. ■



*Ex votos at the Santuario de Chimayo, New Mexico, petitioning and giving thanks for healing (Courtesy of Linda Barnes)*



# Shamanism and Religious Healing

Christopher Carr, Arizona State University

Michael Winkelman, Arizona State University



Christopher Carr is a Professor of Anthropological Archaeology at Arizona State University, where he teaches the archaeology of sociopolitical organization and belief systems, the analysis of style in material culture, mortuary practices, quantitative methods, material technological analyses, and Eastern U.S. prehistory.



Photo courtesy of Robert Williams

Michael Winkelman is Director of the Ethnographic Field School and Head of the Sociocultural Subdiscipline Department of Anthropology at Arizona State University. His primary research and teaching areas include medical anthropology, particularly shamanic healing, and cross-cultural relations.

**W**E ADDRESS SPIRITUAL healing practices of shamanism in a multidisciplinary context. Our approach integrates the classic perspective of Eliade and Harner's "core" shamanism in the context of cross-cultural research, prehistoric cultural-evolutionary research, evolutionary biology perspectives, and contemporary practices. We distinguish core shamans from other healing practitioners and address the bases for universal manifestations of shamanistic healers — practitioners who use ASC (altered states of consciousness) to interact with the spirit world to heal, divine, and fulfill other needs on behalf of their communities.

## Course Goals and Content

Ethnography and archaeology deepen descriptions of shamanic practices, while the cross-cultural, comparative approach allows for identification of similarities and differences among shamanistic traditions and the social and other conditions shaping their particular forms. Our course objectives also include (1) providing an understanding of the empirical basis for the concept of the shaman; (2) exploring the social factors that produce differences in shamanistic activities; and (3) explaining the biological factors that have resulted in a worldwide manifestation of shamanistic phenomena. The experiential activities are designed to broaden student appreciation of non-Western cultures, to engage in shamanic types of experiences, and to expand student understanding of the nature of the self. We also recognize, however, that these experiential activities produce some personal and professional concerns (addressed below).

We begin by introducing ethnographic, cross-cultural, and interdisciplinary material to foster an understanding of the similarities and differences underlying diverse manifestations of shamanism. Material on both classic shamanic healers and contemporary shamanistic healers illuminate similarities and differences and the social conditions that produce them (e.g., the soul flight vs. possession). Some of our primary texts have included Harner, Doore, Nicholson, Halifax, Walsh, and Vitebsky. A recent edited publication by Winkelman can provide additional perspectives on contemporary "shamanisms."

Systematic, cross-cultural research that identifies social conditions associated with different forms of shamanistic healers (core shamans, shaman/healers, mediums, and healers) serves the pedagogical function in distinguishing "core shamans" from a variety of other "shamanistic" healers to whom the term shaman has been overextended. Contextualizing shamanistic practices along socioeconomic differences also permits us to address issues of structural violence and the destruction of shamanic practices through political integration, class warfare, colonialism, and other forms of repression associated with the development of state-level political organizations. These historical processes of repressing shamanic spirituality are also related to contemporary attitudes towards shamanism and spirituality, particularly in the "helping" professions.

## Theoretical Issues in Course Design

The cross-cultural frameworks reveal structural constants of shamanism and shamanistic healers, illustrating the universal principles of shamanistic practices that we then address from perspectives of human biology, medicine, and psychology.

- (1) A cross-cultural approach establishes universals of shamanism and cross-cultural differences in shamanistic practices, while also illustrating social and cultural influences, as well as psychological healing needs embedded in a social-evolutionary framework.
- (2) The psychobiological bases of altered states of consciousness (ASC) provide a framework for understanding worldwide similarities in shamanistic practices, placing the bases for healing and divination processes in the context of normal biological processes.
- (3) An evolutionary approach provides an understanding of the adaptive aspects of shamanic practices.
- (4) An interdisciplinary approach integrates nonanthropological perspectives from transpersonal, depth, Jungian, and Buddhist psychology and consciousness theory, proposing an understanding of the phenomena

of spirits as manifestations of the psyche and natural structures of human consciousness — an understanding that represents etic (outsider) cultural perspectives.

- (5) Interactions of cultural, social, biopsychological, and spiritual mechanisms that underlie shamanistic healing are also considered. Especially important are body-mind interactions, symbolic effects upon the body, psychosomatic reactions, and unifying psychosocio-biological effects of metaphor.

## Experiential Approaches

A significant aspect of our teaching about shamanism involves engaging students in shamanic cosmology, worldview, and ways of knowing, based upon direct experiences produced by ritual, particularly drumming and shamanic journeying. Shamanic cosmologies — for instance, experiences of the levels of the world and the forces of the cardinal directions — can be described to students. But it is far more compelling to allow students to directly experience these elements for themselves.

Another significant aspect of the experiential approach entails engaging the shamanic epistemology of the spirit world, characterized as the "spirit hypothesis." We emphasize accepting the emic (cultural) perspectives that express views of empirical reality of spirit experience, even as we also maintain a critical attitude about their ontological reality, the ultimate source of the experiences. We address such questions from a number of perspectives, including an approach that naturalizes spirits as normal phenomena of human consciousness — the projection of the human self and cognitive and emotional capacities into the unknown.

