

Healing Communities: Boston's Congregations and the Challenges of Healthful Living

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Concern for the health of members and communities is only occasionally expressed as a specific program of Boston's congregations, but it is ubiquitous as a dimension of their cultures. And as their cultures vary, so do their expressions of healing as a benefit of faith, of healthful living as a norm of the faithful community, and of healthy communities as a goal of faithful action. Because the religious and congregational cultures are so diverse, and because the concern with health and healing is mostly embedded rather than programmatic, it may be best to avoid generalization and to focus on some of the objective indicators of how congregations are "healing communities."

This perspective is based on field research in congregations of Greater Boston conducted by the Metropolitan Congregational Studies Project, which I direct at Harvard Divinity School. (For more information on the project, go to www.hds.harvard.edu/oms.) During 2001–2004, my students and I studied some twenty congregations, including seventeen churches, a mosque, a Hindu temple, and a synagogue. (See names and locations of the congregations in the appendix at the end of this article.) Our project was not designed specifically to consider congregations' contribution to health and healing or any other special concern. Rather, we have conducted a highly inductive probe into the activities and cultures of urban congregations, seeking to identify and understand their modes of interaction with their varied urban contexts. We selected congregations to include as many as possible of the major faiths present in Greater Boston and to include locations in inner-city Boston, affluent Boston neighborhoods, and suburbs. We were not able to get a fully representative, much less random, sample of congregations because of financial and logistical constraints. But there was no attempt to select a set of case studies that would be particularly activist, or community-oriented, or concerned with health and healing.

To begin with a brief summary of the ways heal-

ing and health were most obvious in the congregations: Prayer is perhaps the most fully universal activity of religious congregations, and prayers related to health and healing were present in virtually every congregation we studied. But prayer for healing means different things to different groups, and is done in different ways.

Some congregations – in our study, these were all Protestant churches – openly appeal to God to work miracles, that is, to cure the victim, to end the infirmity. Some evangelical and Pentecostal churches, such as the Spanish-speaking *Congregación León de Judá*, understand some illness as caused by demons and, "in the Name of Christ, command" the demons to leave the victim's body. When miracles happen, when sick get well, God is thanked and praised. When they do not, an explanation is given. The explanations vary widely also, depending on the theology of the congregation, the character of the victim, and the nature of the malady. Often the prayers and the explanation include a caveat in the form, "Nevertheless, not my will but thine be done," that is, the acknowledgment that God is sovereign and knows best. A variation on this theme is the idea of "the strange work of love," that God's love (acting in our best interest) requires divine imposition of hardship, whether for punishment, for teaching, for direction. In its most general and universally applicable form, this explanation is simply that God's ways are ultimately mysterious, so fallible human beings cannot always expect to understand.

Quite a different explanation involves the responsibility of the victim. Pastors or friends may say the prayers are "unanswered" because the person did something to bring on the illness and has not repented (substance abuse, for example), or is not in a right relationship with God (not saved) and is therefore not the beneficiary of God's healing power. For example, at New Covenant Christian Church International, a large, predominantly black Pentecostal church in Mattapan, I heard a pastor explain that prayer did not stop a person's nosebleed

because the person, although saved, had “backslid.”

Other congregations call upon God to “be with” the victims in their illness, pain, and suffering, to relieve them of loneliness and despair and restore a sense of hope and meaning. Mainline Protestants, such as Fourth Presbyterian Church in South Boston, black churches, such as Roxbury Presbyterian and Bethel AME, pray in this way from the pulpit, in prayer meetings, and as individual members. These prayers may be combined with prayers for a cure, usually with the “if it be thy will” caveat, but physical evidence of divine intervention is not the test.

Many congregations – Protestant, Catholic, and Jewish in our study – conduct healing rituals within their regularly scheduled services of worship or special “healing services” at designated times. What has long been known as “faith healing” is usually effected through prayer combined with anointing with oil, laying on of hands, and prayerful community gathering around the person in need of healing. Touching is important; healing power is perceived to move physically from one body to another. At New Covenant and other Pentecostal churches, it is frequently part of worship, a response to the movement of the Holy Spirit within the congregation at particular times. At Dignity Boston, a Catholic congregation of gay, lesbian, bisexual, and transgender men and women, a healing ritual is incorporated into the weekly liturgy one Sunday of each month. Temple Israel, a large and prosperous Reform congregation, holds a special service each month for people who have chronic or terminal illness or who are caregivers to people with such illness. Although this service may include bodily expressions of affection, its healing effect is mediated through song, poetry, story, and liturgy, not the physical passing of saving power.

