

Biomedicine, "Body-Writing," and Identity Management: The Case of Christian Science

Author: Tayler L. Nelson

Persistent link: <http://hdl.handle.net/2345/1835>

This work is posted on [eScholarship@BC](#),
Boston College University Libraries.

Boston College Electronic Thesis or Dissertation, 2011

Copyright is held by the author, with all rights reserved, unless otherwise noted.

Boston College

The Graduate School of Arts and Sciences

Department of Sociology

BIOMEDICINE, “BODY-WRITING,” AND IDENTITY MANAGEMENT:
THE CASE OF CHRISTIAN SCIENCE

by
TAYLER L. NELSON

submitted in partial fulfillment of the requirements

for the degree of

Master of Arts

May 2011

© copyright by TAYLER L. NELSON
2011

BIOMEDICINE, “BODY-WRITING,” AND IDENTITY MANAGEMENT:
THE CASE OF CHRISTIAN SCIENCE

by
TAYLER L. NELSON

Committee Chair: Eva M. Garrouette
Committee Member: Stephen J. Pfohl

ABSTRACT:

Biomedicine has become a gatekeeper to numerous social opportunities and has gained power through the ritual inscription of individual bodies. Bodies serve as intermediaries between personal identities and biomedicine; individuals can reclaim bodies as sites of “identity projects” (Giddens 1991) to resist biomedical power. This project examines the intersection of the societal preoccupations with biomedicine, bodies, and identity through the lens of the religious and healing tradition of Christian Science. Christian Science theologically rejects biomedicine in favor of spiritual healing treatment. Christian Science is an especially appropriate venue for exploring relationships between biomedicine, bodies, and identities because its teachings require not only belief in the ineffectiveness of biomedicine but also embodied resistance to it. Drawing on the work of Foucault (1977), Giddens (1991), and Frank (1995) and using information gleaned from semi-structured interviews—averaging 1.5 hours in length—with 12 Christian Scientists, I argue that Christian Scientists use religious identities to (1) evade risk society, (2) resist external authority and reclaim bodies as sites of knowledge and power, and (3) build spiritual community.

ACKNOWLEDGEMENTS

Completion of this project would have been impossible without the support I received from a number of people. First and foremost, I would like to thank my friends and co-workers at The Mary Baker Eddy Library whose enthusiasm for this project propelled my research forward and whose patient support made the interview process run much more smoothly than I could have imagined. I am also extremely grateful to my advisors, Dr. Eva M. Garroutte and Dr. Stephen J. Pfohl, for their brilliant insights and continued encouragement throughout this process. Lastly, I would like to thank my family and friends for their patience.

TABLE OF CONTENTS

Section	Page
CHAPTER 1. INTRODUCTION.....	1
A. THEORETICAL FRAMEWORK.....	2
B. CHRISTIAN SCIENCE BACKGROUND.....	5
1. THEOLOGY AND HEALING SYSTEM.....	5
2. EARLY INFLUENCES.....	12
3. ORGANIZATION AND DEMOGRAPHICS.....	17
C. RESEARCH AIMS.....	21
CHAPTER 2. READING THE BIOMEDICAL BODY.....	23
A. THE BIOMEDICAL BODY.....	23
B. GUIDED BY FEAR.....	27
C. DISEMPOWERMENT.....	31
D. FRAGMENTATION.....	32
E. ISOLATION.....	38
CHAPTER 3. REINTERPRETING AND REWRITING.....	42
A. THE CHRISTIAN SCIENCE BODY.....	43
B. BODY AS DEMONSTRATION.....	44
C. HOLISM AND SPIRITUAL COMMUNITY.....	48
1. SUFFERING AS OPPORTUNITY.....	51

2. PERMANENT HEALING.....	53
D. PATIENT-PRACTITIONER RELATIONSHIPS.....	56
E. COMMUNICATIVE BODIES.....	61
F. ATTITUDES TOWARDS HOLISTIC HEALTH.....	66
CHAPTER 4. BODIES AS BORDERLANDS: MIXING	
TREATMENTS AND IDENTITIES.....	69
A. STIGMA.....	70
B. CHILDREN.....	74
C. REAFFIRMING AND RECONNECTING.....	78
1. MEDICAL TREATMENTS.....	78
2. MECHANICAL TREATMENTS.....	82
CHAPTER 5. DISCUSSION.....	90
A. SUMMARY OF FINDINGS.....	90
1. RISK EVASION.....	91
2. RESISTANCE TO EXTERNAL AUTHORITY.....	92
3. SPIRITUAL COMMUNITY.....	96
4. SUMMARY.....	98
B. CHRISTIAN SCIENCE, HOLISTIC HEALTH	
AND RESISTANCE.....	99
C. BORDERLANDS.....	102

D. IMPLICATIONS AND SUGGESTIONS FOR FUTURE RESEARCH.....	105
REFERENCES.....	109
APPENDICES.....	115
A. METHODS.....	115
1. SAMPLE AND POPULATION.....	115
2. INSTRUMENTS.....	117
3. PROCEDURES.....	118
4. RISKS AND BENEFITS.....	119
5. LIMITATIONS.....	120
6. DATA ANALYSIS.....	123
B. INTERVIEW GUIDE.....	128

CHAPTER 1: INTRODUCTION

There are people who've been brought back to life [in Christian Science]. I had this experience where someone had a seizure and just stopped breathing right in my arms and I just wouldn't accept it. ... It almost seemed like they were drowning in this belief and they just needed to be pulled out of that belief. ... I just wouldn't let go of that idea of who they were: I just tried to bring that thought back. And I don't know how long I did that—maybe 3 minutes, 5 minutes—and suddenly the person started breathing. I called a [Christian Science] practitioner: I was toast. [It] was so graphic—so visceral: it was like war. ... I really worked for a week or two to overcome those images. ... But now, I don't see that that. I see this power of life that's possible. And it's not anything special. It's just getting a deeper understanding—a deeper sense of love—and trying to live it.

-50-year old Christian Science practitioner

Biomedicine has swept into late modernity with incredible force. As medical treatments have become more advanced and effective, society has put more trust in medicine. This trust has saved lives, but it has also made life feel more risky, disempowered individuals, and created crises in meaning. Because biomedical discourse is largely enacted through the routine, everyday inscription of individual bodies with procedures like vaccinations and screenings, its power often goes unnoticed. But its power casts shadows. The shadows of biomedicine are harder to see than to feel; they haunt individuals in embodied forms—fear, fragmentation, and isolation. They silence voices. They encourage complacency. They make real social problems feel like personal hallucinations.

Examining the experiences and attitudes of Christian Scientists will illuminate the shadow life of biomedicine and assess potential for banishing biomedical ghosts.

Christian Science is one movement that encourages resistance to the biomedical model of health and medical practices. Through processes of reading, reinterpreting, and rewriting

biomedical discourse, Christian Scientists escape risk society, resist external authority and reclaim their bodies as sites of knowledge and power, and build spiritual community. Adherents read biomedical discourse and learn to manage societal fear, disempowerment, isolation, and materialism. Adherents reinterpret and rewrite biomedical discourse to reclaim interpretive rights over their bodies and create spiritual connections to other bodies and to God. When adherents must interact with the medical system, they transform interactions into opportunities for affirming God's control and building spiritual community. In this chapter, I will introduce the growing importance of biomedicine, bodies, and identity in the sociological literature and explain my guiding theoretical framework, review the religious movement of Christian Science and illustrate why this movement is particularly useful for analyzing the growing social power of biomedicine, and outline my research aims.