The experiential activities are often offered in a separate context (e.g., weekends or evening classes), using structured rituals to help students directly experience cosmological, spiritual, and personal dynamics associated with shamanism. Engaging in ritual is a tangible way to learn aspects of shamanistic worldviews, since rituals can produce profound alterations in experience. These activities provide personal data for relating to readings, and help students cognitively grasp and directly come to know shamanic concepts about the nature of mind, its structure and content, mind-body interactions, and spirit.

The activities include: (1) guided imagery similar to shamanic journeying; (2) active imagination with music and internal focus of attention; (3) exploring the spiritual dimensions of nature in relationships to rocks, trees, and other elements of nature; and (4) using intuition to get direction. Other course materials with an experiential aspect include nontextual resources such as art, shamanic artifacts and paraphernalia, and videos and presentations by healers, which are used to convey shamanic worldviews and ways.

## Problematic Issues

The experiential approach we take to teaching about shamanism has revealed some problematic aspects, one related to the psychological status of the students, the other involving Native American cultural rights.

Shamanism courses can attract students with counseling needs beyond the capacity of the instructors and ordinary classroom contact. Visionary experiences can produce disturbing psychological material that cannot be adequately addressed because of classroom constraints or the lack of professional qualifications. Consequently, when teaching an experiential class, we have counseling co-faculty in the class (when possible) and arrange for referral to the student counseling center to deal with any issues, should they emerge. We also feel that students should be advised about risks in experiential courses, and should be self-screened to dissuade those with psychological and emotional disturbances.

The second challenge is the perception of some Native Americans that shamanic practices are Native American cultural property — an exclusive cultural right — and that white people should not engage in any such activities. Whenever such sensitivities are present among local groups (and one should check), one should avoid using their materials to illustrate shamanistic practices. At the same time, we hold that it is questionable whether any contemporary Native American religious activities approximate core shamanism as we use the term, and therefore that it is important to differentiate core shamanism from Native American spiritual practices. Cross-cultural research has established that shamanistic practices are not the property of any particular culture, but rather are universal activities of premodern societies.

Questions about cultural appropriation can also be addressed by presenting information about the ancient roots of shamanism in one's own culture. Remnants of shamanism in European cultures would include the rock art traditions, reinterpretations of ancient witchcraft, and modern reconstructions of Celtic shamanism.

Some Native Americans, as well as some colleagues, have objected to experiential aspects of shamanism being taught in a university, arguing that students should not have spiritual experiences induced in classroom settings. We have responded by pointing out that other academic fields — music appreciation, music therapy, cross-cultural training, psychiatry, geology, and meteorology — induce experiences related to the fields they study. Some may also object that teaching shamanism exposes students to powerful forces they are not prepared to manage, because of inadequate preparation, and the lack of a support system and long-term guidance to deal with great powers beyond their control. Students are advised of these potential psychological, social, and/or spiritual difficulties, and are also told that the shamanic practitioners have always faced the risk of a world of powers beyond their control. The other supports we put in place are intended to offset such risks. In conclusion, courses on shamanism have a powerful potential in addressing a common physiological basis for religion and healing in "humanity's original neurotheology" — biologically based spiritual practices with healing as a principal focus.



# Shamanism and Religious Healing

Amanda Porterfield, Florida State University



Amanda Porterfield is the Robert A. Spivey Professor of Religion at Florida State University. She has written books in American religious history, comparative religions, and the history of Christianity.

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 con-

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 beneficent spirits to extend their powers to relieve sickness and misfortune. The spirits that shamans invoke represent the

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 community. 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 infusion 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.

“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.”

**M**Y COURSES on religious healing begin with a discussion of shamanism, presented as a type of ritual practice. I define shamans as performers who interact with spirits and attempt to manage the influence people believe spirits have in their lives and environments. Defined broadly, shamanism can be found in many different cultures and historical periods, and can be considered one of the most long-lasting and widespread types of religious practice.

Shamanism's appeal can be explained, at least in part, by its effectiveness in promoting human strength and healing. Shamanic performances stimulate feelings of confidence, physical vitality, and relief from stress. While often concentrated on an individual patient, the benefits of shamanic performance also extend to a larger community. Onlookers get caught up in the drama of shamanic performances, and in the feelings of communal bonding they prompt. Shamanic activity contributes to the construction and support of cultures that hold people together in social groups. Thus in addition to the immediate effects of increasing people's sense of control over their bodies and environments, shamanic performances help sustain loyalty to the spirits represented in sacred stories and ritual practices, and to the social groups associated with those spirits, stories, and practices.

ceptual 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 unnoted. 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.

vitalities of particular communities and the strength of ancestral taboos, totems, and kinship structures. For individuals whose bodies and life stories become centers of social attention in shamanic performance, engagement with these symbols of communal life can generate extraordinary feelings of power and determination.

While uplifting in many cases, this engagement with the symbols of communal life can also have coercive effects. Religious healing works as much to strengthen a group as its 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 scapegoat 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 pressuring women to confess to — and presumably accept punishment for — secret miscarriages.

