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A Perspective in Healing: Christian Science Practitioners

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In the quiet of the Christian Science Reading Room, all of the noise of Philadelphia is carefully left at the door. Lined with bookshelves, and a few sparse pieces of furniture, not unlike a library, the room exudes calmness and quiet. Yet the conversations that occur in this room, whether in vivo or via phone call, treat the same conditions that patients bring to the bustle and hustle of hospitals, filled with doctors in white coats and mysterious technology. Shelley Richardson, a Christian Science Practitioner, speaks in a thoughtful, low intonation that is deliberate and concise. Practitioners are the healers of the Christian Science religion. Her eyes are searching, and her expression thoughtful, not anxious, but wise. Meeting her you become aware of the allure and success of an “alternative” healing practice like Christian Science; she embodies empathy and the need to deeply care for another human being. By empowering patients through belief, practitioners like Shelley facilitate healing with prayer that is autonomic, self-sufficient, and, above all, caring.

I approach Christian Science with the view of an insider. Having grown up as a fourth-generation Christian Scientist, I am not an expert on the religion. However, I think my closeness and familiarity establishes my authority to speak on the matter. I grew up attending weekly Christian Science services and seeking guidance for healings from my Grandmother, a practitioner. My brothers and I were encouraged to work through our illnesses and life setbacks with meditative prayers and so-called Christian Science “thought.” My Grandfather always told Great Depression stories of his mother, who, unable to find food for their family, used her Christian Science beliefs to give her faith that food would be provided for—and almost magically candy bars, milk and bread would appear for her to feed her family. Conscious of my own knowledge of Christian Science, I hope to mold the picture of a Christian Science Practitioner without the presence of bias. I want to mold a picture of what a Christian Science Practitioner, the Christian Science healer, represents to the outside world as a socially constructed system of healing. In molding this picture I hope to identify the sense of caring that pervades practicing Christian Science, a quality that is often compromised in Western biomedicine. I enter a conversation among scholars that has been thoroughly investigated. I hope to add a new perspective by emphasizing the compassion many individuals find in practices like Christian Science through their relationships with healers.

CONTEXT: An Introduction to Christian Science

Christian Science is formally recognized as an established religion, but it is also a form of alternative healing. In the words of McGuire, “Much Alternative healing, on the contrary, is not merely a technique, but rather entails entire systems of beliefs and practice” (McGuire et. al 1988). Christian Scientists meet weekly, have established church buildings, and control their religious teachings through an administrative base found at the “Mother Church” in Boston, Massachusetts. Mary Baker Eddy established the religion around the turn of the century, and her teachings were first inspired by healings discovered through the mesmerist Phineas P. Quimby. Due to the early inadequacies in modern medicine, Christian Science was very

influential in the early 1900s when Mary Baker Eddy established the religion.

The basis of Christian Science is outlined in Eddy’s book, *Science and Health with Key to the Scripture*. In the book Eddy emphasizes the central tenet of Christian Scientists; that all individuals are created whole and perfect in the image of a perfect God (McClain & Shepard 1989). This interpretation is an extended metaphor for a way of viewing health and the body. That is, all healing of the body can take place within the mind since God has created the body to be perfect and whole. Christian Scientists are often averse to doctors and Western biomedicine for this reason; healings are a testament of mental practice that reject medicine for its view of the body as imperfect. Often patients seek out Christian Science after failed attempts at biomedicine to deal with issues of chronic pain or diseases that are difficult to treat in the acute model of medical intervention (DesAutels 1999). Besides the potential to fill the gaps in biomedicine, Christian Science attracts many followers with its individualized practice.

Much of the allure of Christian Science comes from its very personalized approach to disease and sickness. Christian Science healing focuses on the individual, with healings occurring through a change in individual thought. Practitioners enter the healing process as facilitators to their clients. If healing is the redress of sickness, then practitioners help redress the mind, which they believe is the direct means to heal the physical body (Hahn 1996). This redress occurs through prayer and faith (Fox 1984). Practitioners find their clients specific Bible verses and sections from Mary Baker Eddy’s *Science and Health* to use in prayer. Chapters in *Science and Health* contain guidance and interpretation of the Bible, but also examples of successful healings. The chapter titled “Fruitage” contains letters from Christian Scientists, writing of their successful healings within Christian Science; these healings range from curing spinal trouble to correcting near-blind sight (Eddy 1875). The success of these healings—and all healings in Christian Science—rests on the concept of belief.

The same model that Levi-Strauss uses to explain the efficacy of magical practices can be extended to the efficacy of the Christian Science Practitioner model, both reinforcing the importance of belief. Levi-Strauss emphasizes how the efficacy of belief is mediated via the interaction of players within that belief system (Levi-Strauss 1963). Important players within the Christian Science model are the practitioners, patients, and the institution of Christian Science. Belief is created through the synergetic relationships between the practitioner’s confidence in Christian Science texts, the patient’s belief in the practitioner’s word, and the larger expectations created by Christian Science as an institution.

