

How are Healing and Suffering Conceptualized within Christian Science?

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Abstract

This paper investigates and explores the understanding of suffering and healing within the new religious movement (NRM) of Christian Science (SC). Through a medical anthropological lens, concepts such as the mind/body dualism and the ‘placebo effect’ will be discussed, alongside analyses of qualitative research data gathered at my local CS church in central London through participant observation and semi-structured interviews. With a focus on the movement’s construction of healing, that perceives suffering as ‘unreal’, I argue that CS’s conceptualisation of healing and suffering is inherently contradictory and dichotomous. The aim of this paper is to contribute to the rather scarce literature on CS through a transdisciplinary approach incorporating religious studies, medical anthropology, and sociology.

Keywords: New Religious Movement, Christian Science, London, Suffering, Healing

“Matter and disease cannot destroy life”

— *Mary Baker Eddy (1875: 292)*

She had purple eyes, a voice like an opera singer, and her prayer practice at the church would put her into such a deep trance-like state that other members struggled to get her ‘back’ to reality. I never met her, but as a child, this was the description I was given about my great-grandmother. She joined Christian Science (CS) sometime in the late 1890s, which gave her something to hold on to when facing poverty and social exclusion as an immigrant. Apparently, the prayer and healing practices provided her with the missing stability. My grandmother and her sister both followed their mother’s path of faith and were members of Christian Science all their lives. The tradition broke, however, with the following generation. Although my aunt went through a phase as a ‘religious shopper’ (Janson, 2016: 661) when facing a health-crisis in her early 30s, she tried out different esoteric and spiritual practices⁹ and eventually became a member of CS for about three years.

Intrigued by what seemed to be a contradiction in itself, a faith that sees illness as an illusion while promising to heal the sick, I chose to focus my fieldwork project on the conceptualization of healing and sickness within this new religious movement (NRM). This paper will introduce the origins of CS and discuss, through the writings of Arweck and Barker, why it is considered an NRM. The main focus, however, will be on the movement’s emphasis on and understanding of healing and suffering from a medical anthropological perspective. In line with that, and by drawing

⁹ Such as yoga and the writings of Eckhart Tolle.

on Hackett, the notion of ‘science’ in relation to healing practices will be elaborated on, followed by a discussion of the mind/body dualism by medical anthropologists, Lock and Scheper-Hughes. Furthermore, through the writings of medical anthropologists and psychiatrists, Kleinman and Hahn, the notion of the ‘placebo effect’ will be explored in relation to CS’ emphasis on positive thinking. Throughout the more theoretical analyses, I will weave in ethnographic examples from my observations and interviews gathered during fieldwork and draw on the sociologist of religion, Rodney Stark’s account of CS.

Methodology

My fieldwork was conducted at the CS church, Eleventh Church, near King’s Cross in London. Upon my first encounter, I was warmly welcomed by the members of the church, who showed great interest in my project. One of my interlocutors, Richard, told me that perhaps a handful of the ‘thousands’ of people who will read my paper may convert, possibly myself included someday. Thus, my interest in and work on the church was interpreted as a catalyst for conversion. Due to my family history, my positionality within the field could be defined as one of a ‘native anthropologist’ but, although my grandmother was a Christian Scientist, I was not raised as one – in fact, CS was, rather, a taboo topic¹⁰. I was a ‘native anthropologist’ in Narayan’s more fluid sense: my sense of belonging was in constant flux as I negotiated my positionality as both insider and outsider (1993: 671). Richard’s remark also made me realize that ethnographic research is not a one-way relationship. An anthropologist always must consider the impact they have on the field as their relationships with their interlocutors is always reciprocal. With that in mind, I agreed to share my final paper with my interlocutors.

In addition to attending a Sunday Service and a Wednesday Testimony, I conducted three semi-structured interviews with a practitioner (Lawrence), a long-time member (Henry), and another member who is working on becoming a full-time practitioner (Richard).¹¹ Furthermore, I had a few conversations with my aunt around her experience with CS. However, due to the restricted scope of this paper I have decided to focus on my participant observation and interviews conducted at the church in London.

What is Christian Science?