A. THEORETICAL FRAMEWORK:

This project examines the intersection of the societal preoccupations with biomedicine, bodies, and identity through the lens of the religious and healing tradition of Christian Science. *Biomedicine* refers to the medical system that emphasizes the significance of biological processes in determining health. Grounded in the use of the principles from the physical sciences, especially biology and biochemistry, to prevent, diagnose, and treat illness (Yardley 1997), it has become increasingly powerful in contemporary Western societies. Individuals are increasingly subjected to social pressures to medicalize more and more aspects of daily life, rely on medical experts to

give meaning to their experiences, and condition bodies to biomedical standards of wellness through examinations and treatments (Starr 1982; Thompson 2003).

Biomedical standards are legally imposed through such mandates as health insurance for school enrollment and popularized through media images of health and beauty, making biomedicine a gatekeeper to numerous social opportunities.

The same period that has seen the rise of biomedicine has witnessed growing interest in “identity projects” in which individuals affiliate with collectivities defined by members’ ascribed or achieved characteristics (Giddens 1991). Risk scenarios, perpetuated by biomedical discourse, fuel identity projects. As biomedical power grows, reflexively constructing identities to manage medical risks and fear of remission (Frank 1995) becomes increasingly urgent. Bodies become increasingly important as sites of identity projects. As Grosz (1994) suggests, the body can “receive, bear, and transmit meanings like a system of writing” (p. 117), such that it becomes an intermediary between personal identities and institutions.

Biomedicine has garnered an impressive amount of control over body-writing processes and, thus, individual identities. Foucault (1994) argues that modern medical-scientific discourse has produced and promoted the biomedical model of the body through the “clinical gaze.” The “clinical gaze” locates disease within the individual, associating the subject with the disease, objectifying the subject, and then casting the diseased body aside as an aberration. Through this technique, the clinical gaze normalizes and abnormalizes bodies (Foucault 1994:199). Exercising its power at local and tangible levels, the gaze manipulates the process of identity making, informing

identities that are dependent on biomedical discourse and gaining legitimacy in this fashion. Biomedical discourse shapes subjects, and thus bodies, through body-writing processes.

Foucault (1977) writes, “Discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it” (p. 478): this multiplicity and mutability of discourse encourages resistance to power, and enables the body to become a site of resistance. Although Foucault emphasizes that institutions generally inscribe identities through body-writing, Orr (1993) proposes that individuals can reinterpret or rewrite identities through bodily practices. For Orr, Foucault’s concept of power offers a framework in which to analyze “dis-ease” as a form of social protest:

[I]t is my suggestion that certain forms of dis-ease, and especially those categorized as ‘mental dis-orders,’ might be (re)constructed by a feminist gaze attentive to the complex possibilities of resistance within intricate fields of power. Power that works, as Foucault indicates, at multiple levels of our everyday lives, microphysics and tactics of power that don’t fully comprehend each other or reveal themselves whole to the critical eye searching for total systems of structural or superstructural dominations (p. 448).

Biomedical body-writing may be reinterpreted by reading one’s illness as symptomatic of collective social oppression rather than individual biological malfunctioning or rewritten by using holistic healthcare treatments that engrave the body with subversive discourse.

Christian Scientists systematically refuse biomedical discourse and treatment and adopt a spiritual healing system as a substitute to biomedicine. In doing so, their bodies are active sites of resistance, rejecting examination by doctors or probing by medical tools, and denying biomedicine the ability to cast judgment on health. In this sense,

Christian Science healing might be read as an “embodied language” of resistance against biomedical norms and practices. Mary Baker Eddy, the founder of Christian Science, used the body as a site of identity construction and social resistance. She rewrote contemporary discourses of religion and health by writing *Science and Health with Key to the Scriptures* (2000) and refusing the rights of regular medicine or other systems of physical treatment to survey or inscribe her body. She reinterpreted her body as spiritual rather than material, a reflection of Divine Mind, and perfect and healthy in its natural state. For Eddy, manifest expressions of illness became indicators of spiritual imbalance and signaled the need to rededicate her thoughts to the “allness” of spirit and the nothingness of matter. Healing was not a testament to the power of science or of charismatic doctors, but was a demonstration of God’s love and evidence of the spiritual state of reality. This research will use the perspectives and experiences of Christian Scientists to shed light on the effects of biomedical social power.

B. CHRISTIAN SCIENCE BACKGROUND:

1. Theology and Healing System:

Health and the body are central concepts in Christian Science, and the religion’s spiritual understanding of these topics is what most separates the religion from other denominations of Christianity. Mary Baker Eddy expounds the religion’s tenets and structure in the textbook of Christian Science, *Science and Health with Key to the Scriptures* (2000). In Christian Science, God is perfect, loving, never wrathful, and omnipresent. Humans are said to be created in the spiritual, not material, image of God.

Worldly matter is not just spiritually infused; it is an illusion. Perceiving matter as reality is referred to as an “error” of the mind. Eddy (2000) writes:

There is no life, truth, intelligence, no substance in matter. All is infinite Mind and its infinite manifestation, for God is All-in-all. Spirit is immortal Truth; matter is mortal error. Spirit is the real and eternal; matter is the unreal and temporal. Spirit is God, and man is His image and likeness. Therefore, man is not material; he is spiritual (p. 468).

The spirit/matter distinction corresponds to a health/illness distinction in which humans are believed to be naturally and divinely healthy: since God is perfectly healthy and humans are made in the image of God, humanity’s natural state is perfect health as well. Sickness, like matter, is an illusion evoked when an individual has erred in thought, or yielded to the belief of sick matter. Error in thought can be corrected through spiritual means—restored belief in Christian Science, spiritual healing, and prayer—at which point the illusion of sickness will fade. Disease, sickness, accidents, and death are all errors of mortal thought that can eventually be cured through a fuller understanding of God and spiritual truth. Eddy (2000) claimed to have rediscovered Jesus’ system of healing in the New Testament: “Jesus of Nazareth was the most scientific man that ever trod the globe. He plunged beneath the material surface of things, and found the spiritual cause” (p. 313).

Individuals might need help in correcting errors in thought and reaching spiritual understanding; an institutional network of professional Christian Science practitioners and nurses offer guidance. Eddy (2000) outlines the responsibilities of Christian Science professionals in *Science and Health*. Practitioners and nurses address the patient’s spiritual rather than material needs. When an adherent needs support in spiritual healing,

the practitioner is typically the first person she calls. The patient might explain her material symptoms or might merely ask the practitioner to pray for her. Similarly, a practitioner might give the patient passages from the Bible or *Science and Health* to pray over or might merely respond that she will pray for the patient. A patient usually calls a practitioner rather than physically visiting. A list of practitioners with corresponding phone numbers are published in every monthly edition of *The Christian Science Journal*. If the patient has serious injuries or a disabling physical malady, a practitioner might refer a patient to a Christian Science nurse, typically stationed in a nursing facility, who dresses wounds and helps a patient to function, but never administers medicine. The nurse always works in tandem with the practitioner on a patient's case. Both practitioners and nurses charge for their services, but fees vary with each practitioner and nurse (*Christianscience.org* 2010).