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 Christian healing changed under the influence of Gnosticism; with the spread of Christianity into Europe; in relation to differences between Eastern and Western churches; as a result of various reform movements in the early modern period; as a result of the impact of 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

Native Americans have also combined traditional healing practices with Christianity, and interpreted the healing messages of Christianity in light of sufferings endured as the result of colonization. Although in many cases conversion 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. Conflicted at times, but also 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 success 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 modern Pentecostals who often describe the healing work of the Holy Spirit as an invisible force or current not unlike electricity.

## Selected Resources

- Bell, Catherine. *Ritual Theory, Ritual Practice*. New York: Oxford University Press, 1992.
- Frank, Jerome D. *Persuasion and Healing: A Comparative Study of Psychotherapy*. 3rd ed. Baltimore: Johns Hopkins University Press, 1991.
- Jenkins, Philip. *The Next Christendom: The Coming of Global Christianity*. New York: Oxford University Press, 2002.
- Kinsley, David R. *Health, Healing and Religion: A Cross Cultural Perspective*. New York: Prentice Hall, 1995.
- Laderman, Carol, and Marina Roseman, eds. *The Performance of Healing*. New York: Routledge, 1996.
- Orsi, Robert A. *Thank You, St. Jude: Women's Devotion to the Patron Saint of Hopeless Causes*. New Haven, CT: Yale University Press, 1996.
- Porterfield, Amanda. *Healing in the History of Christianity*. New York: Oxford University Press, forthcoming.



Murti of Hanuman, Hanuman Temple, Taos, New Mexico, a Hindu pilgrimage site (Courtesy of Linda Barnes)



# Magic, Witchcraft, and Healing

Arvilla Payne-Jackson, Howard University

Arvilla Payne-Jackson is a Professor in the Department of Sociology/Anthropology at Howard University in Washington, D.C., where she teaches courses in anthropology, linguistics, and ethnographic methods. She is the co-author of Jamaica's Ethnomedicine: Its Potential in the Healthcare System (2000) and author of John Lee — An African American Herbal Healer (1993).

THE COURSE "Magic, Witchcraft, and Healing" is designed to stimulate students to think beyond understanding religion as simply a structured or organized institution or system of faith that worships a Supreme Being or multiple deities; magic as an art practiced by a magician onstage who uses illusion and deception to entertain an audience; witchcraft as the casting of evil spells and the use of powders and potions to cause harm or death; and healing as treatment using drugs to "kill" germs or viruses.

Students are challenged to examine their own belief systems and to explore the interrelationships between magic, witchcraft, religion, and healing. Readings and discussions help them to address their view of religion not only as a formal institution, but also as an attitude — a state of life, devotion, and conscience. They learn to see magic as it is manifested in both religious and health practices and beliefs across cultures, and to distinguish between sorcery — a learned art — and witchcraft as an inherited characteristic or a religion, as in the United States. Healing is represented as more than dressing a wound or medicating a disease, but also as a means of making whole through reconciliation, purification, or cleansing — a restoration to wholeness — physical, mentally, and spiritually.

This course is an adaptation of one taught by the late Dr. Michael Kenny at Catholic University. The significance of each topic is examined from a cross-cultural perspective. The underlying theme and organizational concept is the seeking and manipulation of power. Topics covered during the course include religion, ritual, myth, symbols, mana, tabu, cults, witchcraft, demonology, death and dying, and folk medical and biomedical healing systems, among others.

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 asks students to share theirs. It is important to recognize and validate the shared experiences and maintain a nonjudgmental environment. An alternative to discussing personal experience is to open with examples of common experiences, e.g., thinking about someone and they phone, having premonitions 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 then compare these examples with the role of religious beliefs and cosmologies in today's political arena. Other videos cover topics on syncretic religions (Bahá'í), symbolism (Hopi), superstitions (Western), burial rituals (Jewish), exorcism (American and Wape), folk medicine (African American), and divination (Africa). Television documentaries on PBS and the Discovery Channel provide an additional rich resource of videos.

“Healing is represented as more than dressing a wound or medicating a disease, but also as a means of making whole through reconciliation, purification, or cleansing — a restoration to wholeness — physically, mentally, and spiritually.”

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) of their choice (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 location and 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. Funeral home directors, clergy, newspapers, and online resources provide the particulars of preparing for 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 bringing healing and wholeness to communities in the metropolitan area. This is an ongoing project. Each time the course is taught, different topics are addressed according to the task at hand. These have included organizing and putting on a workshop on domestic violence and the role of the faith community in 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 content of the course is and to make sure that their 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 invoke apprehension, in that students are leery of writing about their own death. 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 set hours on one or two days, 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 a culture holistically, explore 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 "others' beliefs and cultures" as exotic.