Christian Science (CS) is a new religious movement (NRM), a term used to replace the terms ‘cult’ or ‘sect’ by Western scholars in the 1960s (Barker, 2001: 10631). According to Arweck (2002), NRMs arose from the post-WWII period onwards, predominantly resulting from the 1960s counter-culture movement (Arweck, 2002: 269). However, due to the vast variety of NRMs, there is not “one accepted definition” (ibid. 283), and there are many indicators other than that of temporality for CS to be a NRM. Most markedly, it is based on Christianity (ibid. 295), charismatic leadership (ibid. 270), an alternative reading of the Bible (ibid. 271), a dichotomous worldview (Barker, 2001: 10634), and specific practices (ibid: 10633) or techniques to achieve good health.

¹⁰ Due to my family’s distrust of CS and the more general negative connotations attached to NRMs. See Clarke (2006: 44) on hostility towards NRMs.

¹¹ For ethical reasons I am using pseudonyms for the three interviews.

In 1866, Mary Baker Eddy (MBE) discovered CS and defined it as the “absolute divine Principle of scientific mental healing” (1875: 107). She had a difficult life, plagued by hardship¹² and physical ailments. Following an accident, MBE was told by her physician that her paralysis was incurable. She tried everything, from conventional medicine to homeopathy, but nothing could heal her. One day, however, when she was lying in bed, she read in the Bible about Jesus’ healing practices and the impossible happened: she was able to stand up and walk again. This was when she discovered CS. During my fieldwork at the church I heard this story repeatedly, and there were posters in the hallways with short biographical paragraphs about her and quotes from her translation of the Bible: *Science and Health: With Key to the Scriptures* (SH). This emphasizes MBE’s “charismatic authority” (Barker 2001: 10634), which is still important to the members of CS today. Stark states that MBE “[presented] herself as infused with divinity and to be the co-equal of Jesus” (1998: 199).

MBE provided an alternative reading of the Bible and, when referring to the Bible, stated that “the translators of this record entertained a false sense of Being. They believed in the existence of matter.” (SH: 525 in McKim, 2014: 406). MBE created what Stark calls, a “radical doctrine of mind power” (1998: 196) that negates the realness of illness and physical symptoms of any kind, and even death is perceived as an illusion.¹³ With a female founder, women are central to CS. The so-called Mother Church in Boston is considered the main church or ‘headquarters of CS. At one of the Sunday Services I noticed that one of the readers¹⁴ closed the sermon with: “Holy Father-Mother.” The notion of God as “genderless”¹⁵ illustrates one of its revolutionary concepts.

“Prayer is practical and effective”

— *Christian Science* (2018)

After a successful career as a scientist and businessman, Lawrence decided to retire a few years early in order to become a full-time CS practitioner. He explained to me that a full-time practitioner is not allowed to have any other source of income than that accumulated through one’s healing practices. Practitioners are paid for their services and usually ask for the same amount as a medical doctor, which, according to Lawrence, is around £40 an hour. Hence, although physicians are not tolerated in CS, the general framework of the healing procedure is reminiscent of the former, as it involves a consultation billed according to the local medical standard.

So-called ‘spiritual science movements’ are NRMs that provide a specific practice or technology to achieve spirituality in order to “manipulate the empirical course of existence” (Hackett, 1986: 8). When asked why CS is a ‘science’, Lawrence stated that the definition of science is based on theory and practice. If the theory is correct, you can prove it in practice and because the healing practices of CS are demonstrated to be successful, CS is a science. This seems like a contradiction in itself; while the material world is dismissed as an illusion, the CS healing practice is legitimated

¹² According to Henry, MBE’s son was taken away from her at a young age as her family thought her incapable of taking care of him due to her poor health.

¹³ “Life is perpetual and never changes into death” (Eddy, 1875: 292).

¹⁴ There are always two readers present at the Sunday Service, one reading psalms from the Bible and the other reading correlating passages from *Science and Health*.

¹⁵ Definition according to one of my interlocutors.

through physical proof. All three of my interviewees decided to join the church after experiencing a form of personal healing through CS.

“There is no matter; matter is nothing but a mortal illusion.”