A Christian Science healing does not necessarily require the patient to be a Christian Scientist. In the beginning of the movement, Eddy asserted that a patient need only be willing to try spiritual treatment at the hands of a Christian Science practitioner in order for a healing to occur. Eddy later altered her belief to say that a patient's healing depended upon the strength of the practitioner's understanding of Christian Science (Schoepflin 1988). Eventually, Eddy argued that to effect a Christian Science healing, it is most essential that the patient's understanding grows, although a skilled and faithful practitioner can aid this process (Eddy 2000). The spiritual healing of a sick child, however, is often the responsibility of the parent. Eddy (2006) writes:

If the case is that of a young child or an infant, it needs to be met mainly through the parents' thought, silently or audibly on the aforesaid basis of Christian

Science. . . . The wise or unwise views of parents and other persons on these subjects produce good or bad effects on the health of children (p. 412-413).

Eddy consistently emphasized the patient's openness and receptivity to Christian Science beliefs as the baseline for spiritual healing.

Although the material body in Christian Science is viewed as an illusion, this in no way lessens the importance of the body in Christian Science practice; rather, the body is an essential means of responding to biomedical discourse. Eddy emphasized that faith in Christian Science is worthless without demonstration. By using the term *demonstration*, Eddy indicates that what is perceived as a material healing is in reality an expression of the individual's spirituality and natural health. Demonstrations can be healings of anything from broken bones to marriages. Eddy emphasized the need of every Christian Scientist to be a healer and asserted that practical demonstrations of healing are just as important, if not more important, than belief. Martha Wilcox, a Christian Scientist who lived with Eddy for some time at her Pleasant View estate and later became a notable public teacher of Christian Science, recalls a situation in which Eddy asked her to do some mental work on a particular problem. When Martha unsuccessfully worked on the problem for several hours, Eddy asked her, "Martha, why did you not do your work?" Martha recalls the rest of the conversation:

I replied, 'Mother, I did.' She said: 'No you didn't, you just had a nice talk with the devil. Why did you not know God's allness?' I said, 'Mother, I tried.' And her reply was: 'Well, if Jesus had just tried and failed, we would have no Science today.' Then she had a card hung on the inside of the door of my room on which was printed in large letters, 'Faith without works is dead.' I looked at that for two weeks (Gottschalk 1973:170).

In emphasizing demonstration as crucial to Christian Science identity, Eddy situated Christian Science in material practices.

Today, if an outsider knows anything about the Christian Science movement, it is that members refrain from medical treatment. Eddy did not initially place this stipulation on membership. Although she felt increasingly pressed to separate her ideas from other 19th century healing movements, she positioned spiritualism and mesmerism—not regular medicine—as the chief adversaries of Christian Science. Biomedicine was gaining momentum during this period, but the social power of 19th century regular medicine was a force that metaphysical healing systems could still reckon with.

Early Christian Science did not consistently oppose regular medicine. Eddy herself visited dentists and bonesetters, and used painkillers in the last few years of her life (Gill 1999; Gottschalk 1973). However, as the movement expanded, Eddy instructed Christian Scientists to rely more radically on spiritual treatment. A number of Christian Scientist women, including Eddy, specialized in spiritual obstetrics. However, when one Christian Science midwife, Abby H. Corner, attended to a birth and both the mother and child died, the press scorned Christian Science. This rampant criticism led Eddy to disavow Corner and announce that, in the case of birthing, Christian Scientists might benefit from consulting regular physicians. Many Christian Scientists were dismayed by Eddy's change of mind; seeing this decision as evidence of her weakened religious commitment, one-third of the population of adherents left the movement at this time (Schoepflin 1988). Eddy's confusion over how the relationship between Christian Science and regular medicine should proceed is manifest in the final edition of *Science*

and Health. She asserts that Christian Science treatment should not be used simultaneously with medical treatments as the two perspectives conflict: mutually acknowledging the nothingness of matter (spiritual treatment) and the nothingness of spirit (medical treatment) makes both treatments ineffective:

If patients fail to experience the healing power of Christian Science, and think they can be benefited by certain ordinary physical methods of medical treatment, then the Mind-physician should give up such cases, and leave invalids free to resort to whatever other systems they fancy will afford relief. . . . If the sick find these material expedients unsatisfactory, and they receive no help from them, these very failures may open their blind eyes (Eddy 2000:444).

Christian Science practitioners should not help patients while they seek the aid of medical physicians; instead, they should await the patients' spiritual awakenings. Still, Eddy concedes that not all Christian Scientists are advanced enough in their understanding to accomplish radical reliance on spiritual treatment; thus, Christian Scientists should use medical treatment if they feel they must seek it, and they should not be chastised by other Christian Scientists for their choices. Eddy further concedes that raising Christian Scientists' individual consciousness of spiritual reality is also a *collective* effort:

Until the advancing age admits the efficacy and supremacy of Mind, it is better for Christian Scientists to leave surgery and the adjustment of broken bones and dislocations to the fingers of a surgeon, while the mental healer confines himself chiefly to mental reconstruction and to the prevention of inflammation. Christian Science is always the most skilful surgeon, but surgery is the branch of its healing which will be last acknowledged. However, it is but just to say that the author has already in her possession well-authenticated records of the cure, by herself and her students through mental surgery alone, of broken bones, dislocated joints, and spinal vertebrae (Eddy 2000:401-402).

In her final addition to *Science and Health*, Eddy acknowledges that Christian Science had not developed enough, on a collective level, to effect the healing of broken bones in every individual case. She continues:

If from an injury or from any cause, a Christian Scientist were seized with pain so violent that he could not treat himself mentally, —and the Scientists had failed to relieve him, —the sufferer could call a surgeon, who would give him a hypodermic injection, then, when the belief of pain was lulled, he could handle his own case mentally (2000:464).

She condones medical treatment in certain cases as a support for spiritual treatment. Still, Eddy argues that once a Christian Scientist has a proper understanding of reality, she will find no need for medical treatment:

The reception of pursuit of instructions opposite to absolute Christian Science must always hinder scientific demonstration. If the student adheres strictly to the teachings of Christian Science and ventures not to break its rules, he cannot fail of success in healing (2000:448).

We are Christian Scientists, only as we quit our reliance on upon that which is false and grasp the true. We are not Christian Scientists until we leave all for Christ. Human opinions are not spiritual. They come from the hearing of the ear, from corporeality instead of from Principle, and from the mortal instead of from the immortal (2000:192).