## Selected Resources

- DeStefano, Anthony. *Latino Folk Medicine*. New York: Ballantine Books, 2001.
- Girard, Rene. *Violence and the Sacred*. 6th ed. Baltimore: Johns Hopkins University Press, 1989.
- Goodpasture, H. McKennie, ed. *Cross and Sword*. New York: Orbis Books, Mary Knoll, 1989.
- Hand, Wayland. *Magical Medicine*. Berkeley: University of California Press, 1980.
- Harnet, Michael, ed. *Hallucinogens and Shamanism*. London: Oxford University Press, 1973.
- Huntington, Richard, and Peter Metcalf. *Celebration of Death: The Anthropology of Mortuary Ritual*. London: Cambridge University Press, 1979.
- Kiev, Ari. *Curanderismo: Mexican-American Folk Psychiatry*. New York: Free Press, 1968.
- Knab, Timothy. *A War of the Witches*. San Francisco: Harper, 1995.
- Landy, David, ed. *Culture, Disease and Healing*. New York: Macmillan, 1977.
- Murphy, Joseph. *Santeria: An African Religion in America*. Boston: Beacon Press, 1988.
- Murphy, Joseph. *Working the Spirit: Ceremonies of the African Diaspora*. Boston: Beacon Press, 1994.
- Olmos, Margarita Fernandez, and Elizabeth Paravisim-Gebert. *Healing Cultures*. New York: Palgrave, 2001.
- Romanucci-Ross, Lola, Daniel Moerman, and Laurence R. Tanore. *The Anthropology of Medicine: From Culture to Method*. Westport, CT: Bergin and Garvey, 1997.
- Snow, Loudell. *Walkin' over Medicine*. Boulder, CO: Westview Press, 1993.
- Somé, Malidoma Patrice. *Of Water and the Spirit: Ritual, Magic and Initiation in the Life of an African Shaman*. New York: G. P. Putnam's Sons, 1994.
- Turner, Victor. *The Ritual Process: Structure and Anti-Structure*. New York: Aldine DeGruyter, 1969. ●



Herbs and books of Priestess Miriam, Mambo of the Voodoo Spiritual Temple, New Orleans (Courtesy of Linda Barnes)



# Teaching Chicanos/as and Religion: Traditions and Transformations

Lara Medina, California State University, Northridge



Lara Medina is an Assistant Professor in the Department of Chicano and Chicana Studies at California State University, Northridge. Her published work focuses on Chicano spirituality and practices, U.S. Latino/a theology, and Chicano/a religious history, and includes *Las Hermanas: Chicana/Latina Religious-Political Activism* (Temple University Press, forthcoming).

I HAVE TAUGHT a course on Chicana and Chicano religiosity since 1992, first at the University of California, Los Angeles, and now at California State University, Northridge. The students are primarily of Mexican ancestry, although more with roots in Central America are now attending, as the demographics in Los Angeles change. The course also attracts a few non-Latinos preparing for teaching professions in public elementary schools.

Many are searching for more knowledge about themselves and notions of God. Many express interest in learning about their Indigenous roots, knowledge denied them in the Western educational system. Most have never studied religion from a nontheological perspective, nor challenged Christian doctrine. I provide the opportunity to question religious “truths” constructed within historical and gendered contexts, so they may think critically about their own traditions and cultures. It is through the process of critical thinking about religion that one kind of healing can occur.



An ofrenda created by Ofelia Esparza, a third generation *altamista* (altarmaker) for *Días de los Muertos* in Los Angeles (Courtesy of Lara Medina)

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 Chicano/a 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, Bahá'í and Santería. I also insert discussions of gender within patriarchal religions, leading to discussions 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/a 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 Mesoamerican Indigenous epistemology. I emphasize the concepts of duality, fluidity, balance, metaphorical language, corporeal/spiritual animistic sites, circular time, interdependency, reciprocity, sacrifice, *flor y canto* (flower and song), and *cara y corazón* (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 religiosity, such as the construction of altars or domestic sacred centers, or the making of promises or *mandas* to divine beings as an act of reciprocity 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 conquest, colonization, 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 Nahuatl term, meaning “in the middle.” *Nepantla* spirituality is not syncretism, 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 Indigenous symbol system. I balance a scholarly treatment of Guadalupe with the significance of oral tradition in the “Guadalupe event.” Faith and the testimonies of *Guadalupanas* (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 Nahuatl codice, 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.



Impersonating Mictecacihuatl, goddess of Mictlan, place of the dead, for *Días de los Muertos* in Olvera St., Los Angeles (Courtesy of Lara Medina)

We spend a significant amount of time on understanding the Mexican Indigenous/Chicano tradition of honoring and communing with 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 rejects 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

See MEDINA p.xii



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

Paula Arai, Carleton College

Paula K. R. Arai is an Assistant Professor at Carleton College, where she teaches the religions of East Asia. Her special interests include Japanese Buddhist rituals and practices, 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 (allopathic) 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 Human 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 systems, while also seeing them in their own context. It facilitates discussions of cosmologies and epistemologies with precision, helping students gain insight into the ramifications of differences. It makes it easy to see that whether 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 a 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 classroom.

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 root 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

“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.”

classmates. I often analyze my own concepts 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 everything 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 assumptions 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 explication 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 assignment has either been a one-page paper or a five-minute oral presentation. Students reported that doing several of these exercises in oral form, rather than written, helped them more. They benefited from the views and insights of others. It also fostered

tighter 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 project into the broader investigation of the relationship of healing and spirituality, posing such questions as "How do attitude and belief influence health and illness? What difference does culture make to your health?" Each student must converse with a collaborator for at least three two-hour sessions. They must then write a paper analyzing the healing system and process of their collaborator.

