

RELIGION AS HEALING: NIGERIA AND TENNESSEE COMPARED

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PREAMBLE

Prior to the December 2002 conference at which this paper was presented, I was attending a United Nations meeting in Oslo, Norway on School Education and Religious Tolerance and Intolerance. There we were discussing how to promote more effective awareness and protection of the freedom of religion and belief through the education system. There was considerable debate surrounding the positive role that religious education might play in this regard. One of the speakers, a veteran human rights lawyer and scholar, insisted boldly on the other side of the coin, in other words, what religion is *bad for* in contrast to the assumptions of many present that religion is generally *good for* someone or something. This reminded me of a recent talk that I had given to the East Tennessee Rationalists' Association. It would be hard to find a critical mass of thinkers in that part of the world more negatively disposed to religion in all its guises. They wanted me to endorse their conviction that religion was inimical to human rights and social justice. Perhaps they are trying to compensate for living in the Bible Belt. They seemed gratified that some surveys taken after September 11 revealed that those with religious affiliations tend to be less tolerant than others, notably toward their Muslim neighbors.

Indeed, my own pedagogical and research predilections are normally more oriented toward the relationship between religion and conflict and violence (see, e.g., Hackett 1999, 2001). So my decision to develop a graduate course on Religion, Healing and Spirituality in the fall of 2002 was something of a departure from my normal practice.¹ I knew that literature on the subject would contain a large dose of religion as "good for your health." Despite this bias, the course proved to be a memorable and instructive teaching experience. I therefore decided that the present forum offered a suitable opportunity for reflecting on the relationship between religion and healing, and how such a focus might be salutary for the development of a more critical and comparative religious studies for the times we live in.

Moreover, I want to highlight how this course forced me to rethink a socio-cultural distinction that I had been operating with for nearly two decades of living in the United States. I learned that there was not such a wide divergence in beliefs and practices with regard to sickness and healing between East Tennesseans and Africans as I had initially thought. I had long thought that it was just Africans (and I know most about Nigerians—having taught and conducted research there for more than eight years) who resorted to diverse curative options when threatened with troubling or chronic health problems. In my view, Western Europeans and North Americans enjoyed for the most part the benefits of a good healthcare system and modern bio-medicine and did not need to look elsewhere for healing options. However, this course exposed me to the growing array of holistic healing practices now available in suburban America, and more specifically in our own region. It was not that I was not aware of complementary and alternative healing practices in the U.S., nor that I did not avail myself of them from time to time, but I was unaware of the extent of their increasing popularity and influence among people of all walks of life. Through research and readings for the course, student projects, class speakers, and the hugely successful public symposium that we staged in connection with the course (as part of the funders' requests), our eyes were opened to not just the lively interest in mind-body healing, but also mind-body-spirit healing.

So for a good portion of 2002 I was very much centered on religion as healing, or perhaps more accurately stated, spirituality as healing. In the present context, I can only allude to the fascinating range of topics that a focus on healing and sickness opened up in with regard to mainstream as well as non-conventional religions. We used some of the methodological and theoretical frameworks developed by the Religion, Health and Healing Initiative recently instituted at Harvard University's Center for the Study of World Religions, under the leadership of Professor Susan Sered.² In fact, Sered came down as a visiting scholar to the class and served as an excellent discussant at the public symposium held at the University of Tennessee, Knoxville in October 2002. While at Harvard as a fellow in 2000-2001, I had been fortunate enough to participate in a number of their discussion groups and public presentations, and so was familiar with some of the cross-cultural and multi-disciplinary potential of the topic.

I should further add that as an anthropologist and historian of African religions I have been exposed to a variety of healing practices and beliefs about sickness in the different religious communities that I have studied over the years in different parts of Africa. So while I never chose healing as a principal category of analysis per se, I was influenced by the African context to expand my own conceptions of what constituted healing and what religion was supposed to do for people.³ At very least, my extensive fieldwork on Africa's new religious movements caused me to question the Western theoretical privileging of identity over survival in explaining their appeal.

