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Candy Gunther Brown

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METHODS AND TEXT

RELIGION, ILLNESS, AND HEALING
IN AN INTERDISCIPLINARY CLASSROOM

CANDY GUNTHER BROWN

I teach a research seminar, “Religion, Illness, and Healing” for advanced undergraduates and graduate students at Indiana University, a large, Midwestern, public, research-intensive university. The course typically enrolls between ten and twenty-five students. What surprised me most when I first taught this course—and the impression has now been confirmed over several semesters—is how many of my young and apparently healthy students struggle with illness. Many of them enroll in the seminar not because it meets a graduation requirement, but because they are searching for resources to make sense of their sufferings and longings for wholeness. Other students are on a premedical track and wisely want a broader perspective on the needs and experiences of future patients. Most have family members with a personal stake in the questions broached by the course.

Many of us who teach in religious studies departments are careful neither to advocate nor debunk religious solutions to life’s problems. We instead seek to cultivate critical thinking skills that equip students to understand, re-articulate, analyze, and navigate diverse perspectives. When students come to a class deeply invested in the subject matter, they often struggle with the task of neutral scholarly inquiry. I use a semester-long research project to turn this challenge into an opportunity for students to become and stay fully engaged in intellectual problems. The complexity of these problems unfolds as they undertake sustained research, discussion, and writing.

Students begin the semester acquiring some basic theoretical tools for thinking about how our key terms—“religion,” “illness,” and “healing”—get defined in various ways by scholars of religious studies and medical anthropologists, biomedical doctors, practitioners of complementary and alternative medicine, and patients. For this purpose, I turn to Linda Barnes and Susan Sered’s edited volume, *Religion and Healing in America*. The editors’ introduction concisely defines terms, traces a brief history and context for understanding religious healing in America, and identifies a “methodological toolbox” of potential research approaches. Alongside this introduction, students read the book’s two concluding chapters, one written by a historian of religion, the other by a physician. Martin Marty develops a typology of “The Four Expectations” that Americans have historically expressed about religion and healing; this typology provides a framework that helps student-researchers begin categorizing how they may hear peo-

ple talk about religion and health. “A Physician’s Reflections” by Harold Koenig suggests ways that religious and biomedical understandings of sickness and health can inform each other, and starts students thinking about overlapping, and sometimes competing, epistemologies. Students also read Linda Barnes’ extensive overview of the “States of the Field” of religion and healing; this article gives students a big picture of existing research and helps them to think about carving out their own niche. Taken together, these framing texts provide students with academic vocabularies with which to think about subjects that many of them have only approached in personal, experiential terms.

Students next complete a short human-subjects research training module, offered online through the university’s research office. This serves several purposes. First, it prepares students to interact with human subjects (for instance, to interview and/or survey people about their experiences of illness and healing) in an ethically responsible manner, and potentially to publish the fruits of their research. Second, the training materials educate students about how health researchers have sometimes, in a myopic drive to answer research questions, overlooked the needs and concerns of “subjects,” who are actual people struggling with illness or disability. This background helps prepare students to treat the people they encounter in fieldwork with empathy and respect. Students next read and are given an opportunity to sign on as co-investigators to an Institutional Review Board (IRB)-approved research protocol specific to this course; the protocol is written broadly enough to encompass interviews with any kind of health-care provider and most types of clients, including children. Students have the option of instead writing their own IRB protocol if they wish to proceed in a very different direction. Undergraduates who have no intention of publishing their research findings can in certain instances proceed without IRB oversight.

Since students come from a variety of disciplinary backgrounds, such as religious studies, sociology, folklore and mythology, history, and American studies, I encourage them to build on their own disciplinary strengths and long-term research goals in formulating a term project. For instance, students in sociology tend to analyze informant interviews in terms of social theory, whereas historians might be more comfortable performing close readings of oral-history interviews. At the same time, the seminar experience prods students to use jargon-free language to talk across disciplines as well as to articulate and interrogate their own disciplinary assumptions. Students learn to express their ideas clearly enough to be understood by students with very different academic backgrounds and levels of training (undergraduate as well as graduate)—as well as diverse cultural and religious experiences. The course enrolls undergraduates from rural Indiana who have had little cross-cultural exposure prior to college alongside nationally and internationally recruited graduate students. For instance, a graduate student from Thailand studying folklore and mythology regularly pushed the seminar group to make fruitful cross-cultural comparisons.