Eddy equivocates between conceding medical interventions and advocating absolute reliance on spiritual treatment. *Science and Health* (2000) does not blame sick individuals for their own ill health, but if symptoms indicate a lack of spiritual understanding or weakened faith, sick individuals might feel ostracized within the community. Eddy (2000) writes:

Is the sick man sinful above all others? No! but so far as he is discordant, he is not the image of God. Weary of their material beliefs, from which comes so much suffering, invalids grow more spiritual, as the error—or belief that life is in matter—yields to the reality of spiritual Life (p. 318).

Eddy's final edition of *Science and Health*, a clear product of her own struggles and uncertainties in matters of illness and healing, creates the space for both confusion and flexibility in Christian Science identity, beliefs, and healthcare practices.

2. Early Influences:

Founded by Mary Baker Eddy in 1866, Christian Science emerged amidst the metaphysical fervor of mid-19th century New England and was highly influenced by other popular alternative religious and healing movements of the time. Spiritualism was loosely organized around the beliefs that spiritual life continues after physical death and that the living can communicate with the dead through mediumship. Most spiritualists eschewed the importance of Biblical interpretation and emphasized the interconnectedness of spirit and matter. An opposition to Calvinist doctrine also united many spiritualist followers who envisioned a God that was loving instead of wrathful and displayed both feminine and masculine qualities. Women featured prominently in spiritualism as mediums. Female “trance lecturers” drew massive crowds, providing women with an early platform for public speaking and making spiritualism socially progressive (Braude 1989). Like many spiritualist leaders, Mary Baker Eddy struggled with the Calvinist doctrine of predestination as a child and came to reject Calvinism in her thinking. In the development of Christian Science, Eddy espoused many spiritualist themes, including the idea of a loving God and the centrality of the spirit. Like spiritualism, early Christian Science carved a public space for women who served professional roles as Christian Science practitioners, nurses, and lecturers. Unsurprisingly, early Christian Science attracted many spiritualists (Braude 1989).

Christian Science diverged from popular spiritualist beliefs by rejecting mediumship, emphasizing spiritual healing, organizing a church, and relying heavily on Biblical interpretation. While spiritualists envisioned God as a power constantly flowing

through humans and nature and relied little on Biblical interpretation, Eddy touted Christian Science as the “key to the Scriptures.” Eddy claimed that Jesus’ ability to heal was not a special gift from God. Rather, Jesus had reached a perfect understanding that all reality is made in the image of God, meaning all things are spiritual and naturally healthy; in healing himself and others, Jesus was simply tapping into this truth. Eddy called Christian Science a “discovery” because she believed she had discovered Jesus’ healing method. She called her religion “Science” because she believed this healing system could be taught to anyone and endlessly replicated. The textbook of Christian Science, first published in 1875, is entitled *Science and Health with Key to the Scriptures* (2000). *Science and Health* is Eddy’s account and defense of Christian Science. The book includes Eddy’s interpretation of biblical passages, the tenets of Christian Science and explanations of how healing occurs, and healing testimonials of those healed by the religion. Some early Christian Scientists refused to let go of spiritualism or did not see enough of a difference between spiritualism and Eddy’s ideas to feel pressured to choose (Braude 1989). To distance her ideas from spiritualism, Eddy eventually cut ties with students who tried to commingle Christian Science and spiritualist practices (Braude 1989; Gill 1999).

Eddy’s beliefs in the mental roots of illness were deeply influenced by the popular 19th-century movements of homeopathy and mesmerism. To heal persistent bouts of illness as a child and young adult, Eddy experimented with various types of alternative treatments, including the water cure, the Graham diet, homeopathy, and mesmerism. Homeopathy taught that medicines could be continuously diluted until almost

undetectable and that higher dilutions could have the strongest curative powers (Kaufman 1988). Eddy used homeopathy as evidence of Christian Science (Gill 1999; Gottschalk 2006). In *Science and Health* (2000), she writes:

Homeopathy furnishes the evidence to the senses, that symptoms, which might be produced by a certain drugs, are removed by using the same drug that might cause the symptoms. This confirms my theory that faith in the drug is the sole factor in the cure. The effect, which mortal mind produces through one belief, it removes through an opposite belief, but it uses the same medicine in both cases. . . . These lessons are useful. They should naturally and genuinely change our basis from sensation to Christian Science, from error to Truth, from matter to Spirit (p. 370).

However, since it does not credit God with healing, homeopathy delivers only a partial truth.

Eddy's experiences with mesmerism cemented her belief in the mental determination of material sickness. Based on the belief that sickness is caused by the disruption in the flow of the body's natural—but invisible—"magnetic fluid," mesmerist healers would use magnets or personal touch to unblock, rebalance, or recharge this fluid and effect a physical healing (Gill 1999; Gottschalk 1973). In her search for a cure, Eddy became closely acquainted with the famous mental healer Phineas Parkhurst Quimby. Quimby both healed Eddy through mesmeric methods and instructed her in his practice. Of all the alternative medical treatments Eddy experimented with before founding Christian Science, Quimby's version of mesmerism most effectively allayed her pain. She sought Quimby's assistance until his death in 1866: Quimby's sudden death, and Eddy's urgent need for healing, inspired the founding of Christian Science (Gottschalk 2006). Eddy dates her discovery of Christian Science to a day in 1866 when she fell on a plot of ice near Lynn, Massachusetts while on her way to a temperance meeting. The

attending physician diagnosed her wounds as internal, life threatening, and incurable. Although Eddy would have called on Quimby for help, he had died only months earlier (Gottschalk 1973). Bedridden, Eddy began to read stories of Jesus' healings from the Bible. Eddy would later remember this experience as the "falling apple" moment when she realized the allness of spirit and the nothingness of matter, and the healthy and perfect state that all individuals could come to know if they fully understood the spiritual nature of reality. Dwelling on the Bible, Eddy began to unravel what she believed was Jesus' method of healing and felt herself healed. It was after this experience that Eddy began thoroughly rereading the Bible, making interpretive notes on passages in light of her newfound understanding of Christianity (Gill 1999). These notes were to form the foundation of *Science and Health with Key to the Scriptures*.

After *Science and Health* gained attention and Christian Science gained popularity, Eddy was publicly accused of plagiarizing Quimby's ideas and fervently tried to disassociate herself from Quimby. In her final edition of *Science and Health*, Eddy (2000) acknowledges the effectiveness of mesmerism in showing that mind is more powerful than matter, but ultimately argues that its philosophy is flawed. She writes:

Sleep and mesmerism explain the mythical nature of material sense. ... Under the mesmeric illusion of belief, a man will think that he is freezing when he is warm, and that he is swimming when he is on dry land. ... Change the belief, and the sensation changes. Destroy the belief, and the sensation disappears (2000: 490-491).

Mesmerism is mortal, material illusion. Animal magnetism is the voluntary or involuntary action of error in all its forms; it is the human antipode of divine Science. Science must triumph over material sense, and Truth over error, thus putting an end to the hypotheses involved in all false theories and practices (2000: 484).

Mesmerism discussed matter as objective reality, which Eddy believed was inaccurate.

Eddy (2000) also rejects the idea that individuals have personal healing powers outside of God:

We say that one human mind can influence another and in this way affect the body, but we rarely remember that we govern our own bodies. The error, mesmerism—or hypnotism, to use the recent term—illustrates the fact just stated. The operator would make his subjects believe that they cannot act voluntarily and handle themselves as they should do. If they yield to this influence, it is because their belief is not better instructed by spiritual understanding (p. 402).

