

Introduction

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THE ENGAGEMENT of religion and healing is alive and well in Boston. Recent newspaper articles report:

Pilgrims stream to the house of an unconscious girl named Audrey Santo, said to be “a mystic and a victim soul who takes on the suffering of people who ask her to intercede with God” (*New York Times*, 30 August 1998).

“Jews Discover the Allure of Healing through Faith” (*Jewish Advocate*, 9–15 March 2001).

A “run on votive candles back in New England yesterday when word filtered north [from Red Sox spring training in Florida] that Nomar Garciaparra’s right wrist was being placed in a soft cast” (*Boston Globe*, 1 March 2001).

The papers in this volume represent a first effort at compiling information on the extent and diversity of religious healing in the Boston area. The majority of the papers were written by Harvard students, based on the ethnographic fieldwork that they conducted during the academic year 2000–2001. For the most part, students were encouraged to explore communities or phenomena in which they expressed particular interest. We have also included papers by the senior scholars (Linda Barnes and Susan Sered) who worked with the students. We plan to publish a second edition of this volume, to include papers written by students associated with Boston University’s Healing Landscape Project. These additional papers will fill out the material in the present volume through a focus on African descent communities in the neighborhoods served by the Boston Medical Center.

Religion and Healing

The interface of religion and healing takes many forms in twenty-first-century America: there is no single “mainstream” or “normative” set of religious healing practices and beliefs that has spread throughout cities such as Boston. The healing practices and beliefs described in this volume are rooted in particular religious traditions, many of which

originated outside of the United States or during historical periods very different from our contemporary setting. These traditions represent a wide variety of ritual approaches and diverse understandings of what it means to heal or be healed.

In selecting communities and events to explore in the context of this project, we were sensitive to the absence of a consensus in American society regarding the meaning, or even the parameters, of both “religion” and “healing.” Opting for the sometimes chaotic richness of casting our net too wide rather than for the ethnocentric dangers of adopting a rigid definition of religious healing, we included in our study events, beliefs, and situations described by members of particular religious communities as “Jewish/ Christian/ Muslim/ Buddhist healing” and prayers, practices, and rituals that, to us, “looked like” a religiously informed healing event.

For contemporary Americans, *religion* can encompass phenomena and experiences ranging from a personal sense of spirituality, faith in a Divine Being, or adherence to a set of ethical tenets, to identification with a community within which one celebrates holidays or life-cycle events. Factors that complicate current American understandings of religion include: recent large-scale arrivals in the United States of immigrant groups from non-European and non-Christian countries; the swift and concurrent rise of New Age spirituality and of various forms of religious fundamentalism; America’s ongoing enchantment with scientific advances, such as cloning and the search for extraterrestrial life; and enduring disputes regarding boundaries between church and state.

Healing is an equally complex and contested word in the United States today. Healing can mean the direct, unequivocal, and scientifically measurable cure of physical illnesses; healing can mean coping with, or coming to terms with, or learning to live with that which one cannot change (including physical illness and emotional trauma); it can refer to developing a sense of wholeness—emotional, social,

spiritual, or physical; and it can signify the process of repairing one's relationship with God. For some, the only valid healers are physicians with degrees from accredited medical schools; for others, God is the sole healer; and for still others, healing is found in the community, in a variety of forms of alternative or complementary medicine, or within the self.

Throughout much of the twentieth century, Americans experienced medicine and religion as separate and distinct realms of knowledge and practice, with medical science and licensed medical practitioners holding the sole legitimate claim to expertise and efficacy in the realm of healing. Religious or "faith" healing generally was perceived as associated with "uneducated" or "superstitious" populations.

By the 1990s the American cultural map had changed dramatically. Urban and suburban newspapers now advertise "healing services" and "healing circles" held at the full range of mainstream churches and synagogues. Impetus for the growth of religiously based healing practices comes from several sources. First, New Age and self-help movements beginning in the 1960s and holistic and alternative medicine movements that gained ground in the 1970s and 1980s have undermined the monopoly of conventional medicine. Second, processes of globalization have facilitated the introduction of religious healing systems from outside the United States. Third, growing immigrant populations, having experienced the intense dislocations of geographic and cultural change, may be particularly attracted to rituals that offer spiritual healing, and/or may draw on such rituals in order to preserve traditions associated with their homelands. Fourth, ordination of women ministers and rabbis—many of whom studied and worked in healing and social work professions during the years in which ordination was not possible for women—has brought a new sensitivity to the human needs of their congregations. And finally, awareness of the failure of conventional medicine to cure the many chronic diseases that increasingly plague a rapidly aging American population has contributed to the search for other sorts of responses and solutions to emotional and corporeal suffering.