It is a relatively new phenomenon that the “mainline” or “liberal” communities of faith have services of healing. In our study, Fourth Presbyterian (PCUSA) and Temple Israel are among the most active. Fourth, which claims only about one hundred members in a blue-collar neighborhood, has an active email traffic of prayer requests for healing and gratitude for prayers answered – often culminating in designated Sundays when the concerns that have been shared electronically become the subjects of corporate worship. Temple Israel’s evening service “for the healing of the soul” is not so much an occasion for prayerful petitions as one for sharing of experiences of resources from Jewish traditions. In fact, resources shared over a decade of services have been collected and published in a handsome volume.

Other churches offer education for healthful living and direct services supporting illness diagnosis and prevention. This is perhaps most common in black churches, whose members are believed to be disproportionately unable or unwilling to avail themselves of medical services from hospitals and clinics. Screening for hypertension, annual mammograms, and flu shots for the elderly may be provided. The pastor and co-pastor of Bethel AME Church are physicians, and they actively promote healthful diets and weight loss, not only by having a Weight Watchers group in the church, but by creating a culture of the nutritious and the delicious, with church dinners as the demonstration labs.

While most of the health and healing ministries we witnessed are directed to the members and their friends, missionary activities and social action are also concerned with health. We did not analyze foreign mission work, but it is common knowledge that “medical missionaries,” the provision of medical supplies, and work for public health and nutrition are central features of religious world service work. Bethel AME, led by its physician-pastors, has undertaken rather substantial medical initiatives, helping to set up an AIDS clinic in Africa and arranging for training of African doctors in Boston hospitals.

This quick overview of congregational involvement in healing is of interest not only for what the congregations do, but for what is revealed as they do it. For all their differences, they all reveal a holistic understanding of the human person. Even churches that value the spirit and subordinate or denigrate the “flesh,” in practice invoke the spiritual dimension of life for the benefit of the flesh. Even the most otherworldly belief systems are expressed in practices that reveal body and spirit as dimensions of the same person. Moreover, most of the healing practices we have observed reflect a multidimensional epistemology incorporating both faith and science. (While some “faith healing” excludes scientific medicine, that was not evident in any of the congregations we studied.) Similarly, the human agency of healing within the context of faith involves partnership with divine agency – invoking divine help, yet going to the medical doctor and observing healthful living. In some communities, the divine-human partnership is an explicit doctrine, as in the Word of Faith movement (reflected in the Pentecostalism of New Covenant), which sees people in an essentially contractual relationship with God. For others, the expression “The Lord helps those who help themselves” is common sense – but it still reflects a profound, if implicit, take on the divine-human relationship.

We have just reviewed some of the ways communities of faith are engaged in the healing of their members and, occasionally, of other individuals. Our study has also noticed that the congregations are sometimes healing communities in quite a different sense: they may contribute to the “health” of the local communities – neighborhoods, towns, cities, and wider areas – in which they are situated. And when they do so, these communities may themselves have a healing effect on the people who live, work, shop, worship, or hang out there.

I do not mean to suggest that congregations contribute to the quality of community life where they are located simply by virtue of being there. It depends both on what the congregations do there and, even more, on how they are constituted. Some contribute by providing services the community might not otherwise have – prosperous churches in poor neighborhoods may offer meals, clothing, tutoring for children, twelve-step programs, and meeting space for neighborhood associations. Virtually all the congregations we studied do offer some kinds of benefit to their locale.

Yet, while some neighborhoods do need these kinds of services, we became convinced that a need that pervaded a much wider range of residential settings was the need for reliable social networks. Neighborhoods of all racial and ethnic groups, of a wide range of social classes, of both cities and suburbs, are coping with the rapid movement of their people – whether it is residential turnover from year to year or the constant inflow and outflow of people to work, to shop, to attend school, to attend church. The constant movement makes it hard to sustain reliable relationships, and this inevitably affects people’s ability to live healthy lives. While some services can be purchased, some people simply need neighbors who are in a position to observe their signs of physical or mental decline; need friends to drive them to the health provider; need encouragement to get the help they need.

What we have observed is that, while all congregations (all in our study, at least) build relationships among their members, they do not all build relationships in their locales. Prosperous congregations in poor neighborhoods – New Covenant is the main example in our study – have a majority of members who commute from outside the neighborhood. These congregations usually provide services without establishing much relationship between mem-

bers and the recipients. Moreover, congregations comprised of members who commute from other places are actually drawing their members away from their local communities – thus adding to the condition of constant motion. While these people do build reliable and caring relationships with each other, often by forming small groups or cliques within the large congregations, their contribution to the fabric of a community as a whole is limited.