In the following sections I pair my interview with Practitioner Shelley Richardson and prior scholarship in order to analyze how the education, practice, regulation and healing philosophy of Christian Science Practitioners shape the Christian Science belief system.

I. Education

To practitioners, “The Practice comes to you, not you to it” (McClain 1989). Common to many religious narratives, individuals feel that there is a divine, overarching reason—a so-called destiny—that leads people to practice. Shelley describes her own calling as a divine pull into practicing Christian Science. Her beginnings in Christian Science practice indicate an earnest desire to partake in a meaningful profession. She came into the practice after attempts in teaching, politics, and political organizing. Shelley wanted to positively impact the world around her, “There was nothing else to do, that ultimately we were all going to be practicing and teaching Christ. That’s the direction we are all going. I couldn’t think of anything else that could be more important”. By seeing Christian Science as the highest form of *good*, Shelley self-selected herself for the profession of Practitioner.

Education as a practitioner emphasizes the experiential rather than the formal. Experience with patients is most important. However, most devout Christian Scientists enroll in technical classes during their early twenties. Since Christian Science heavily emphasizes the autonomy of the individual in achieving successful healing, the goal of class instruction is to empower each individual Christian Scientist to conduct their own practice in order to perform their own healings. Primary class instruction lasts for two intense weeks, and lessons are based off of twenty-four questions and answers found in a chapter called “Recapitulation” in *Science and Health* (McClain 1989). These questions address the philosophical and practical approaches of Christian Science, from “What is Man?” to “Will you explain sickness and show how it is to be healed?” (Eddy 1875, 475 & 493). All individuals who complete class instruction should be able to understand the answers to these questions and can consequently begin to put the letters “C.S.” after their name (Wardwell 1965, 448). This designation serves as a formalized, public display to indicate that the person has finished their class instruction. The letters represent what Levi-Strauss (1963) terms the exercise of power over illness and disability in a secular world. This is the same power exercised by doctors who place an M.D. after their names once their medical training concludes.

However, the transition from a graduate of class instruction to a working practitioner takes time. Fox describes the transition to a practicing practitioner in three phases: phase one involves helping friends and consulting with family members, while phase two marks the shift from private work to public work. That is, those who have been healed publicize the healer’s work. Lastly, phase three occurs when the practitioner meets the formal requirements imposed by Christian Science as an institution (Fox 1989). The three phases do not follow a specific timeline, and differ from case-to-case. For example, Shelley’s third phase did not come until later in life when the practice became her path. Some practitioners will take years, others will practice a bit on the side, and some will start immediately after class instruction. As a profession of faith, becoming a practitioner hinges on when a person feels compelled to help heal.

II. Regulation

Most religious institutions utilize very stringent rules and laws to uphold their beliefs. The Christian Science church uses its own ritualistic language that its users endow with power (McGuire 1988). This language is put in use within the institutional structures of Christian Science, such as at church services. Every Sunday there is a religious service that includes singing hymnals and reciting the weekly Bible lesson, which

includes a section from the Bible as well as from *Science and Health*. Wednesday nights are marked by a testimonial service in which the Bible lesson is read, and then testimonies are voluntarily recounted by church members.

Wednesday night services are important because the testimonies given share and recount healings. These testimonies are not so different from the idea of *testimoni* introduced by Tom Boeffstroff in Nuri’s Testimoni; Boeffstroff defines *testimoni* as a socially recognized genre composed of “a witnessing or opening oneself in front of many people” (Boeffstroff 2009, 355). Both testimonies are shared personal stories in which the protagonist trumps fear. To Christian Scientists in particular, testimonies are opportunities to speak about personal challenges, serving as sources of healing. Testimonies are intensely personal, highlighting aspects of both *crafty knowledge* and *confession*. By sharing their experiences aloud, members hope to empower fellow churchgoers in the audience to seek out healing, while also providing examples of their intimate journeys in creating relationships with God. The testimonies communicate an utmost belief in the healing process by describing how that healing came about, often times with the aid of a practitioner.

These qualitative testimonies are important to practitioners because they are the only means of measuring the outcomes of a practitioner’s work with patients. Furthermore, Shelley emphasizes that the process of becoming a practitioner depends on these testimonies because they serve as evidence that the practitioner facilitated healings when they were just beginning their practice. Once a practitioner feels confident enough in their practice, they ask patients to write their healings down and submit them to the *Christian Science Journal*, the major publication produced by the institution of Christian Science (DesAutels 1999). All church-regulated practitioners are listed in the journal’s pages by region and state. Consequently, the accumulation of testimonies allows practitioners to officially practice within the institution of the church. To be listed requires that the practitioner give up all outside sources of income. All means of living are put in the hands of patients, and, therefore, ultimately rely on the power of testimony. This endowed power given to testimony reiterates the idea that testimony is a socially recognized genre; not simply a religious confessional, but also a construct through which practitioners sustain a means of living (Boeffstroff 2009). As such, a caring and attentive relationship between a practitioner and their patient becomes increasingly important.