Eddy differentiates Christian Science by asserting that God is not just a spiritual power flowing through matter, but an all-encompassing presence. As such, health is not just a state of matter that requires the skills of a spiritual healer, but a natural, spiritual reality that can be realized by any individual with the proper ontological view.

The extent to which Eddy consciously lifted her ideas of Christian Science from Quimby continues to be an uncomfortable topic for Christian Scientists. Those who sympathize with Eddy tend to argue that the uneducated, illiterate Quimby had little bearing on Eddy's ideas; some even claim that Eddy influenced Quimby more than he influenced her (Von Fettweis and Warneck 2009). Those who sympathize with Quimby tend to argue that Eddy plagiarized Quimby's ideas. Although Eddy initially celebrated Quimby, she grew increasingly agitated by accusations of plagiarism and eventually published articles and delivered lectures aggressively distinguishing Christian Science from Quimbyism (Eddy 2006; Gill 1999). Stephen Gottschalk (1973) argues that the main difference between Quimby and Eddy's lines of thought is that "Christian Science is a religious teaching and only incidentally a healing method [while] Quimbyism was a healing method and only incidentally a religious teaching" (p. 130). Eddy's emphasis on

demonstrations of healing as practical indicators faith, however, makes it difficult to prioritize either theological beliefs or healing practice in Christian Science. Perhaps the only definitive conclusion is that Christian Scientists have been as deeply influenced by the desire to publicly distinguish Christian Science from Quimbyism as they have been by Quimbyism itself. This desire for separation and expression might still weigh on Christian Science identity today.

3. Organization and Demographics:

Mary Baker Eddy ensured the continuation of Christian Science through the publication of *Science and Health with Key to the Scriptures*, the establishment of the Mother Church in Boston, and the publication of numerous laws detailing how the church should be governed. In the *Manual of the Mother Church*, Eddy decrees the Bible and *Science and Health* the only pastors of the Mother Church and subsequent branch churches. Instead of pastors, two “readers” administer services by reading passages from the Bible and *Science and Health* and directing the congregation to stand, sing, and testify. Readers are elected by the Board of Directors and rotated every three years. The President of the Mother Church enjoys an even shorter time in office; the President is rotated every year (Eddy 2008; Weddle 1991). Eddy’s laws were meant to stabilize the religion while lessening the concentration of power in any one person, guarding against the possible emergence of another charismatic leader of Christian Science or the reinterpretation of her own writings. With its emphases on scientific rationality, the authority of experience, breaking down traditional church hierarchies, and recognizing a

God with both feminine and masculine qualities, early Christian Science attracted a large number of urban, middle-class followers, especially women. The movement reached its peak in the late 19th and early 20th centuries. Beginning with only a dozen followers in Eddy's first church, membership grew to over 8,700 members in 1890, 55,000 members in 1906, and encompassed over 268,000 members in the United States alone in 1936 (Boston Landmarks Commission 2010).

Contemporary Christian Science is a small, but global movement. *Science and Health with Key to the Scriptures* (Eddy 2000) has sold over 10 million copies since it was published in 1875, is available in 16 languages, and has been recognized by the Women's National Book Association as "one of the 75 books by women whose words have changed the world" (MaryBakerEddyLibrary.org 2010). Mary Baker Eddy was inducted into the National Women's Hall of Fame in 1995. The internationally known Christian Science Publishing Society publishes Christian Science periodicals as well as the Pulitzer-prize winning newspaper *The Christian Science Monitor*. Today, Christian Science is estimated to have between 150,000 and 400,000 members worldwide, distributed among approximately 1,700 branch churches in 60 countries (Boston Landmarks Commission 2010). While the Board of Directors does not publish membership numbers, the decreasing number of professional practitioners listed in the monthly *Christian Science Journal* and the frequent closing of branch churches are indicators of the movement's decline (Stark and Bainbridge 1996; Wilson 1961). This decline is likely entangled with the tremendous growth of the biomedical system in the

past century, which has made Christian Science's distinctive theology and healing practices more controversial.

The demographic profile of Christian Science is predominately middle-class, well educated, and disproportionately female (Gottschalk 1973; Wilson 1961). Christian Science is associated with higher education and income levels since the religion requires understanding and communicating philosophical ideas, encourages adherents to digest a wide range of religious literature, and emphasizes awareness of social and political issues (Gottschalk 1973; Wilson 1961). In addition, Christian Science requires a fairly significant amount of leisure time to read literature and develop spiritual understanding, further limiting the number of Christian Scientists with lower economic or cultural capital. There are several reasons why a disproportionate number of Christian Scientists are female. The most obvious reason for contemporary Christian Science's high proportion of women is the movement's initial attraction to women; Christian Science was founded by a woman, espoused a God with both male and female traits, and thus gained an early following among women seeking social and political voices. Also, Christian Science emphasizes emotional knowledge and values nurturing personalities in Christian Science practitioners; although these are not innate female characteristics, they are traits associated with females in Western society.

Observation of church attendance at Sunday and Wednesday services at the Mother Church in Boston shows that this congregation lacks racial diversity. The vast majority of congregants I observed at these church services were white. I observed attendance at only one official church and therefore cannot generalize racial

demographics to the general American Christian Science population. However, since whites have disproportionately higher levels of income and education within the United States and high income and education are characteristic of Christian Scientists, lack of racial diversity in the general population is expected.

Previous research (Wilson 1961) has argued that Christian Science is largely composed of older adults and is adopted rather than inherited, but there is less evidence to support these claims. Christian Science arguably appeals more to older adults because older adults are more likely to have chronic and serious health issues that biomedicine is unable to cure. Yet, because of the religion's ability to treat a wide range of problems—physical, mental, and emotional—Christian Science might be just as attractive to younger adults wrestling with identity projects. Mental and emotional issues might grow more central to Christian Science practice as biomedical power grows, thus attracting younger members. The lack of material rituals might also appeal to younger adults since religious membership requires less time-structured activities. Locating younger adults to participate in this study posed no challenge. Previous research (Wilson 1961) has also argued that Christian Science is largely an adopted rather than an inherited religion; while children raised in Christian Science families are more likely to remain Christian Scientists into adulthood, the individualistic focus draws converts. In my sample, the vast majority of participants were raised in Christian Science families; since Christian Science is in decline, it is to be expected that the proportion of Christian Scientists who were raised in the religion is increasing. Lack of proselytizing and growing societal faith

in biomedicine are more likely culprits when considering a decline in Christian Science converts.