We spend at least half of most of our twice-weekly, 75-minute sessions discussing short primary and secondary-source readings with a specific focus. I select the subjects and readings for the first fourteen classes; students select their own topics (upon which they make brief presentations) for the final two sessions. Preselected subjects include yoga, Transcendental Meditation, mindfulness meditation, karate and martial arts, Waldorf schools, Reiki and energy healing, chiropractic, acupuncture, Pentecostal and Charismatic divine-healing practices, Jehovah's Witnesses' refusal of medical treatment, and religion and ethics in conventional health care. The readings, brief framing lectures (drawn in part from my own research and writing), and discussions are designed not only to introduce specific subjects, but also to explore larger questions and problems that may arise as students frame their own research. For instance, are public-school yoga and meditation programs "secular" health-and-wellness education or are such programs "religious" (or both)? What is at stake—for health, education, law, and ethics—in asking this question? Where are the boundaries between "medicine" and "religion," or do those boundaries exist at all? Is there empirical evidence of the efficacy of alternative healing practices—and what worldviews and epistemologies go into identifying what "counts" as evidence and who should adjudicate it? How should health-care providers and administrators respond to the religious beliefs of patients and their families? What difference do race, ethnicity, gender, and class make? What ethical and legal questions arise when spiritual healing is integrated with (or replaces) conventional healthcare? Does commercialization of spiritual healing make the practices less authentic—or less religious? Students present updates and receive feedback on their research projects. Other sessions focus on discrete stages of the research and writing process.

As an illustration of this instructional process, I will use the example of a student I'll call Heidi, a college senior with a major in religious studies and a minor in Near Eastern Languages and Cultures. Heidi signed up for the course because her mother had taken her to a series of alternative healers since early childhood—not because Heidi was particularly sick or resistant to biomedical treatment, but because her mother was attracted to a more "natural" and "spiritual" approach to healing. Heidi had, for instance, received chiropractic adjustments, craniosacral therapy, herbs, and aromatherapy. Heidi focused her course project on aromatherapy for women's health, interviewing the therapist who had treated her mother and herself for years, as well as reading primary and secondary texts.

Personal experience with aromatherapy and with a particular therapist gave Heidi an easy entry point for ethnographic research. Indeed, she tried to interview other aromatherapists—upon the suggestion of a classmate, who shared business cards from several local practitioners, which the classmate had collected while doing research for her own project—but these practitioners did not immediately respond to Heidi's inquiries. Course readings and discussions pushed Heidi to ask her aromatherapist questions she had not previously considered: what does it mean that oils are "essen-

tial”? How and why are the oils supposed to “work” (and what does it mean to “work”)? Why do aromatherapists trace a history of “ancient” uses of plant oils and also use scientific language to describe their practice? What does it mean to say that aromatherapy is “sacred” and treats mind, body, and “spirit”? What exactly do aromatherapists mean by “stress”? How can one gauge when “healing” has happened, based on what kinds of “evidence”? What attracts the therapist and other patients to aromatherapy?

Heidi discovered that religious assumptions undergirded practices that she had implicitly categorized as “medical” or “natural.” She found, for instance, that some aromatherapists believe that “essential” oils connect users with the “essence” or “spirit” of the plants; plants have “souls and spirits,” and each oil has personalized “vibrations” that connect with “frequencies” in “human energy fields.” Illness results from disharmony with spiritual energy fields. Healing happens when people connect into the plant spirit, even in a sense becoming one with the plant. At the same time, both the aromatherapist Heidi interviewed and those whose writings she read narrated detailed histories that trace the origins of aromatherapy to ancient times. Although Heidi was at first inclined to take these “histories” as simple factual accounts, class discussions pushed her to think about how the narratives might serve to make aromatherapy appear scientific in the sense of being grounded in empirical observation and experimentation. The seminar talked about how such narratives may rely on the assumption that an ineffective practice would not have stood the test of time. These narratives suggest that aromatherapy is safe because it is “natural,” rather than an “artificial,” “toxic” modern medicine.

One of Heidi’s challenges—a challenge shared by many of her classmates—was to think critically about the assertions she heard from her informant and read in primary texts, rather than accepting claims at face value. Course readings and discussions proved crucial in this process. Heidi found it helpful to discover that her aromatherapist made similar assumptions about the existence of a universal life-force energy as did the crystal healers studied by another student, and that the aromatherapist used scientific-sounding language—without corresponding “evidence” of the type demanded by conventional doctors—in a manner parallel to other kinds of healers discussed in assigned readings. Her concept of “religion” broadened to include “spiritual” practices such as aromatherapy that “heal” not simply in the sense of ameliorating adverse symptoms, but which function more broadly to explain problems of human life, connect individuals with supra-human energies, and cultivate spiritual awareness.

