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Courses on religion and healing are uniquely situated to meet what I see as the fundamental educational goals of the liberal arts curriculum and the goals of religious studies as a discipline more specifically: to disrupt students' preconceived worldviews, present them with multiple alternative perspectives, and challenge them to evaluate these perspectives critically. Hence, the goals of this course are to enable students to reflect upon their own philosophical assumptions about the body, healing, and spirituality with a new critical distance, seeing these assumptions as a product of our own historical and cultural context; to appreciate and critically empathize with alternative perspectives on the body and healing; and to analyze the power relations that emerge when different perspectives (often linked to class, gender, and ethnicity) come into contact with each other.

This course is divided into seven units, each oriented around particular modes of embodied subjectivity: "Biomedical Bodies"; "Complementary Bodies"; "Porous Bodies"; "Active Bodies"; "Sacred Bodies"; "Gendered Bodies"; and "Political Bodies." The first three units are guided by theories from medical anthropology on the cultural specificity of healing traditions, drawing on the work of Arthur Kleinman and Robert Hahn; units four and five emphasize questions of the phenomenology of embodiment, using Thomas Csordas's work; and units six and seven are guided by theories of the body and power, building on Michel Foucault, Denise Riley, and Susan Bordo.

The first unit, “Biomedical Bodies,” is devoted to disrupting established categories of thought, introducing key theoretical principles, and enabling students to reflect critically upon their own biomedical tradition. I want students to begin to see even Western biomedicine as an inherently religious, ritual-bound phenomenon, emerging from a particular culture-bound worldview. The second goal is to give students theoretical tools and terminologies to begin discussing multiple healing systems. In particular, this unit focuses on the distinction between *illness* and *disease*, and definitions of *healing*

. Finally, this unit seeks to provide students with an opportunity to reflect critically upon their own medical experiences, considering the symbols, rituals, and messages that have been conveyed within them.

I also encourage students to begin rethinking fundamental understandings of healing and illness. Healing can be seen as a fundamentally religious practice if, as Hahn argues, illness is seen as “an unwanted condition in one’s person or self,” as an inability to be one’s self, an inability to fully engage with one’s appropriate identity, and that “the soul of sickness is closer to the self than the cell.”¹ This notion of illness conveys a sense of healing as a religious activity, one that is fundamentally about self-making, through ritual, symbol, and storytelling. If healing is linked to notions of selfhood, then determining culturally distinct views of the embodied self becomes essential. For this reason, much of this class is devoted to exploring selfhood as it is understood in a variety of religious and philosophical systems.

We begin with the tradition of Western biomedicine. Readings present a compelling argument that biomedicine itself can be viewed as a kind of religion, insofar as it is constructed around ritual practices, ethics, faith, symbol systems, and a sacred hierarchy. Getting students to see biomedicine as a religious system and a product of culture, based upon certain philosophical, spiritual, and cultural assumptions, is not an easy task. They continually tend to return to a sense of biomedicine as “real” medicine, and other traditions as superstitious, inferior, or less evolved. Texts such as Horace Miner’s “Body Ritual of the Nacirema,” and Robbie Davis-Floyd’s *Birth as an American Rite of Passage* can be helpful. I also have students explore their own experiences with biomedicine in personal reflection essays.

Having established these notions of healing and selfhood, and having disrupted the a priori certitude of biomedicine, I introduce units two and three, which present alternative perspectives, including Traditional Chinese Medicine (“Complementary Bodies”), Tibetan Buddhist Medicine, and healing traditions among the Diné, or Navajo (“Porous Bodies”). The course works to encourage *critical empathy*: understanding the rationale and reasoning behind other worldviews and traditions, seeing through someone else’s eyes, without necessarily adopting that position as one’s own. These units seek to establish both a basic knowledge of the physiologies, etiologies, and modes of cure involved in these medical systems; to introduce the notion that

there are multiple ways of perceiving the body, causes of disease, illness, and approaches to healing; and that these differences are based on culturally distinct notions of the self. Again, students are asked to make connections between course materials and their own lives. For instance, following a discussion of Tibetan and Diné dry paintings, students are asked to construct their own mandala, and reflect upon their own sacred geographies and the ways in which their personal identities are tied into land, lineage, and community.

