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Because 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 twenty-first 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 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 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 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.

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.

## 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.