— *Science and Health: With Key to the Scriptures*¹⁶

Through the usual London drizzle, I slowly cycled into St. Chad’s Street on my bike, feeling relieved to have survived the traffic chaos around King’s Cross. Outside the church, a member greeted me and kindly suggested I leave my bike in the hallway entrance of the church. The newly renovated¹⁷ church (not recognizable from the outside as a church in the traditional sense) has a calming and clean atmosphere inside, designed in a modern minimalistic style with a lot of light-coloured wood and white walls. Someone was playing the piano, and as I sat down I could feel myself starting to relax as the noise of the city faded away. I was there for the Wednesday Testimony, a weekly gathering open to all, where people are invited to share their healing experiences. It began with the reader reading from both the Bible and SH (*Science and Health: With Key to the Scriptures*), interspersed with communal singing. About half-way through, the reader encouraged people to share their healing experiences, adding, however, that they were not allowed to mention any symptoms, name any diseases, or be explicit about their illness in any way. The sociologist of religion, Rodney Stark, argues that, according to MBE, positive thoughts are the most powerful tools given to us: “The world of our senses is but an illusion of our minds. If the material world causes us pain, grief, danger and even death, that can be changed by changing our thoughts” (1998: 195). CS emphasizes healing and refusing to name the nature of symptoms and suffering negates their reality.

When I asked the practitioner, Lawrence, about CS’ take on the mind/body dualism, he stated that in CS there is no such thing as their viewpoint is based on unity and ‘wholeness’. Since God is omnipresent, there is no space for the opposite of God. He elaborated on this thought by pointing out that only the spirit Mind¹⁸ is real and the mortal mind (body) is an illusion and that therefore the Cartesian split of mind/body does not apply in CS. However, this proves to be a contradiction in itself because if only one (spirit Mind) is true, and the other (body) is unreal, a dichotomous thinking is observable. The anthropologist Margery Fox made a similar observation, noting that CS’ doctrine of “opposing the divine Mind (capital M) to the mortal mind (small m)” perpetuates the dualism (1984: 292). Lock and Scheper-Hughes argue that, when discussing the “Cartesian Legacy” (1987: 8), biomedicine is based on overruling oppositions: “spirit and matter, mind and body, and (underlying this) real and unreal” (ibid.). Within this tradition of thought, what is real is perceived as an underlying biomedical causation of illness, rather than psychological or social effects on the body (ibid.). Thus, when comparing the predominantly materialist approach of Western medicine to that of CS, they are strikingly similar, only reversed. It has been observed that often when a dissolution of the mind/body dichotomy is attempted, it is in reality being reinforced (ibid: 10).

¹⁶ SH, ed. of 1893: 525 in McKim, 1914: 406.

¹⁷ In 2016.

¹⁸ The capital ‘M’ in spirit Mind was repeatedly emphasized during my fieldwork, reflecting its superiority over matter.

“Belief kills; belief heals.”

— *Hahn & Klienman (1983: 3)*

According to Lawrence, a CS practitioner should never use medicine to treat a patient because medicine is material and therefore not real (Hahn & Klienman 1983: 3). He continued, a medicine’s effect is ultimately determined by a patient’s faith in it, by what a doctor would call the ‘placebo effect’. In their article, Kleinman and Hahn investigate the notion of placebo,¹⁹ aiming “to elucidate the pervasive power of belief” (1983: 16). They criticize the dominant approach based on the Cartesian ontology and offer an alternative viewpoint, arguing that mind and body affect each other perpetually, as they are intermeshed: “The mind is embodied, the body is mindful” (italics in original; *ibid*: 18), emphasizing the realness and efficacy of placebo as a treatment method for a “great variety of pathological conditions” (*ibid*: 17). Accordingly, a sick mind creates a sick body, and vice versa. For CS, on the other hand, it is a one-way street: a healthy mind creates a healthy body, because only the mind is real and physical symptoms are merely a creation of the mind. After the first interview, Lawrence sent me a document via email with the most important quotes “illustrating some of the areas in which Mary Baker Eddy was a pioneer for reform” (email: 3rd December 2018). One of them was about the use of medicine and the placebo effect: “Unsupported by the faith reposed in it, the inanimate drug becomes powerless” (Eddy, 1875: 160).