Having introduced a variety of healing traditions outside of Western biomedicine and having established the multiplicity of views of the embodied self, I then turn to unit four (“Active Bodies”), the purpose of which is to provide a space for comparison between traditions. Drawing from phenomenological studies of embodiment that emphasize the view from within — the experiential reality of being *in* a body — this unit focuses on the importance of movement and performativity in these healing traditions, and the transformative power of such traditions, including yoga, tai chi, healing dance, and ritual action. Most centrally, this unit reinforces the notion of subtle physiologies: bodily systems existing between pure matter and pure spirit which can be manipulated through physical and spiritual practice, and which appear to be present in nearly every healing tradition outside of Western biomedicine.

One primary goal of this course is for students to begin a process of critical reflection on the nature of healing, and what it means to achieve wellness. Unit five (“Sacred Bodies”) continues this phenomenological look at healing, emphasizing the role of healing traditions in self-making, in crafting a new sense of personhood. The purpose of the unit is both to find points of connection between healing traditions of the East and West, and to continue this process of critical reflection on the meaning of healing. Here, this involves traditions of Pentecostalism, Catholicism, and Orthodox Judaism. To help students engage with the notion of healing as self-making, students are asked to apply the concept to a “real life” individual. Throughout the semester, students work in groups, creating a patient biography (based on an actual or fictitious patient), and researching biomedical and alternative treatment options. As they reflect upon their research and compose “treatment recommendations” for the patient, they are asked to consider the role of self-making in their patient’s healing process. What is the self this person is meant to embody? What stands in the way? How can these obstacles to wellness be overcome? As a whole, such projects help students apply abstract ideas to real-life scenarios, thus expanding their understanding of course material, as well as gaining a better sense of how multiple healing traditions compare and interact with each other.

Having looked at healing traditions in their idealized form, we turn to the final two units, which seek to locate these traditions within the real world of political and social inequalities. If healing is truly about self-making, then the lived reality of that *self* must be considered. What does it mean for an individual to create a working identity, if that identity is compromised by poverty, despair, gendered inequality or the historical legacy of colonialism? Unit six (“Gendered

Bodies”) emphasizes the role of gender in healing through a look at Christian, Islamic, and Jewish approaches to pregnancy and infertility, and at the impact of society’s construction of masculinity. For instance, students read Howard Harrod’s powerful “Essay on Desire,” in which he reflects upon the impact that his battle with cancer has had on his sexuality and sense of self.

Finally, unit seven (“Political Bodies”) emphasizes the political implications of cross-cultural interaction and polarized debates over parental authority, through a careful reading of Anne Fadiman’s *The Spirit Catches You and You Fall Down*. Through its presentation of Hmong approaches to healing, disease etiology, and the philosophical assumptions upon which these rest, the book demonstrates how understandings of the self, the body, illness, and healing are culturally distinct. It makes clear how healing is a process of self-making for the community and for the individual, and it highlights the impact of inequalities of gender, class, and ethnicity through the family’s struggles with Lia’s doctors and Child Protective Services.

At the conclusion of this class, students come to look at the work of healing as a process of self-making, of navigating and coping with illness, in all its wider experiential implications. Healing requires ritual, ceremony, storytelling, community, and a sense of one’s location in the cosmos, and takes place within subtle physiologies, not merely biochemical systems. Students reflect critically upon their own cultural background and biomedical tradition, display knowledge of other approaches to health and wellness, evaluate points of connection and dissonance between them, and suggest ways in which multiple perspectives on wellness might be brought together, both within their own lives and within contemporary culture as a whole. Thus, as I suggested at the outset, a course such as this uniquely meets the demands and pedagogical goals of religious studies as a discipline and the liberal arts as a whole: it encourages students to reflect critically upon their own preconceived assumptions, it provides them with multiple alternative perspectives, and it gives them the tools with which to crucially evaluate them.

Endnotes

¹ Hahn 1996, 5.

Selected Resources

Csordas, Thomas. *The Sacred Self: A Cultural Phenomenology of Charismatic Healing*. Berkeley: University of California Press, 1994.

Davis-Floyd, Robbie. *Birth as an American Rite of Passage*. Berkeley: University of California Press, 1992.

Fadiman, Anne. *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures*. New York: Farrar, Straus, and Giroux, 1997.

Hahn, Robert A. *Sickness and Healing: An Anthropological Perspective*. New Haven: Yale University Press, 1996.

Harrod, Howard. "Essay on Desire." *Journal of the American Medical Association* 289 (2003): 813–814.

Kleinman, Arthur. *The Illness Narratives*. New York: Basic Books, 1988.

Miner, Horace. "Body Ritual of the Nacirema." *American Anthropologist* 58, no. 3 (June 1956): 37–41.