C. RESEARCH AIMS:

Christian Scientists manage the growing social power of biomedicine through the religious navigation of biomedical discourse and embodied resistance to it. In undertaking this project, I sought to (1) illuminate ways that an expressly religious identity and its distinguishing stance toward medical treatments may shape adherents' options for navigating contemporary society, especially their response to the social power of biomedicine, (2) explore the body as a site of social power and protest, examining how competing biomedical and religious discourses of health and illness are written upon adherents' bodies and how believers reinterpret or rewrite these discourses, and (3) gain understanding into processes of identity negotiation during health conflicts, especially during situations of religious deviance when adherents choose to use biomedical treatment. Drawing on the work of Foucault (1977), Giddens (1991), and Frank (1995) and using information gleaned from semi-structured interviews—averaging 1.5 hours in length—with 12 Christian Scientists, I argue that Christian Scientists use religious identities to 1) evade risk society, (2) resist external authority and reclaim bodies as sites of knowledge and power, and (3) build spiritual community.

The following chapters are organized around three experiential processes integral to Christian Science identity: reading the biomedical body, religiously reinterpreting and rewriting this body, and, during interactions with the medical system, repositioning the

body as a sacred borderland between Christian Science and biomedicine. Throughout these chapters, three entangled themes will emerge: evasion of risk management, resistance to external authority, and the creation of spiritual community. I will illustrate how these themes intersect to shape Christian Science identity and provide adherents with a spiritual map for charting contemporary society.

CHAPTER 2: READING THE BIOMEDICAL BODY

Treatises on anatomy, physiology, and health, sustained by what is termed material law, are the promoters of sickness and disease. It should not be proverbial, that so long as you read medical works you will be sick (Eddy 2000:179).

The deficiencies of the biomedical machine, barely detectable in clinical studies or media reports, make themselves known in embodied experience. In this chapter, I explore how Christian Scientists use religious identities to monitor biomedical body-writing and manage biomedical deficiencies. Adherents read biomedical bodies as guided by fear of medical risks and recurring symptoms, disempowered, fragmented, and isolated. They see social fear of medical risks as encouraging individuals to submit to biomedicine, and monitoring these fears is crucial to maintaining Christian Science identity. Since biomedicine gives medical authorities interpretive rights to patients' illness experiences and categorizes individuals based on illness, Christian Scientists read biomedical discourse as empowering to doctors and disease but disempowering to patients. Biomedicine fragments bodies, severing the mind/body and body/community relationships; adherents use Christian Science to spiritually renew these relationships. Adherents read biomedical discourse in ways that evade risk management, resist external authorities, and build spiritual relationships that prepare individuals to heal.

A. THE BIOMEDICAL BODY:

The biomedical body in contemporary Western society is characterized by risk and fear of recurring symptoms, reliance on external authorities, materiality and

fragmentation, and isolation. Risk is a characteristic of late modernity, and individuals are continually burdened with the responsibility of risk management (Giddens 1991). Traditional authority has been eclipsed by a pluralistic network of experts that has created an environment of uncertainty where individuals can never be sure who to trust. The responsibility of risk management can feel overwhelming, and individuals might seek escape by adopting alternative worldviews. Although individuals may opt for ontological escape, they will remain entrenched in “knowledge environments” (Giddens 1991: 23) crafted by risk scenarios; while trying to flee biomedical influence, they will continue to feel threatened by medical risks and be forced to manage them.

Chronic suffering is one of the most pervasive fears guiding individuals in biomedical society. The interaction between medical risk management and shifting conceptions of health and illness has contributed to the production of what Arthur Frank (1995) describes as the “remission society:”

Members of the remission society include those who have had almost any cancer, those living in cardiac recover programs, diabetics, those whose allergies and environmental sensitivities require dietary and other self-monitoring, those with prostheses and mechanical body regulators, the chronically ill, the disabled, those ‘recovering’ from abuses and addictions, and for all these people, the families that share the worries and daily triumph of staying well (p. 8).

Individuals in the remission society cannot be easily categorized on the basis of “healthy” or “sick”; they are constantly managing chronic conditions (Frank 1995). The population of the remission society grows in tandem with biomedical power and advertisers profit off growing fear of chronic suffering by marketing long-term medications and treatments expected to keep symptoms in check.

Individuals in biomedical society become dependent on external authorities to interpret embodied experiences of health and illness; in surrendering interpretive rights over embodied experience to medical professionals, biomedical patients feel disempowered (Frank 1995; Giddens 1991). Personal disempowerment is especially apparent during diagnosis. When a medical professional diagnoses a patient, he negotiates the patient's story with observed material symptoms and the biomedical knowledge environment to create an account of disease. While the patient has the option of accepting, rejecting, or negotiating the doctor's opinion, even allowing the doctor to offer a diagnosis threatens to silence the patient's subjective experience (Frank 1995).

The biomedical body is also fragmented space. Biomedicine discourages body association by encouraging patients to favor interpretations of their health constructed by doctors, charts, and x-rays over their own subjective experiences (Frank 1995). In addition to scientific thought, much of Western religious thought also works to separate minds from bodies and teaches individuals to discard material bodies as trivial or dangerous to identity (Giddens 1991). Despite both scientific and religious claims to body/self separation, the dualism collapses under practical experience. Although we might agree with the power of mind over body intellectually, we *feel* the power of the body on and are intuitively aware of the inability of scientific-rationality, and biomedicine in particular, to effectively articulate embodied experiences (Romanyshyn 1989). The biomedical model of the body amplifies dissociation by severing not only the relationship between mind and body, but between body parts and attempting to turn the living body into an anatomical corpse (Romanyshyn 1989). Processes of fragmentation

lead to a personal sense of isolation when these processes weaken relationships between bodies and other bodies, or bodies and the world. Increased detachment leaves biomedical bodies yearning for connection and community. To use Arthur Frank's (1995) language, biomedicine encourages patients to become "monadic bodies." A monadic body turns in on itself, unable to make suffering meaningful through the process of sharing it with others:

[T]he *monadic* body, understand[s] itself as existentially separate and alone. ... Medicine encourages monadic bodies in many ways. Hospitals treat patients in close enough proximity to each other to obviate any meaningful privacy, but at just enough distance to eliminate any meaningful contact. ... Patients relate individually to medical staff, not collectively among themselves (p. 36).

The biomedical body feels painfully inscribed upon, but barricades its suffering. When bodies are isolated, relationships are severed and opportunities for collective resistance are missed.

In reading the biomedical body through a spiritual lens, Christian Scientists learn to cope with risk, resist imposed authority, and renew spiritual relationships. Christian Scientists use religion to escape the responsibility of risk management and fear of recurring symptoms. Their religious perspective alerts adherents to the disempowering effects of fragmentation. To counter the increasing fragmentation of the body, adherents substitute the biomedical, material model of the body with a spiritual body that draws connections between personal and collective thought. Adherents agree that risks can be evaded and personal empowerment restored only through casting aside biomedical discourse, understanding that reality is entirely spiritual and perfectly healthy, and reconnecting with humanity and God.

B. GUIDED BY FEAR:

Fear was one of the most salient themes that emerged during these interviews; time and again, I heard adherents discuss biomedical bodies as guided by fear. Participants viewed fears of medical risks and chronic suffering as keeping individuals vulnerable and dependent on biomedicine. These Christian Scientists discussed how they turned to religion to help them manage these fears. Identifying as a Christian Scientist means constantly monitoring fears in individual and collective thought and understanding how fear empowers illness.