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 cultivate three kinds of intelligence outlined by Howard Gardner: 1) linguistic (the ability to use written and oral language flexibly and productively); 2) interpersonal (the capacity to understand other individuals, to work well with them, to motivate them); and 3) intrapersonal (involving a correlative understanding of oneself: one's strengths, weaknesses, desires, fears, and the capacity to use this knowledge to make judicious decisions about how to lead one's life). The writing assignments, oral reports, and formal presentation foster linguistic intelligence. The collaboration, the actual collaborating process, and in-class discussions promote interpersonal intelligence. Intrapersonal 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, students 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 communication (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 presentation (more formal than a report, because it is timed and students polish their wording and organization) on their own research process. The final paper concentrates on their analysis of their collaborator's healing process.

Focusing on religion and healing is an effective approach for exposing students to the ramifications of religion on 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. 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. It is in the messy details that one can broach accuracy. Looking at the specifics of what people do one begs 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 desirable. So much depends on the details of the specific context that generalizations can simply be misleading. Students have observed that they even can reflect imperialistic arrogance, insidiously at work. Most often, misunderstanding and poor communication are the results of trying to understand "religion" with a generalized definition. What I hope the students learn about religion through this study of healing is that any topic must be pursued first with questions. By scrutinizing their own assumptions and analyzing the assumptions of others, nuanced understanding develops and distinct perspectives emerge. It brings into high relief the particular concepts such as life and death, body and mind. In my experience, this is an essential foundation from which to understand and appreciate what healing means in any given context.

## Resources:

Avedon, John F. "Tibetan Medicine: The Science of Healing." In *In Exile from the Land of Snows*. New York: Vintage Books, 1984.

Benson, Herbert. *Timeless Healing: The Power and Biology of Belief*. New York: Simon & Schuster, 1997.

Crow, David. *In Search of the Medicine Buddha: A Himalayan Journey*. New York: Penguin Putnam, 2000.

The Dalai Lama, Herbert Benson, Robert A. F. Thurman, Howard E. Gardner, Daniel Goleman, et al. *MindScience: An East-West Dialogue*. Boston: Wisdom Publications, 1991.

Hanh, Thich Nhat. *The Heart of Understanding*. Berkeley, CA: Parallax Press, 1988.

Kinsley, David. *Health, Healing and Religion: A Cross Cultural Perspective*. New York: Prentice Hall, 1996.

Kuner, Susan, Carol Orsborn, Linda Quigley, and Karen Stroup. *Speak the Language of Healing: Living with Breast Cancer without Going to War*. Berkeley, CA: Conari Press, 1999.

Morris, David B. *Illness and Culture in the Postmodern Age*. Berkeley and Los Angeles: University of California Press, 1998.

Ni, Maoshing. *The Yellow Emperor's Classic of Medicine*. Boston: Shambhala, 1995.

*Living Fully until Death*. VHS. A Dartmouth-Hitchcock Medical Center Production, BVL6035, 1995. ❧



Herbalist weighing out herbs at Nam Buk Hong herbal pharmacy, Boston, Massachusetts (Courtesy of Linda Barnes)



BARNES, from p.ii

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 often emphasize patterns of process, change, and transformation. A clear division between “body” and “mind,” therefore, does not pertain. 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 tradition 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 intrinsic to human life, then a person 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 cultures privileges the stand-alone individual. Yet this is *not* an ideal in all cultures, some of which value the capacity to sustain interconnectedness. For systems that view family, clan, tribe, or analogous networks as the ground from which a person emerges and finds meaning, the relational and communal is yet another intrinsic part of the person. Gender provides another key variable in thinking about understandings of personhood.

### 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 a 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. Etiologies and causal factors point, on the one hand, to broader paradigms of suffering. As has been elaborated on by medical anthropologists like Kleinman and others, there are also key differences between illness — the term used to refer to the lived experience — and disease, the classification of that experience according to a medical system. Each reflects different illness models, related to different forms of narrative about the etiology — the cause or causes understood to have generated the problem.

Things get complicated when the parties involved conceive of the person in different and even conflicting terms. A now-classic example is Ann Fadiman’s narrative about the Hmong child, Lia Lee, in *The Spirit Catches You and You Fall Down*. From infancy, Lia suffered from epilepsy. According to her pediatricians, for whom her physiology and neurology were the key aspects involved, the initial problem arose in these domains, and needed to be addressed in these domains. For Lia’s parents, however, a radically different key aspect involved Lia’s souls, which could be stolen or lost. Similarly, in traditional Chinese thought, each person had multiple souls, all of them various forms of *qi*. After death, certain souls entered the ground with the corpse. If not properly tended, they could become hungry ghosts and afflict the neglectful descendant.

### Healers

People identify different kinds of healers as best qualified to address different kinds of problems. Frequently, they will resort to more than one — sometimes sequentially, sometimes concurrently. The very term “complementary and alternative medicine” reflects this reality in the United States. Healers arrive at this identity sometimes through culturally and religiously recognized forms of calling or by taking steps recognized as conferring a professional identity often modeled after the process of becoming a physician. Healers may not only be individuals, but also communities and groups.