In contrast, some congregations, usually those with a large portion of members living in the same locale, do contribute to the fabric of community – not only among members, but also among wider cross sections of the population. St. Mark Catholic Church in Dorchester, for example, systematically organizes visitations throughout the parish, with the goal of contacting everyone living within its boundaries, learning their names and concerns, and enlisting their participation in shared activities. Community-organizing techniques are used, not so much for instrumental uses of power as for the communal power inherent in interpersonal relationships. Similarly, St. Mary’s Episcopal Church in the Upham’s Corner neighborhood of North Dorchester actively evangelizes its immediate neighborhood, reaching out to Cape Verdean youth and other newcomers who seem to be without institutional support systems and social networks. Communities sustained and constructed by these intentional social initiatives are not necessarily less conflictual than communities of affinity, because people with different perspectives and representing different cultures are less likely to be brought into relationship, rather than self-selecting into ideological, class, or racial enclaves. But they are more likely to process differences civilly and to realize the benefits of diversity. From the perspective of healing, people who know and interact with the people around them have at least the potential for reciprocal caregiving. And they have the potential of collective action to address the problems and pursue the goals they have in common.

It is only a few of the congregations we studied that are actively engaged in this kind of neighborhood-level relationship-building. Perhaps it is not the calling, perhaps not within the capability, of all. But when it happens, a congregation is indeed a healing community even as it engages in healing the community in which it is situated.

Appendix: List of Congregations Cooperating, 2002-2004

Bethel AME Church
215 Forest Hills Street
Jamaica Plain, MA 02130-3302
Denomination: African Methodist Episcopal
Pastor: Rev. Dr. Ray A. Hammond
Co-Pastor: Rev. Gloria White-Hammond

Cambridge Community Fellowship Church
234 Franklin Street
Cambridge, MA 02139-3914
Denomination: Independent
Pastor: Rev. Soong-Chan Rah

Celebration International Church
6 Loker Street
Wayland, MA 01778
Denomination: Assemblies of God
Pastor: Joe Sapienza

Congregación León de Judá
Lion of Judah Congregation
68 Northampton Street
Boston, MA 02118-1823
Denomination: Conservative Baptist Association and American Baptist Churches
Pastor: Rev. Dr. Roberto Miranda

Christ the Rock Metro Church
48 Pleasant Street
Dorchester, MA 02125-1812
Denomination: Assemblies of God
Pastor: Rev. Louis Zinnanti

Dignity Boston
P.O. Box 408
Boston, MA 02117-0408
Denomination: Roman Catholic (independent organization)

Ecclesia Ministries and Common Cathedral
35 Bowdoin Street
Boston, MA 02114
Pastor: Rev. Deborah W. Little

Fourth Presbyterian Church
340 Dorchester Street
South Boston, MA 02127-2757
Denomination: Presbyterian Church (U.S.A.)
Pastor: Rev. Burns F. D. Stanfield

Ganeshe Temple
48 Edison Street
Dorchester, MA 02122
Denomination: Hindu (ecumenical)
Priest: Pandit Dube

Grace Chapel
59 Worthen Road
Lexington, MA 02421
Association: Willow Creek Association
Pastor: Rev. Bryan Wilkerson

Masjid Al-Qur'an
35 Intervale Street
Dorchester, MA 02121
Denomination: American Muslim Mission
Imam: Taalib J. Mahdee

New Covenant Christian Church
1500 Blue Hill Avenue
Mattapan, MA 02126-1746
Denomination: Independent
Pastor: Bishop Gilbert Thompson

Park Street Church
One Park Street
Boston, MA 02108-4899
Denomination: Conservative Congregational Christian
Pastor: Dr. George P. Hugenberger
Associate Pastor: Rev. Daniel Harrell

Resurrection Lutheran Church
94 Warren Street
Roxbury, MA 02119-3209
Denomination: Lutheran (ELCA)
Pastor: Rev. John Heinemeier

Roxbury Presbyterian Church
328 Warren Street
Roxbury, MA 02119-1894
Denomination: Presbyterian Church (U.S.A.)
Pastor: Rev. Hurmon E. Hamilton

St. Mark Congregational UCC
200 Townsend Street
Roxbury, MA 02121-1289
Denomination: United Church of Christ
Pastor: Rev. Carl B. Thompson

St. Mark Catholic Church
1725 Dorchester Ave.
Dorchester, MA 02124-2528
Denomination: Roman Catholic Church
Pastor: Rev. Daniel Finn

St. Mary's Episcopal Church
14 Cushing Avenue
Dorchester, MA 02125-2009
Denomination: Episcopal Church
Priest in Charge: Rev. Ellis Clifton, Jr.

St. Peter's Catholic Church
311 Bowdoin Street
Dorchester, MA 02122-1831
Denomination: Roman Catholic Church
Administrator: Rev. Daniel Finn

Temple Israel
477 Longwood Avenue
Boston, MA 02215-5396
Rabbi: Ronne Friedman
Rabbi: Jonah Pesner