III. Practice

The patient-practitioner relationship is best explained through the simplicity of a phone call. The phone is always ringing when things are going well for Shelley. Communication with her patients, while sometimes face-to-face and at other times via e-mail or text message, is most often done using the phone. As Shelley describes, “They call, usually the phone rings, and the more that I am loving the practice, the more I am loving the desire to practice, the phone rings more.” For Shelley, the phone ringing symbolizes spiritual growth. Shelley believes that moments when phone activity is stagnant are opportunities for her to grow closer to God. That is, in order to cross a plateau of stagnant phone calls (and thus an absence of work), the practitioner must look for a way to become closer to God. Receiving less phone calls indicates that God wants the practitioner to become a more attentive healer. Shelley explains that by strengthening his or her relationship with God, the practi-

tioner's phone will start ringing with greater frequency.

Despite the time that practitioners spend speaking with and caring for patients, the profession is isolating. In comparison, biomedical physicians work in a bustling atmosphere in which they are constantly prescribing, researching, examining, and listening. The practitioner, on the other hand, lives in a world of silence and reflection. This is evident by the way Shelley carries herself. Her speech is frequently interrupted by pauses so she can close her eyes for a moment to think. She dresses modestly, and there is an absence of make-up on her face. From the perspective of a university student, her purposefulness—her pause—is strange but enlightening.

Some would consider the profession of the practitioner as solitary; instead Shelley cherishes it because she is able “to spend so much time alone with God,” which she sees as a privilege since God is so good. Fox comments that practitioners exemplify the isolated individual since they often must retire to their books for their work, not unlike a scholar. This type of austerity is often marked as separate from popular society. Devotion of this kind requires a transcendence of normal social obligations, and in other faiths it manifests itself in celibacy or living without material wealth. To the practitioner, isolation is a means of sustaining their healing practices (McClain 1989). Patients can be assured that the practitioner is properly caring for their ailments and sicknesses since they are exclusively focused on the patients' needs.

IV. Healing the Self

The emphasis placed on individual care and needs during a healing begins with the first patient-practitioner interaction. Shelley begins the healing process by addressing the immediate fear in the individual,

When the patient calls, the first thing I want to do is quiet their fear... that the material picture is trying to say 'I'm real, I'm real, I'm real...' just a prayer, sometimes a few words to assure them whatever this world is presenting to their thought is just a suggestion, a suggestion that they don't need to take in...

Addressing that initial fear is monumental, and it usually takes place through suggestion. Shelley suggests another thought, usually from the Bible, to replace the previous thought that caused so much fear. The goal of the practitioner is to change the thought in order to treat any physical symptoms that result from it.

The success of a healing is subtle, and to outsiders the outcome might appear more as a psychological change as opposed to spiritual reflection. The practitioner helps the patient to see him or herself as whole no matter what the ailment, whether they suffer from chronic headaches, cancer, or a bad fall. However, the issues patients face are not exclusively physical. For example, a practitioner may help patients with marriage problems, existential dilemmas, and general depression. Shelley describes a healing as a thought process—all it requires is a small shift in thought so that the patient no longer sees him or herself as flawed or imperfect, but as a part of the goodness of God.

When Shelley describes this process, you can see her eyes begin to sparkle. In her experience, when this shift occurs, physical ailments typically cease to be a problem. The language used by practitioners in this process is key. The ritualization of the process through language creates expectations for the patient each time they call the practitioner. This ritualized experience is similar to that of visiting a doctor's office; similar experiences at every doctor's visit lead to a ritual, which give certain practices power. The practitioner sets the patient's thought into

motion, after which it is the individual's responsibility to follow through with the healing. This makes the practice of Christian Science autonomic and ultimately empowering to the individual.

Concluding Thoughts

Leaving the Christian Science reading room, I was accosted by the loudness of the Philadelphia streets. Shelley's last comment was still resonant in my mind; she stated that Christian Scientists see the good in the world, and that all they see is good. Practitioners are familiar to me. However, the larger world sees Christian Science as a faith-based healing religion that is at best crazy and backwards. Practitioners like Shelley must confront the blatant hatred of some groups towards Christian Science. It is difficult to confront, especially for a woman who only expects goodness. From the point of view of an anthropologist, I caution taking a polarized position regarding culturally constructed systems, whether faith-based healing or biomedical. They are in essence all strategies to deal with the quotidian issues of the body. I think Hahn (1996) says it best, “The anthropological perspective has an egalitarian theme: although beliefs about sickness and practice of healing clearly differ from society to society, all are equally created cultural systems.” Therefore, beliefs cannot be arranged on a hierarchy of importance, since they are all related to the specific experiences and values of an individual. Ultimately, individuals align themselves with modes of healing that capture their beliefs.

As I stepped out of those doors, I remembered the comfort I found in Christian Science during my childhood. The empowering nature of the autonomic healing practice reassured me that care was always a thought away. But more often than not that care was realized through a phone call with my grandmother, who also worked as a practitioner. Her calm voice was always ready with a Bible verse or Mary Baker Eddy quote to help counter the various physical and mental pains of growing up.

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