EXPLORING THE NEXUS OF RELIGION, SPIRITUALITY AND HEALING

Given my theoretical expectations for the course and the high caliber of the students in the class, it was not long before we were trying to sort out the differences between healing and curing, religion and spirituality, as well as aetiologies of sickness, the instrumentality of language (notably the power of metaphorical language), theories of the body, and gendered differences with regard to healing practices. One of the most popular and debated topics among students was agency—who or what did the healing? What role did perceptions of healing authority play in the process? How passive or active was the patient or supplicant with regard to the different healing techniques? How influential was a community or specialized group in the process or was healing basically an individual affair? Inspired by a reading of Arthur Kleinman's introduction to his edited work on social suffering and structural healing (see below) we keenly took on the commodification of suffering, and how images and language, especially in their mass mediated forms, can be used to manipulate moral interpretations of illness and pandemics.

Initially both the students and myself were somewhat overwhelmed by the complexity of the data and possible relationships between religion, spirituality and healing. I felt somewhat culpable for having set up an ambitious syllabus which meant that one week we were examining the martial arts of China and the next we were talking about charismatic faith-healing churches in Knoxville. But I did want us to adopt a comparative, cross-cultural approach to religious healing, not just because our department is characterized by such an approach, but also because it allowed us to distill theoretical constructs from a wide range of data. These gradually became the signposts which guided us through the various traditions and regions. I also knew that each student would be able to pursue a more thorough study of a selected topic as part of his/her final research project.

I chose to begin the course with a small case study on Brazil. This was in part because I wanted to share with the class my images and experiences from a recent trip to Brazil [!], and also because I wanted to emphasize the quotidian realities of religious and healing cultures in a particular ethnographic context—Brazil offering a especially rich example. In addition, there are some excellent films available on Candomblé and Umbanda. After some ethnographic pieces which invited new theoretical readings of the body and sickness, we moved on to guest lectures on ritual magic and healing in the Western esoteric tradition, followed by an exploration of Tai Chi and Chinese martial arts, not forgetting the rapidly spreading Falun Gong movement. Because of my own interests in Africa, I then chose a book by Roy Willis, *Some Spirits Heal, Others Only Dance* (Willis 1999) which not only provides vivid accounts of the role of spirit possession and ritual performance in healing individuals and communities in southern Africa, but it also details the anthropologist's own involvement in this tradition. We also looked at a film, "Mammy Water: In Search of the Spirits," on healing and spirit possession in south-eastern Nigeria where I had done extensive fieldwork.⁴ The agency of aquatic spirits and women in accounting for and dealing with a range of psychological and physical trauma is well brought out in the film by the German filmmaker, Sabine Jell-Bahlsen. To conclude the focus on indigenous religions we read an engaging article by Paul Johnson on "Shamanism From Ecuador to Chicago" which addresses past and present currents of shamanism and neo-shamanism (Johnson 1995). To be sure, we could have spent several sessions on the renowned therapeutic aspects of shamanism in both the traditional and contemporary contexts as well as its local and global manifestations.

However, several members of the class were very interested in the contemplative healing traditions of Hinduism and Buddhism, so we turned to a book by Gregory P. Fields on *Religious Therapeutics: Body and Health in Yoga, Ayurveda, and Tantra* (Fields 2001). We found the book very informative on the phenomenon of contemplative healing, and especially appreciated its comparative approach. To complement our readings, we were treated to a presentation by yoga teacher and religious studies graduate

student, Andrea Cartwright, who not only demonstrated techniques, but also enlightened us as to the various constituencies in the modern-day world of yoga. Using a range of magazines, she explained that teachers and followers are divided over whether they seek a secularized form of yoga practice that does not conflict with pre-existing religious commitments, or whether they adopt a more holistic approach to yoga as spiritual and therapeutic practice.

Since we had already read the introduction to Susan Sered's and Linda Barnes' forthcoming book on religious healing in America based on their research project in the Boston area, for Sered's visit to our class in October we turned our attention to a particular research interest of hers, namely the revival of popular healing songs by contemporary Jewish women in the U.S.⁵ The potential of music to heal and the mechanics of this sparked intense interest among some members of the class. In subsequent classes we took up similar questions with our guest speakers as we considered the centrality of prayer and faith-healing in the Pentecostal and charismatic tradition, and the power of images and cognition as evidenced by current research in psychology and consciousness studies. For the former topic we drew on the services of a local mega-church leader, Doug Banister, who is trying to introduce more charismatic practices into his community. For the latter topic, a former Religious Studies student, Predrag Klasnja, who creatively links the study of religion, physics, minds and bodies, opened our minds to some of the latest scientific research on placebos and visualizing wellness. We used as our text for this section sociologist of religion Meredith McGuire's *Ritual Healing in Suburban America* which analyzes the growing diversity of healing options in the United States (McGuire 1988).