### Related Interventions

Just as people classify health conditions in different ways, so do they identify specific interventions as appropriate and/or necessary for each one. The identification of necessary or desirable interventions is culturally shaped. As Martin Rein and Donald Schön have suggested, how a problem is framed is also directly related to what people think can and should be done for it. What should be done for it is, in turn, related to each of the aspects discussed so far. Each therapy touches on these multiple levels, with different layers of hope, expectation, and things at stake. The hopes and expectations are tied in both with normative ideas of personhood and, in the case of persons with disabilities, with how the disability is construed.

### Meanings of Efficacy

It is a common question to ask whether a therapeutic intervention has “worked.” However, this apparently simple question can hold many meanings. For example,

which aspect of personhood was suffering, and to what was the suffering attributed? What intervention or interventions were deemed necessary, and what was expected of each one? If the larger framework of Healing is factored into the picture, then the most meaningful kinds of change — of “working” — may be understood to happen after the person’s death. The expectation of some life after death modifies the time frame of healing. Other frameworks of hope operate similarly.

Efficacy is another way of talking about the form of change that is recognized and valued. It may be assessed as the process engaged in by the healer, as discussed by Winkelman and Carr; it is also related to whatever is meant by an outcome. To grasp the different meanings of efficacy involved in a situation, we must know how both Healing and Suffering are understood, we must understand the concept of the person at work, along with which aspect of the person is viewed as having been affected, and we must know how the person and his or her family envisions all the necessary healers and interventions, in order for both healing and Healing to happen.

### Systemic Contexts and Structural Violence

An ecological model encourages us to ask about how such variables as gender, race, social class, personal traits, family economies, support structures, the challenges of acculturation (for families who have relocated), and other factors constitute the systemic contexts in which each of these seven categories occurs. What happens when the parties involved occupy one or more socially targeted positions? These targeted positions can include being a woman, being someone with a minority sexual orientation, being part of a racial/ethnic minority, having a low socio-economic class status, being a recent immigrant, belonging to a religious tradition that may suffer stigmatizing in the media or in popular perception, living with the legacy of colonialism, and so on.

Such forms of targeting constitute what medical anthropologists have characterized as “structural violence.” The term refers to social structures and systems that have perpetuated and perpetuated unequal access to resources and justice for different groups. Such inequities are often buttressed by economic, political, legal, and religious influences, taking their toll on individual bodies. When therapeutic interventions focus solely on individual bodies, however, they overlook the structural and ideological underpinnings 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 healing occurs in multiple domains, including personal, interpersonal, institutional, and social. It encompasses elite and popular systems, 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 Arai posits that we examine worldviews to understand why people experience healing, and how it occurs through the study of what they do. Crawford argues that the study of healing addresses “fundamental educational goals of the liberal arts curriculum and the goals of religious studies as a discipline more specifically.” I concur with all of them.

### Selected Resources

#### Books

Barnes, Linda L., and Susan S. Sered, eds. *Religion and Healing in America*. New York: Oxford University Press, in press (fall 2004).

Barnes, Linda L., and Inés Talamantez, eds. *Teaching Religion and Healing*. New York: Oxford University Press, forthcoming.

Numbers, Ronald L., and Darrel W. Amundsen, eds. *Caring and Curing: Health and Medicine in the Western Religious Traditions*. Baltimore: Johns Hopkins University Press, 1998.

Sullivan, Lawrence E., ed. *Healing and Restoring: Health and Medicine in the World’s Religious Traditions*. New York: Macmillan, 1989.

Kleinman, Arthur. *Patients and Healers in the Context of Culture*. Berkeley: University of California Press, 1980.

#### Journals

*Culture, Medicine & Psychiatry*

*Ethos*

*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.bds.harvard.edu/cswr/publications/ImageBank/ImageBank\\_home.html](http://www.bds.harvard.edu/cswr/publications/ImageBank/ImageBank_home.html)

The Boston Healing Landscape Project: [www.bmc.org/pediatrics/special/bhlp](http://www.bmc.org/pediatrics/special/bhlp)

WINKELMAN-CARR, from p.vi

### Selected Resources

Carr, Christopher, and D. Troy Case. “The Nature of Leadership in Ohio Hopewellian Societies: Role Segregation and the Transformation from Shamanism.” In *Gathering Hopewell: Society, Ritual, and Ritual Interaction*, edited by C. Carr and D. T. Case. New York: Kluwer Academic/Plenum Publishers, forthcoming.

Doore, Gary, ed. *Shaman’s Path*. Boston: Shambhala, 1988.

Eliade, Mircea. *Shamanism: Archaic Techniques of Ecstasy*. New York: Pantheon Books, 1964.

Halifax, Joan. *Shamanic Voices*. New York: Dutton, 1979.

Harner, Michael. *The Way of the Shaman*. San Francisco: Harper and Row, 1990.

Nicholson, Shirley, ed. *Shamanism*. Wheaton, IL: Theosophical Publishing House, 1988.

Vitebsky, Piers. *Shamanism*. Norman: University of Oklahoma Press, 2001.

