Religion, Health, and Healing
An Interdisciplinary Inquiry
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Introduction
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[1] The papers in this issue were originally presented at the Kripke Center's symposium on Religion, Health, and Healing in October 2010 at Creighton University, Omaha, Nebraska. The symposium brought together two strong academic traditions at Creighton University: (1) religious studies and (2) health care. Motivated by Creighton’s Catholic and Jesuit mission of service and justice, scholars from Creighton and other academic institutions examined through the lenses of diverse disciplines how religious thoughts and practices have been intimately intertwined with health and healing throughout history and across cultures and societies. The various academic disciplines within the humanities, the social sciences, and the health care professions include anthropology, history, medicine, nursing, pharmacy, philosophy, psychiatry, and theology. The papers integrate theoretical understandings from diverse academic perspectives with historic and current case studies from various geographical and cultural contexts. These papers reflect the research and community engagement of scholars and practitioners whose expertise contributes to innovations and
improvements in the practice of medicine and patient care. The papers also contribute to a broader understanding of the role of religion in health and healing.

[2] This collection of articles opens with a study by John M. Janzen, a widely recognized medical anthropologist at the University of Kansas, who was the invited keynote speaker for the symposium. Janzen’s article situates different understandings of suffering and healing raised by Jan Coetzee, South African Nobel Prize winner, in his novel *Elizabeth Costello*, within the broader literature on African health and healing. Janzen’s review of art illustrating African healing reveals a complex interweaving of Western measures with African modes of understanding affliction and seeking healing. These modes are manifested in institutions and practices that idealize life, seek causes and explanations for suffering through divination, practice healing, and promote social development in African settings.

[3] Daniel R. Wilson, psychiatrist and medical anthropologist at Creighton University, critically examines religious institutions and practices first from the perspective of anthropology and then from the perspective of a mental health practitioner. His article places religions in the context of other social institutions and undertakes the cross-cultural comparison of religious beliefs and practices to challenge traditional notions of spiritual leadership. He presents a psychiatric view of religious leaders and suggests an initial consideration of possible co-mingling of mental illness, religion, and many major spiritual leaders.

[4] Jos Welie, medical ethicist at Creighton University, explores the philosophical foundations of one specific religious institution’s approach to health and healing: the Catholic Church. He begins his article by acknowledging that health care is an important ministry within the Catholic Church. One would hence expect that the Church has developed an analytically sound concept of health, even more so since this concept is debated ferociously among secular scholars. He shows why the Church’s apparent failure to do so, relying instead on prevailing secular understandings of health, is problematic. Using scriptural sources, theological scholarship and magisterial pronouncements, Welie compiles a number of conceptual building blocks, but argues that much analytical work has yet to take place for a robust Catholic understanding of health to emerge.

[5] Julia Fleming, theologian at Creighton University, examines another debate within the Catholic Church related to medical practice. She discusses the ethics of therapeutic abortion at the end of the nineteenth century. The use of emergency obstetrical procedures intended to preserve the life of the mother, even though they were fatal to her unborn child, provoked serious ethical debates among physicians and Roman Catholic moral theologians. The lectures of the Jesuit priest Charles A. Coppens at Creighton University’s medical school became the first American Catholic textbook on the ethical standards of medical practice. His writings illustrate the sensitivity of obstetric ethics during this period within the pluralistic context of an American Catholic Medical School and reflect both the challenges to and the benefits of a responsible engagement between medicine and theological ethics.

[6] Joan Mueller, theologian at Creighton University, and Christian-Frederik Felskau, of the Freie Universität Berlin, present another historical debate within the Catholic Church, this time regarding the role of women religious in health care. They discuss the impetus of early Franciscan women to use their dowries to fund hospitals for the poor and sick in early 13th
century Europe. Agnes of Prague founded a hospital for the poor and sick and endowed it with the significant resources of her royal dowry. Pope Gregory IX opposed her beneficence and returned her dowry to Agnes's monastery along with the accompanying endowment of her royal family. Agnes challenged this papal decree and, in the end, retained “the privilege of poverty” in her service to the sick and poor.