The Social Context of Religious Healing

As the prevailing healing system in the United States, biomedicine is the key institutional and conceptual framework against which religious healing must define itself and be publicly defined. The intellectual and practical engagement of religious healing with the dominant allopathic or biomedical par-

adigm was made clear to all members of our research team as they met with and spoke to religious healers throughout the Boston area. In some cases the engagement with biomedicine is minimized through framing the goals of religious healing in explicitly nonmedical terms: The aim of a particular ritual, for example, is said to be "healing"—spiritual wholeness—and not "curing." In other cases, biomedical research is proudly cited as proof of the truth claims of ancient healing techniques depicted in sacred texts. In still other cases, practitioners of religious healing are aware that members of their church have been arrested for refusing to participate in the hegemonic biomedical system. Whether religious healing presents itself as complementary to conventional biomedicine, as a full-fledged alternative, or somewhere in the middle, biomedicine remains "ground zero," against which contemporary religious healing defines itself at the present time.

Other components of the social context in which religious healing is constructed and enacted in urban America include:

1. the legal system (e.g., Christian Science parents know they can be arrested for refusing medical treatment for their children; and, until recently, Santeria practitioners knew they could be fined for animal sacrifice).

2. the government (President George W. Bush's proposal to fund faith-based initiatives providing social services, including health care, will augment governmental authority to define what constitutes "legitimate" religious healing).

3. the media, which can advertise religious healing, ignore it, or disparage it.

4. hospitals and clinics that selectively incorporate certain kinds of religious or spiritual healing (e.g., hospital chaplains; relaxation breathing) or that ignore or prohibit religious healing practices.

5. managed care and insurance companies (private and governmental) that pay for biomedical treatment but not for spiritual or religious healing.

6. alternative medicine, the paraphernalia and vocabulary of which often enter religious healing (such as "energy" and crystals).

7. other religious healing systems, which in the "marketplace" of urban American religion can be accessed fairly easily and which can fairly easily cross-fertilize in terms of practices, ritual objects, etc.

8. organized patients groups, such as AIDS support groups, that may encourage or push religious

organizations or communities into developing religious healing services or practices.

9. the clerical hierarchy within particular denominations that can encourage, ignore, or disparage religious healing and particular religious healers.

10. academic research (e.g., recent studies exploring whether intercessory prayer expedites recovery from heart surgery) that has the power to give the stamp of “true” or “efficacious” (or not) to religious healing practices.

11. widespread (profound or superficial) recognition of a variety of psychological principles, such as “the power of the unconscious,” “mind over matter,” and the “placebo effect,” which substitute scientific for theological explanations of the efficacy of religious healing.

The Structure of Religious Healing

The complexities both of the religious healing traditions and of the contemporary social context in which they operate preclude far-reaching conclusions regarding “the meaning” or “the significance” of religious healing in Boston. Within the effervescent diversity of urban America it is possible, however, to identify *structural* categories helpful for describing the rapidly expanding and constantly shifting geography of contemporary religious healing.¹ We have found the following typology useful, both as a means of giving expression to the enormous diversity of religious healing and as an initial tool for organizing the many expressions of religious healing around a finite set of factors that makes it possible to ask meaningful theoretical and comparative questions.

1. *Self help-oriented* religious healing: e.g., the practice of affirmations, visualizations, meditation, personal prayer, dream quests, personal regimes of spiritual and physical purification.

2. *Domestically oriented* religious healing: e.g., household shrines, amulets, and other protective objects located in the home; parental or grandparental blessing of children; ancestor altars.

3. *Practitioner-oriented* religious healing: e.g., independent healers (often loosely associated with a New Age movement such as Reiki); congregationally or denominationally based healers who treat

clients—generally in return for a fee; freelance religious healers who treat clients drawn from the city population at large.

4. *Group-oriented* religious healing (groups of people who gather for the sole or express purpose of healing): e.g., Twelve-step programs (such as AA); yoga classes.

5. *Congregationally oriented* religious healing: e.g., healing services, visiting the sick programs, parish nursing, congregationally based support groups, healing circles, pastoral visits, “prayer trees.”

6. *Ethnically oriented* religious healing: e.g., devotion to saints associated with particular ethnic communities; pilgrimage to healing shrines in various countries of origin.

7. *Hospital-oriented* religious healing: e.g., hospital chaplaincy; practices of some hospice and palliative care programs; mind-body medicine programs within hospitals.

8. *Religion-sponsored conventional medicine*: e.g., hospitals founded or funded by religious organizations (such as St. Elizabeth’s or Beth Israel Deaconess Medical Center), health screening programs held at or sponsored by a church, mosque, or temple.

Conclusion

This volume was published within months of completing the fieldwork projects. Yet, I have no doubt that some of what we have described here has already changed. New religious healing practices and groups have emerged, others have faded away, and still others have undergone structural or theological transformations. Rather than finding this daunting (scholars rarely want their work to be outdated before it even appears in print), we have found the rapid expansion and transformation of religious healing to be exhilarating, both intellectually and spiritually. We also know that publishing this volume will play at least some small role in furthering change in the field.

Notes

1. These structural possibilities often overlap, and many healing phenomena or situations incorporate elements of more than one of these possibilities.