Reading the fear promoted by medical media and learning to filter these fears is a crucial process in constructing Christian Science identity and prepares adherents to reenchant illness by making suffering meaningful. All participants in this study discussed constantly struggling with medical marketing in the media. One 30-year old male who was raised in Christian Science relates,

I definitely feel like there's a lot of medical media. I hardly ever watch TV. But when I go home my parents always have the TV on, and there are just so many medical ads. And I feel like the ads are just basically trying to sell you something, it's really obvious. ... People, to some degrees, might kind of make up problems.

Muting television commercials is a coping tactic mentioned by several respondents. A 24-year old female who was raised in Christian Science comments,

[My husband and I] usually mute the commercials when watching TV. Because you can soak a lot of that in and not even realize it. Even when I was little, we had to mute commercials ... because my parents knew that we would absorb whatever idea the commercial was trying to portray about health or whatever, but I'm still not afraid of commercials overtaking me.

If adherents can get rid of at least some medical media suggestions, they strengthen and protect their religious perspective. A 52-year old mother mentions how her 12-year old daughter, who she is raising in Christian Science, has already grown privy to medical media:

Even my daughter tells me, 'Mommy, how can you watch TV... everything's about a pill. ... She'll just mute it and she'll walk away. To her, it's not a part of who she is or who she wants to be. Sometimes I'll see it coming through. But for her, it's not fear; it's just nonsense. And I appreciate her side of it, but I've noticed that it's fear that guides people.

While proud of her daughter for filtering medical media, she is ambivalent about her daughter's easy dismissal of these advertisements. She would rather her daughter read these commercials as evidence of seething social fear. A 34-year old male who recently converted to Christian Science explains how he has grown more aware of fear in the media since becoming a Christian Scientist:

When I go back to my wife's family's house, that [medical] fear is amped. ... 'You're gonna go outside without a coat, you're gonna catch a cold, and then kids can die from that.' That sort of media hype is much more apparent. ... I'm aware of it, but I'm not totally engulfed in that fear ... you need an H1N1 shot, that sort of thing.

One 25-year old female who was raised in Christian Science talks about being influenced by the television show *Grey's Anatomy* while she was in college and growing more fearful:

When I was going through this year of questioning [Christian Science] my roommate at the time was really into *Grey's Anatomy*. And so I started watching it with her, and ... so I got really into it. ... [But] they're in a hospital and they're dealing with [medical] stuff all the time ... and I was like, 'Well, I'll just close my eyes when the gross stuff happens and it's fine to watch this. ... But I realized in myself that I was becoming really *fearful* of things happening. Cause they would talk about things like appendicitis, ... and it was definitely making me think about

disease and things like that ... [and] think, 'That could happen to me! How do we know anything's safe? Everything's awful,' and so I stopped watching it.

Identifying as a Christian Scientist means not only avoiding medical media, but also recognizing strategies for managing marketing in everyday life. One 52-year old mother who was raised in Christian Science anticipates that medical media will attack her identity on a daily basis, and so ritually prepares herself for these attacks through

Christian Science:

First thing when I get up in the morning, I'll just flip open the Bible or *Science and Health* or any of [Eddy's] other books, so when I am bombarded by the commute or radio or something, I'm not ignorant of it, but so I don't need to hear, 'Oh! Feeling this way? It's flu season!' It's everywhere all the time. But I want to give [my kids] a spiritual weapon [so] they can wake up from that mesmeric influence into saying, 'You know what? I can take control' and it's not human will, it's not just a self-discipline ... because that's on the level of human reasoning and intellectualism ... which is not terrible, but it's not Christian Science ... it's a humble, getting rid of the self-will.

Referencing medical media as "mesmeric influence" encourages mental resistance by conjuring the uncomfortable memory of the Quimby-Eddy relationship. A 50-year old male Christian Science practitioner also envisions medical fear as mesmeric influence:

Mrs. Eddy talks a lot about protecting ourselves from these thoughts. And, you know, in Biblical times there were all these problems—diseases and poverty and what not—but it was always associated with sin: you must have done something wrong. Today, in Western society, we blame it on bacteria, right? In Africa, the big thing is witchcraft: someone's put a curse on you. But it's this mesmerism of, 'you're sinful,' or 'this is taking control of your body.'

Fear paralyzes individuals and tricks them into accepting the disempowering medical model of disease, and adherents protect themselves through building religious identities.

Christian Scientists cope with fear of chronic suffering through critical readings of remission in the media. Adherents discussed chronic health conditions as evidence of

the inefficacy and unreliability of material models of health. In a sense, all individuals are part of remission society since all individuals are expected to occasionally catch viruses. As 28-year old who recently converted to Christian Science comments,

Certainly as a Christian Scientist I see that sort of advertising—like, ‘Oh, it’s flu season, you’re definitely going to get sick,’—like those things are not helpful, you know? As a Christian Scientist, it’s constantly something that you need to put outside your thought.

One 25-year old female who was raised in Christian Science remarks,

On the [subway], they have those announcements that are like, ‘Cold and flu season is not over,’ and it lasts like 6 months out of the year. And I’m like, cold and flu season is *not* 6 months out of the year. ... I know the intent is not to bully people but it definitely has that effect. ... They’re trying to sell their product, and that’s a tactic, but it does seem unfair and unnecessary to me. ... If you hear about symptoms of a disease then you’re going to see it anywhere, and I think that breeds fear. ... Even medical professionals agree fear and stress can contribute to disease.

Biomedical advertisers profit from spreading belief in chronic suffering, and fear over chronic suffering empowers and spreads disease. One 26-year old male who was raised in Christian Science explains,

[D]octors and physicians just treat the physical, and so if you’ve taken the medicine and you do get better, so you’ve [overcome] that particular ailment, but maybe, even in the back of your mind, there’s always kind of the possibility that it might return.

One can only overcome fear of recurring symptoms by overcoming belief in the material, biomedical model of health. Managing belief in remission is crucial to the construction of Christian Science identity.

C. DISEMPOWERMENT:

The biomedical model disempowers individuals by forcing patients to relinquish interpretive rights over embodied experiences to doctors; for Christian Scientists, this act of surrender is especially apparent during medical diagnosis. The Christian Scientists in this sample tended to view seeking or accepting a medical diagnosis as antagonistic to their religious identities. One 51-year old mother who was raised in Christian Science relates,

That's why, sometimes, practitioners get calls—because if the person can't be quiet, or if there is too much voicing going on, like maybe in an emergency room or a car accident ... the practitioner, at that point, would just help you to calm that fear or calm that anxiety because he or she knows that that isn't what God is diagnosing, and often in Christian Science it can be so immediate because all the other stuff is arguing against it.

Medical diagnosis is entangled in risk society and, by encouraging fear, establishes a patient's reliance on biomedical authority for comfort. One 27-year old female who was raised in Christian Science describes her experience being medically diagnosed with kidney stones:

Never is the doctor's message comforting to me. ... He said I'd need to be in pain for 3 days, then the [kidney] stones would pass ... but I'm thinking, 'Why should I have to be in pain for 3 days?' ... They give you these rules to follow, and it's traditional to just accept the rule and not question it.