[7] Naser Alsharif and Kimberly Galt, Professors of Pharmacy Sciences and Pharmacy Practice respectively at Creighton University, collaborated with Ted Kasha, research application administrator at Creighton University, to identify the significance of religious beliefs and practices of patients in health care delivery. They provide a general discussion of how Islam influences the practices of Muslim patients in relation to issues of health and healing. From exploratory survey data of the Muslim Community in Omaha, they developed practical tips for providing care that is considerate of patients from the diverse Muslim community for health care professionals.

[8] Brian McCoy, a medical anthropologist at LaTrobe University in Australia, identifies yet another set of cultural issues specific to health care delivery. He argues that attention to rites of passage, particularly in Indigenous communities, can offer insights into navigating changes in health status and how they can become important rites of personal transition and transformation. He identifies key values among Australian Aboriginal people during one rite of transition and suggests how they can affect those who provide health care as well as those who receive it.

[9] Sue Schuessler, independent medical anthropologist, examines traditional non-western spirit-based health care rather than biomedical practices. Her article presents an ethnographic study of indigenous African healing in Southwestern Zimbabwe. She conducted participant observation while living with a healer and her students and documents her experience of training to become a healer. The holistic training includes both herbal and spiritual approaches and is based on two healing traditions – Ngoma African healing and the Mwali High God regional religion. Through training, the patient-novice gains an expanded sense of self that includes serving a higher purpose.

[10] Alexander Rödlach, medical anthropologist at Creighton University, explores how biomedical health care in poverty-stricken regions of Africa relies on religious institutions to provide patient care. He examines religious motivations of volunteers in Southern Zimbabwe, who engage in home based care giving for people living with HIV and AIDS. The involvement of religious volunteers is not without controversy. Nevertheless, they play a crucial role in strengthening volunteerism to provide palliative and other care. The quality of care can be maintained and even improved by better integrating these volunteer groups and churches into a comprehensive healthcare structure.

[11] Laura Heinemann, medical anthropologist at Creighton University, examines the ways in which faith is brought to the fore as transplant patients and their loved ones negotiate their participation in solid organ and blood-forming stem cell transplantation. In addition to exploring public imagery about transplantation in the U.S., her article draws primarily from qualitative ethnographic and interview data, gathered through fieldwork performed in the U.S. Midwest, which focused on kin relationships, clinical practices, and home life. Research findings suggest that interconnections between religious faith, public moral codes, and social
moral obligations among kin and others comprise key components of the U.S transplant endeavor.

[12] Barbara Dilly, cultural anthropologist at Creighton University, examines the connections between religious faith and the role of the parish nurse as a critical component in local congregational health care ministries. Her ethnographic study of two Lutheran congregations in the American Midwest reveals important differences between urban and rural contexts. The article identifies the components in the process by which pastoral and lay leadership address local needs and resources in defining their particular responses to health and healing. This study aims to stimulate discussion in local Midwestern congregations seeking to develop their own contextually authentic Christian healing ministries.

[13] Dianne Travers Gustafson, a nurse and medical anthropologist at Creighton University, examines how a group of Midwestern women, known as “the Magic Girls” to members, base their healing arts practices in a mix of multiple faith traditions and spiritual beliefs. The focus is on interpretations and experiences of spirituality, faith, health, and healing. This study demonstrates how Americans can mix multiple faiths and have complex spiritual beliefs and experiences, including those related to health and healing.

[14] While these papers address issues of religion, health, and healing from diverse perspectives and contexts, they share common themes. They raise awareness of new compelling issues and call for ongoing critical examination of the relationship between religion, health, and healing. For example, these papers suggest further inquiry into the following questions: How do religious, social, and cultural groups define health and wholeness? To what extent do they have the agency to achieve their understanding of these essentials of humanity? As health care is compromised through the expansion of corporate interests, how do religious people respond to the need for compassion and caring for the whole individual? As religious communities engage in health and healing, how do they structure their involvement and identify necessary resources? As medical technology advances, what new ethical questions are raised for religious people and health care professionals? How can mainstream healthcare practices be better integrated with alternative approaches to health and healing? How can alternative approaches better inform mainstream health care? How does the scholarly community contribute to these discussions and expand understandings of diversity in relations between religion, health, and healing? How does the history of these debates guide us in our deliberations? We argue that answers to these and other related questions will necessarily reflect interdisciplinary collaboration.