Heidi’s understandings of aromatherapy in particular, and of religion and healing more broadly, expanded through the seminar experience. Other students joined me in encouraging Heidi to make comparisons to biomedical and other non-biomedical ways of envisioning and approaching sickness and health, unpack vague statements, and ask questions, such as why are “essential oils” described as “essential,” why are treatments personalized, and why are certain vendors and products (generally the expen-

sive ones) preferred above others? Heidi also peppered other students with questions about their projects, a number of were prodded by thinking about her project in relation to theirs. I do not know whether Heidi would have described herself as “healthier” by the end of the course, which may have been her goal in enrolling. But, by semester’s end, Heidi did articulate that she had gained a more nuanced sense of what her aromathapist, her mother, her conventional doctor (from whom she periodically brought me notes for class days missed due to infections), and she herself meant by “illness” and “healing,” and by “spirituality” and “religion.” She also reflected on how these concepts sometimes overlap with each other.

All the students received formal feedback on their projects at a number of junctures during the semester. These included workshops devoted to discussing paper proposals and abstracts and an annotated bibliography and paper outline. In a “mini-paper” and oral presentation, a student could, for instance, analyze a single informant interview, framed by one or two theoretical issues raised in the secondary literature. For example, a graduate student studying folklore and mythology reviewed an interview she had conducted with a woman in rural Thailand during the previous summer in light of scholarly debates over whether people utilize folk healing because they are poor and uneducated or because they are dissatisfied with the limits of conventional medicine. A history graduate student used theories about commodification and ritual to analyze online testimonials from listeners to Oprah Winfrey and Deepak Chopra’s “21-Day Meditation Experience.” A college senior majoring in religious studies examined a narrative from a fibromyalgia sufferer in terms of biomedical definitions of Fibromyalgia Syndrome alongside the epistemologies articulated in patient-centered Internet chat rooms. The full-length rough draft was reviewed in depth by several peers guided by a detailed peer-draft-review questionnaire, and developed through this process into a final paper and oral presentation. Students have been very interested in one another’s topics and are generous and helpful in asking questions, offering suggestions, and sharing resources. Often, students are aware of sources that are unfamiliar to me and ask foundational, thought-provoking questions that I would not have asked, such as, what does it mean to describe illegal drug use as “religious.” In class discussions students struggle to figure out what to do with collected data. For example, when one student admitted feeling paralyzed by her copious notes from informant interviews, another suggested organizing the comments into lists by subject headings; yet another student recalled theoretical frames from the assigned readings. This kind of workshopping helps students frame what their informants are telling them in terms of critical questions and research problems, as opposed to uncritically summarizing informant perspectives.

By the end of the semester, students became almost as excited about one another’s projects as they were about their own. In the seminar’s highly collaborative atmosphere, students could feel confident that their generosity with their peers would in no way jeopardize their own course

grades. One pattern that developed was that students perceived resonances and tensions when comparing their own research findings with those of their peers. At the same time, because many students were also engaging in field research, regularly checking in with other seminar members helped provide a check on the tendency of some students to become uncritically invested in the worldviews of their informants. For instance, the student writing about crystal healing found herself attracted to her informants' ideas about the spiritual energy of particular rocks. Class discussions constantly brought the assumptions and perspectives of one group of informants into conversation with those of other groups of informants, as well as with critical vocabularies and larger conceptual questions raised by course readings. The student working on crystal healing thus saw that her informants use historical narratives and scientific-sounding language in ways that parallel the strategies employed by aromatherapy promoters. This helped her to identify uses of history and science as strategies that serve particular purposes (such as legitimation and identity formation), rather than merely as self-evident facts.

Discussions frequently returned to various substantive, functional, and formal definitions of "religion" and "spirituality." They asked whether the self-definition of "spiritual, but not religious" might be productively viewed as one way of being religious, rather than as something other than religion. We asked how various healthcare providers and patients define the terms "illness" and "healing," as well as what assumptions inform these definitions, and what is ultimately at stake. We also asked how and why certain approaches to health become popular in a given culture at particular historical moments. We interrogated, for example, the recent cultural mainstreaming of complementary and alternative medicine in the US from the 1960s to the 1990s, and then again to the present. This led into larger ethical and legal questions of informed consent, consumer protection, and religious establishment at the center of biomedical ethics, tort law, and constitutional law. What happens, for instance, if a health-care provider believes that a healing practice such as aromatherapy or crystal healing works by redirecting spiritual energy but explains the practice to patients as a nonreligious, natural, scientific technique in order to avoid offending patients' religious sensibilities, and thereby win a broader and more lucrative client base?

Students leave the course with a clearer understanding of the multiple meanings of "religion," "illness," and "healing." They emerge with greater confidence, enthusiasm, and skills to read, write, and speak reflectively, empathetically, and critically about their own and other people's religious and health-related questions, concerns, and experiences. They are also equipped to pursue independent research projects, including research involving human subjects. As they resolve certain questions about religion and health, the often-multifaceted answers generate additional questions that students can now tackle using their newly acquired tools.

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