Walsh, Roger. *The Spirit of Shamanism*. Los Angeles: Tarcher, 1990.

Winkelman, Michael. *Shamanism: The Neural Ecology of Consciousness and Healing*. Westport, CT: Bergin and Garvey, 2000.

\_\_\_\_\_, ed. “Shamanisms and Survival.” Guest-edited special issue, *Cultural Survival Quarterly*, Summer 2003. ❧



Altar to the Iwa Erzulie at the Voodoo Spiritual Temple of Mambo Priestess Miriam, New Orleans (Courtesy of Linda Barnes)



MEDINA, from p.ix

assignment is not only for themselves, but also for their families. Oftentimes they will have to ask a parent to tell them more about a deceased family member, the exchange facilitating the sharing of family history previously untold.

A section on Chicano/a Catholic Church history maps out the role of the church in the Southwest, following the Treaty of Guadalupe Hidalgo in 1848, when one million Mexican Catholics found themselves under the authority of the U.S. Catholic Church. European-born clergy ministered to the now-Mexican Americans, and a legacy of discrimination ensued. We trace this legacy through subsequent periods up to the 1970s when Chicano/a Catholics, priests, sisters, and laity openly challenged the church for its overt racist actions. Liberation theology receives attention as a catalyst for change in both Catholic and mainline Protestant denominations. A brief overview of the revolutionary struggles grounding the theology assists in explaining its extensive influence on the global church, and its positions on healing social inequities.

To explore the role of Protestantism in Chicano history, I utilize the works of Gaston Espinoza, Daisy Machado, Paul Barton, David Maldonado, and Arlene Sánchez Walsh. I also introduce feminist theology, as Latina theologians are making significant contributions to the rethinking of Christianity from a perspective of racialized women.

I expose students to Chicanas who are retrieving cultural archetypes for the empowerment of women and the reconstruction of culture. One primary archetype in Chicano culture is the *curandera*, the wise healer — usually an elder — who knows the medicinal properties of plants, corporeal energy sites,

and/or ways to mediate with the dead. Many students have internalized Western ignorance regarding *curanderismo* and have been socialized to think of it as “witchcraft.” Yet *curanderismo* underscores the value of indigenous knowledge and the use of intuitive and cognitive skills to challenge Western patriarchal norms.

How this course evolves each semester varies, depending on the mix of students and what issues might deserve more time and attention. Overall, I try to have fun with the subject matter. Mexican/Chicano religiosity is full of magic and mystery and rich in material culture. Faith has sustained the majority of my students’ families, but religion has been passed on without room for questioning. I emphasize that questioning one’s beliefs leads to self-knowledge and self-knowledge leads to healing.

### Selected Resources

Carrasco, David. *Religions of Mesoamerica: Cosmology and Ceremonial Centers*. Prospect Heights, IL: Waveland Press, 1998.

Dolan, Jay P., and Gilberto M. Hinojosa, eds. *Mexican Americans and the Catholic Church, 1900–1965*. Notre Dame, IN: University of Notre Dame Press, 1994.

León, Luis. *La Llorona’s Children: Religion, Life, and Death in the U.S.-Mexico Borderlands*. Berkeley: University of California Press, 2003.

Matovina, Timothy, and Gary Riebe-Estrella, eds. *Horizons of the Sacred: Mexican Catholic Traditions in the U.S.* Ithaca, NY: Cornell University Press, 2002.

Medina, Lara. *Las Hermanas: Chicana/Latina Religious-Political Activism*. Philadelphia: Temple University Press, in press.

Sánchez Walsh, Arlene. *Latino Pentecostal Identity: Evangelical Faith, Self, and Society*. New York: Columbia University Press, 2003. ♣



People paying respects at an altar for *Días de los Muertos* (Courtesy of Lara Medina)

**In the Next  
Spotlight on Teaching:  
Teaching  
about Site Visits**

## Selected Resources

### African Traditions

Appiah-Kubi, Kofi. “Religion and Healing in an African Community: The Akan of Ghana.” In *Healing and Restoring: Health and Medicine in the World’s Religious Traditions*, edited by Lawrence E. Sullivan. New York: Macmillan, 1989.

Ayim-Aboagye, Desmond. *The Function of Myth in Akan Healing Experience: A Psychological Inquiry into Two Traditional Akan Healing Communities*. Uppsala, Sweden: Uppsala University, 1993.

Feierman, Steven, and John M. Janzen, eds. *The Social Basis of Health and Healing in Africa*. Berkeley: University of California Press, 1992.

Janzen, J. “Health, Religion, and Medicine in Central and Southern African Traditions.” In *Healing and Restoring: Health and Medicine in the World’s Religious Traditions*, edited by Lawrence E. Sullivan. New York: Macmillan, 1989.

Janzen, John, Adrien Ngudiankama, and Melissa Filippi-Franz. “Religious Healing among War Traumatized African Immigrants.” In *Religion and Healing in America*, edited by Linda L. Barnes and Susan S. Sered. New York: Oxford University Press, in press.

Peek, Philip M., ed. *African Divination Systems: Ways of Knowing*. Bloomington: Indiana University Press, 1991.