Another former student, J.J. Rosenbaum, now a Harvard-trained lawyer, with a strong interest in social justice and human rights, facilitated a wonderful discussion on how law and rights could provide social and political healing. We talked in particular of the paradigmatic Truth and Reconciliation Commission in South Africa and saw part of a documentary tape on the proceedings and the experiences of victims and violators. Arthur Kleinman's co-edited *Social Suffering* (Kleinman, Das, and Lock 1997) provided an excellent accompaniment to this ambitious and challenging topic, despite its inattention to the religious dimension. It fell to us as a class, therefore, to supplement the authors' sharp critical focus with what we thought would/should have been said had religion been included as a category of analysis.

We ended the formal schedule of the course with a most enjoyable presentation from Margo O'Malley Elledge, a local massage therapist and yoga teacher, who has a strong interest in the therapeutic potential of art and dance. She regaled us with artistic images created during workshops she had organized. She also spoke of the 'new age' community in Colorado that she had been part of for fourteen years before she came to Knoxville, and their eclectic healing practices.

To round off the course, students presented their respective research projects to the class. These ranged from an examination of the moral dimension of the HIV/AIDS crisis to the healing practices and beliefs of ancient Nordic religions. One student examined the healing dimension of snake-handling churches which are found in some neighboring rural areas. Another student, the doyen of the university marching band, explored music as sound therapy. Their divergent choices served to dispel my earlier fears about my over-ambitious syllabus.

GOING PUBLIC

The speakers selected for the October 2002 public symposium, a doctor trained in emergency medicine who was also a specialist in integrative medicine, a Vedanta psychotherapist, a Native American scholar and lecturer, a Unitarian hospital chaplain, and a charismatic pastor and church founder, were keen to not only present their professional efforts to link religion and healing, but also to challenge some of the resistances to their practices still encountered in local religious and healing communities. The turnout for this event was remarkable. The only criticism I got was from the Christian Scientists who were peeved at not being included. We gained local fame and legitimacy by securing as our moderator for the occasion the local TV personality, "Dr Bob," who hosts a popular weekly medical program, now nationally syndicated.⁶ Ironically, he was suffering from laryngitis (too much shouting at the Vols football game that weekend). We were gratified that he was very pleased with the proceedings, as we hoped that he would transmit back to the mainstream medical (agnostic) community some of these local initiatives to expand the healing spectrum.

Susan Sered, in her insightful commentary on the presentations, noted that they illustrated the paradigm shift that she has seen occurring in healing practices in the U.S. context. She links this shift in part because of the increased presence of immigrant and diasporic communities particularly from the 1960s onwards. Furthermore she identified the particularly pragmatic orientation of diverse healing strategies as peculiarly American—a claim which I later challenged, stating that the quest for survival in many parts of Africa also drove people to explore whatever options were available to them. Interestingly, she also noted the gendered aspect of this therapeutic quest—five women for every one man turn to alternative and complementary forms of medicine in the U.S.

At the symposium, the question was raised about the seemingly white and middle-class nature of this healing *bricolage*. In fact a group of black women there (some training to be nurses) stated that they did not have access to many of the options presented at the symposium because of financial constraints. That said, there is much in the realm of mind-body-spirit medicine that is increasingly available online. Nonetheless, I and the students resolved after the symposium that a future event—which many were calling for—would have as its focus “The Politics, Ethics, and Economics of Religious Healing.”

The subject of healing, and the panoply of new, more spiritual, healing alternatives, is not just the preserve of the Department of Religious Studies. On our campus I discovered a graduate course in our College of Nursing on non-conventional ways of healing (euphemistically described as ‘healing touch’), and a faculty/staff colloquium on Spirituality and Health. At the University of Tennessee Medical Center, the bestseller author on spiritual matters, Thomas Moore, spoke earlier in the fall to a large group of doctors and nurses on the relationship between spirituality and medicine. Some of our class members have attended the weekly healing service at St. John’s Episcopal Cathedral where the labyrinth is occasionally used as part of the service. American Episcopalians seem to have taken the lead in reviving and creating new forms of labyrinths for healing purposes. They also have an active healing order of St Luke, which holds services in local churches, and seems to be attracting several new candidates for ordination.