“Welcome: Our healing ministry”

— *Eleventh Church of Christ, Scientist, London (2018)*

Richard told me his first healing experience was when he accidentally cut his finger, leaving a very deep cut that would not stop bleeding. He remembered the CS teachings that physical perception and pain are illusions and ignored the bleeding finger and the pain. Soon after it had stopped bleeding and he realized that his pain was in fact an illusion. In contrast to Kleinman and Hahn’s notion of an embodied mind, or mindful body, I argue that CS’ approach to healing and suffering is one of disembodiment. The notion of physical symptoms as being an illusion that can be controlled through the subject’s thoughts calls for the mind to transcend the body, as Richard did by ignoring his pain, creating a split between mind and body.

When conducting the first interview with Lawrence, a practitioner, I was suffering from a recurring intense stomach pain and asked him what healing procedure he would offer me if I was his patient. He summed up an individualized protocol²⁰ for me that started with the notion of overcoming fear, as this emotion underlies all illness. Healing is conceptualized and to be achieved through an emphasis on positive thoughts and emotions (loss of fear, strengthening feelings of love and gratitude). This is reminiscent of Hahn and Kleinman’s claim that “there is a physiology of expectation: of hope, of fear, and of their variants” (1983: 18). They highlight the importance of considering the cultural and social context of when a placebo phenomenon occurs because a patient’s belief affects their healing outcome (Lock and Scheper-Hughes, 1987: 30).

¹⁹ Hahn & Klienman also published a chapter on *nocebo*, the notion that negative thoughts may cause illness.

²⁰ Which he later said was very standard. The protocol can be found in the Appendix.

According to Richard, who will soon be a full-time practitioner, it is through the acceptance that illness and pain are not real but constructions of the mortal mind that the patient will be healed. When I asked him about how the practitioner helps the patient to achieve this view point, he explained it to me with an example: if someone has breast cancer, the first thing that he, the practitioner, does is make sure that he himself is healed from the ‘wrong’ perception, which is to perceive the tumour as real and feel sorry for the person. This, he said, is dis-empowering and leads to a downward spiral, only making the patient sicker. Hence, the practitioner has to ‘cleanse’ (Richard) himself first of such thoughts and will only then be able to heal the other person. The next steps of the advice for the patient are always spontaneous, sent to the practitioner from God in the moment.

Concluding reflections

Anthropological work on CS is rather scarce. This is surprising, considering that, especially within the field of medical anthropology, CS offers much to explore. Insights into the economic and entrepreneurial sides of the CS healing practice, the liminal phase (Turner, 1967) a practitioner has to endure during the so-called ‘class instruction’ (training), and the similarities with psychodynamic therapy (which is also based on empathy, confidentiality, and the fact that a practitioner is not allowed in any way to transfer their issues onto anyone else) would all make fascinating anthropological studies. In this paper, however, I have had to limit my focus to examining the complexities of CS’ conceptualization of healing and suffering. Specifically, I have focused on why healing is such a central aspect of CS, discussing the meanings attached to ‘science’ and the perpetuation of the mind/body dualism. I argued that CS’ social construction of healing, which condemns suffering as unreal, is built on contradictions and dichotomies.

The day after my interview with Lawrence, my stomach pain decreased and, had I been a CS myself, I would have taken this as empirical evidence for the prayer’s efficacy. Yet as an agnostic, I do not recognise the correlation between prayer and pain relief or perceive it as scientific proof. More importantly, however, as an anthropologist I acknowledge how belief shapes one’s conceptions of healing and suffering.

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Appendix

All interviews were conducted at the 'Eleventh Church of Christ, Scientist' (11 St. Chad's Street, WC1H 8BG London).

Lawrence

Interviews:

- November 2018, duration ca. 1 hour (not recorded)
- December 2018, duration 27:30:00.

Lawrence's healing protocol for me (interview 1):

- a) Handle the fear, because fear underlies all illness. Love rules over fear. God's love is like mother love, the most powerful, pure and universal love.
- b) Recognizing that *God is all in all* excludes the possibility of a belief in pain. The mind you have is the mind of God, which cannot hold pain.
- c) Gratitude: we need to be grateful before the healing happens.

Henry

Interview:

- November 2018, duration 1:01:12.

Richard

Interview

- December 2018, duration 53:49:00.