Pfeiffer, James. “African Independent Churches in Mozambique: Healing the Afflictions of Inequality.” *Medical Anthropology Quarterly* 16, no. 2 (2002): 176–199.

### African-American Traditions

Anderson, Alita, ed. *On the Other Side: African Americans Tell of Healing*. Louisville, KY: Westminster John Knox Press, 2001.

Bair, Barbara, and Susan E. Cayleff, eds. *Wings of Gauze: Women of Color and the Experience of Health and Illness*. Detroit: Wayne State University Press, 1993.

Byrd, W. Michael, and Linda A. Clayton. *An American Health Dilemma: A Medical History of African Americans and the Problem of Race*. New York: Routledge, 2000.

Chireau, Yvonne Patricia. *Black Magic: Religion and the African American Conjuring Tradition*. Berkeley: University of California Press, 2003.

Townes, Emilie M. *Breaking the Fine Rain of Death: African American Health Issues and a Womanist Ethic of Care*. New York: Continuum, 1998.

### Buddhist Traditions

Birnbbaum, Raoul. “Chinese Buddhist Traditions of Healing and the Life Cycle.” In *Healing and Restoring: Health and Medicine in the World’s Religious Traditions*, edited by Lawrence E. Sullivan. New York: Macmillan, 1989.

Goleman, Daniel, ed. *Healing Emotions: Conversations with the Dalai Lama on Mindfulness, Emotions, and Health*. Boston: Shambhala, 2003.

Salgado, Nirmala S. “Sickness, Healing, and Religious Vocation: Alternative Choices at a Theravada Buddhist Nunnery.” *Ethnology* 36, no. 3 (1997): 213–226.

Sivaraksa, Sulak. *Global Healing: Essays and Interviews on Structural Violence, Social Development and Spiritual Transformation*. Distributed in U.S. by Parallax Press, 1999.

Zysk, Kenneth G. “Medicine and Buddhist Monasticism” and “Indian Medicine in Buddhism Beyond India.” In *Asceticism and*

*Healing in Ancient India: Medicine in the Buddhist Monastery*. New York: Oxford University Press, 1991.

### Hindu Traditions

Desai, Prakash N. “Health, Faith Traditions, and South Asian Indians in North America.” In *Religion and Healing in America*, edited by Linda L. Barnes and Susan S. Sered. New York: Oxford University Press, in press.

Desai, Prakash N. *Health and Medicine in the Hindu Tradition: Continuity and Cohesion*. New York: Crossroad Press, 1989.

Egnor, Margaret Trawick. “The Changed Mother or What the Smallpox Goddess Did When There Was No More Smallpox.” In *Contributions to Asian Studies* 18, edited by E. Valentine Daniel and Judy F. Pugh. Leiden, The Netherlands: E. J. Brill, 1984.

Gerke, Barbara, and Mataji Kumari. “Cintury: Devi Healer Priestess of Darjeeling.” *Cumare* 22, no. 2 (1999): 157–164.

Knipe, David M. “Hinduism and the Tradition of Ayurveda.” In *Healing and Restoring: Health and Medicine in the World’s Religious Traditions*, edited by Lawrence E. Sullivan. New York: Macmillan, 1989.

Zimmermann, Francis. *The Jungle and the Aroma of Meats: An Ecological Theme in Hindu Medicine*. Berkeley: University of California Press, 1987.

### Islamic Traditions

Ahmed, Musa. *Health and Healing in the Qur’an*. Sa’adu Zungur, Kano: Triumph, 1998.

Doumato, Eleanor Abdella. *Getting God’s Ear: Women, Islam, and Healing in Saudi Arabia and the Gulf*. New York: Columbia University Press, 2000.

Hermansen, Marcia. “Dimensions of Islamic Religious Healing in America.” In *Religion and Healing in America*, edited by Linda L. Barnes and Susan S. Sered. New York: Oxford University Press, in press.

Rahman, Fazlur. *Health and Medicine in the Islamic Tradition: Change and Identity*. New York: Crossroad Press, 1987.

Sengers, Gerda. *Women and Demons: Cult Healing in Islamic Egypt*. Leiden, The Netherlands: Brill, 2003.

Yacoub, Ahmed Abdel Aziz. *The Fiqh of Medicine: Responses in Islamic Jurisprudence to Developments in Medical Science*. London: Ta-Ha, 2001.

### Jewish Traditions

Bleich, J. David. *Judaism and Healing: Halakhic Perspectives*. Hoboken, NJ: KTAV Publishing House, 2002.

Feldman, David M. *Health and Medicine in the Jewish Tradition: L’Hayyim - To Life*. New York: Crossroad Press, 1986.

Isaacs, Ronald H. *Judaism, Medicine, and Healing*. Northvale, NJ: Jason Aronson, 1998.

Rosner, Fred, ed. *Medicine in the Bible and the Talmud: Selections from Classical Jewish Sources*. Hoboken, NJ: KTAV Publishing House, 1994.

Sered, Susan S. “Healing as Resistance: Reflections upon New Forms of American Jewish Healing.” In *Religion and Healing in America*, edited by Linda L. Barnes and Susan S. Sered. New York: Oxford University Press, in press. ♣