As expected in the Bible Belt it was not too difficult to track down a faith-healing, charismatic pastor. For those of us who attended a service or two at Doug Banister’s Fellowship Church it was clear that a more expanded notion of healing was operative there with prayers after the Sunday service for troubled marriages, addictive personalities, as well as more physical forms of sickness. We did not get to a snake-handling service in the hills although one of the students in the class did write about this form of ritual practice as a type of healing through empowerment.

CONCLUDING REFLECTIONS

By the end of the course most of us were inclined to agree with Sered and Barnes in the Introduction to their forthcoming edited work on Religion and Healing in the United States that the theory which emerges from their current research on the healing practices of religious and ethnic communities in the Boston area is that there is no unifying theory, but rather a complex pluralism.

What these authors do not engage is how an attention to healing challenges the parameters of many of our definitions of religion, and where we go looking for it. It is not benign what gets defined as religion or spirituality in terms of insurance benefits or legal recognition, for example.⁷ This issue was raised in the course of discussions at the December conference. One participant, for example, was interested in how this affects the recourse to illegal substances practices when they are framed as healing. Another commented that much that falls under the rubric of modern ‘spirituality’ in Western consumerist society is about healing.⁸ There is clearly more work to be done on tracking and analyzing the terminological shifts in this regard across time and space.

Without a doubt, the topic of healing is very conducive to deliberating on local-global connections. For example, charismatic therapeutic practices are mediated by local religious leaders while being informed and inspired by globally circulating Pentecostal agents and texts. An interest in indigenous healing techniques may draw on local Cherokee practices as well as more generic symbols and music from tribal peoples across the globe. This further provokes concerns about the ethics of appropriating or expropriating the healing knowledge of others without their knowledge or fair recompense.

The methodological question of subjectivity in a course on religion, spirituality and healing also generated some important reflexivity on the part of all class participants. Early on in the course, I was bothered by the tendency of students to narrate personal tales of sickness and healing in response to the readings rather than engaging the theoretical and analytical aspects of the topic. But as the course progressed, I realized that it was nigh impossible to suppress this type of subjective reflection, since we all had bodies and minds which ailed in one form or another. The challenge was then for me to factor this experiential dimension into the more general critical discussions. It was, in effect, a golden opportunity for the erasure of hierarchical difference in our learning community. After all, we all shared reservations about Western forms of medical treatment and were intrigued by the potential of less costly and less invasive therapies. Naturally, we differed in the extent to which we (would) draw on complementary techniques and take responsibility for a more holistic approach to our health.

As one might tell from the above account, I would heartily recommend teaching a course on healing at either undergraduate or graduate levels. In fact, this course was the most revealing, enjoyable and disturbing I have ever taught. It allowed students to engage from multiple perspectives a topic central to many religious traditions, both past and present, as well as to explore an endlessly fascinating topic in and of itself. Moreover, such a course served to encourage the sort of healthy problematizing of terms and concepts so essential to the type of critical, comparative religious studies that we need to be developing for our field in the twenty-first century.

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¹ In fact I was approached by my department head in late 2001 to develop a graduate course on healing (a focus area that we had had the vision--but not the resources--to include in our Master's program) and submit a grant proposal to a local foundation, the Aslan Foundation. One of the board members, Rachael Young, had been pursuing a reading course on Contemplative Healing with Emeritus Professor Stan Lusby, and both wanted to see a more full-bodied and comparatively oriented course put in place. I would like to express my appreciation for their incentive for and interest in my course, and especially to Rachael Young and the Aslan Foundation for their generous financial support of the initiative.

² <http://www.hds.harvard.edu/cswr/health/health.htm> (accessed on July 6, 2003).

³ One exception would be (Hackett 1987).

⁴ <http://ucmedia1.ucxonline.berkeley.edu/sales/socialsci05/socimain5.html#movie3> (accessed on July 6, 2003).

⁵ <http://www.hds.harvard.edu/cswr/health/sered.htm> (accessed on July 6, 2003).

⁶ <http://www.drbobshow.com/meetdrbob.html> (accessed on July 7, 2003).

⁷ An apposite example of this would be Paul Johnson's research on how theories of health and sickness, and fears about threats to public health, resulted in limitations on religious practice for Candomblé religious communities in Brazil under colonial rule (Johnson 2001).

⁸ In this regard the work of the Network for the Study of Implicit Religion assumes even greater valency. See <http://www.implicitreligion.org/organise.htm> (accessed July 7, 2003).