Accepting the doctor's diagnosis would mean accepting vulnerability. Feeling comforted by a diagnosis involves relinquishing power to the doctor and following his advice. Self-diagnosis can be a temptation that is more difficult to resist than visiting doctors. This same adherent discusses dislocating her elbow and struggling with wanting to seek a self-diagnosis online:

[About] a year ago when I got pushed down at a basketball game and felt like I dislocated my elbow ... I wanted to look it up and see if that's what it really was. ... My arm was ... clearly out of socket. ... So I was definitely thinking I wanted to get a diagnosis, like, 'should I go to the doctor? Should I get my elbow set?' Or whatever. And I was really reminded of [the] experience I had with kidney stones where ... I was really just thinking I could take the pills I had [been given from the doctor] and I know that I will be better in a few hours, or I could pray about it and just expect a quick recovery—but what if it doesn't happen? ... I decided I wanted to pray about it because the effect of praying about it isn't just that you will feel better, which the medicine will do too, but you also feel uplifted. You also feel [that you] become a better person. And I felt, after that experience, that I *loved* more. ... I would've taken a pill and gone to sleep. I would not have remembered it; ... I would not be telling a story about it ever. So I think that's what it came down to with my elbow, too. Either I could go get it taken care of, get it set, and my elbow would recover, however long it takes to recover- that's what I wanted to look up, 'how long it takes for an elbow to recover.' But I decided, not only that I wanted to have a physical healing, but that I wanted to be a better person, that I wanted to learn something from it.

For Christian Science treatment to take effect, it was necessary to counter medical suggestions with prayer. She rid herself and her body of fear and negative expectations, and created as calm and peaceful an atmosphere as possible to encourage spiritual healing to take effect. Although diagnosing oneself involves surveying one's own body rather than seeking a doctor's reading, taking this step denies the divine law of natural health and empowers the biomedical knowledge environment.

D. FRAGMENTATION:

Christian Scientists read biomedical bodies as fragmented spaces that sever possibilities for connection and community. A 28-year old male who recently converted to Christian Science discusses struggling with feelings of disconnection before finding Christian Science:

In the Western mind, we have a big distinction between feelings and thoughts. There's not always that kind of distinction in other cultures, even in Jesus' culture. It's interesting: a lot of people get into Christian Science because they have a lot of difficulties and are looking for an answer. For me, I was like, I was really just interested in *ecstatic*. ... And I really wanted to *experience* things, I didn't just want to read about them. Like, what do I do—do I hold my hands like this? What can I do to really *feel* this—to experience God?

A 25-year old female explains a significant healing she had in college. During a dance intensive camp, she became ill: she had a painful abscess in her throat that was preventing her from eating and causing her to lose weight. Although she was raised in Christian Science and had always understood the theology from an intellectual standpoint, it was learning how to *feel* Christian Science that effected a physical healing:

I remember [the practitioner] saying, 'Feel God's love. As you're lying in bed at night, feel God's love,' and that was a foreign concept ... just *feeling* something. ... In Christian Science, we're supposed to look to spiritual things rather than earthly, material things to know what the state of our being is. ... [The practitioner] was [telling me] that our body is like a trailer hitched to a car, and the car is like our thought, and if the car goes someplace the trailer is going to follow. So focusing on driving the car rather than the trailer, cause you can't drive a trailer. ... So I was thinking about that while at lunch in the cafeteria, when I was looking around for all the soft things I could eat, and it was like a ... wonderful moment, and I was like, 'I want a piece of pizza.' And I got a piece, and it was fine, and by the next day, or maybe that night, I was eating normally. And I gained all the weight back very quickly.

Managing biomedical suggestions means not only refusing to believe in the biomedical model of the body, but also refusing the scientific-rationality that it is based on.

Reclaiming interpretive rights over illness experience begins with learning to reconnect the mind/body relationship and privileging personal embodied experience of illness.

Christian Scientists I spoke with blamed society's growing preoccupation with materialistic pursuits with aggravating processes of fragmentation. One 50-year old male Christian Science practitioner who converted to Christian Science relates,

I had someone explain to me: ‘If you took blood and muscle and bones and you put it in a bag and dropped it on piano keys, it’d go ‘boom,’ right? Well, no. A hand represents dexterity, coordination, grace, movement, strength. And with those things, you can play the piano.

Breaking apart an individual’s body into blood, muscle, and bones diminishes one’s sense of self. The proper focus is not the material fragments, but the spiritual qualities. A 30-year old male who was raised in Christian Science remarks,

The doctor sees the inflamed leg and treats that—shoots it with some antibiotics or whatever. But in Christian Science we recognize that that is sort of the symptom of something going on in mind, or thought, or experience. So they are connected. It is holistic, in a sense. So to dismember those things, or [separate] the medical treatment from the person, in my experience it doesn’t make sense. And that’s part of the problem that we have. Christian Science is all about qualities—it’s all about ideas. ... One of the things Mary Baker Eddy says is Christian Science translates things into thoughts.

The intimate relationship between bodies and identities can be powerful means of fashioning communities and subverting biomedical discourse, but the increasing dissociation and fragmentation of bodies leaves individuals unable to voice their experiences of suffering and weakens the capacity for collective resistance.

Reconnecting bodies means viewing and treating bodies as spiritual wholes rather than material fragments. For Christian Scientists, biomedicine reinforces materialism and leads individuals away from the spiritual truth of natural health. Understanding the damaging effects of materialism and learning to filter biomedical suggestions prepares one to heal. When describing spiritual healings, many Christian Scientists I spoke with referred to the ways in which Christian Science helped them cope with the deficiencies of a materialistic society. Materialism led adherents away from their religious identities, damaging physical health in result; healing required spiritual reconnection. Participants

discussed materialism as a threat to agency and the growth of consumerism as transforming more and more areas of social life into fodder for spiritual healing. A 51-year old mother who was raised in Christian Science observes,

[Lack of control is] promoted ... because of the speed in which we're asked to live, with the technology, and we have all these images—perfect body, perfect husband, perfect job, perfect church. ... And again, how are we defining perfection, or balance? ... It's unreachable, for me. ... If I was to have all this perfection in matter, I'd be exhausted—that's where stress and anxiety builds up.

The social pressures of achieving economic success can be particularly damaging to physical health. One 36-year old male who was raised in Christian Science describes feeling tremendous pressure to be financially successful. He recalls learning to cope with this pressure as a profound spiritual healing:

When I was in college, ... I wanted to make money, and I wanted an internship. ... My mind was so fried with pushing myself and not getting [sleep]. ... I was so messed up that my face was just swollen ... and I just wasn't sleeping for like a week. ... I remember I wanted so bad to have [success]. My mind was just racing with all these things that I wanted and my mind was still racing when I got home. ... I looked really sick. ... I just got out my copy of *Science and Health*. ... I think I'd thought my problems were too big for Christian Science. ... But I started writing down what I thought about God and it took me back to childlike innocence. ... So that was just really powerful because when I got back home again, I fell asleep. ... When I went back to school ... [t]hings just started coming into balance. ... I got [an internship] and ... there were a couple of guys I was working for, [and] they were making pretty good money: and when you're in your early 30s and you're making twice as much as working class families and stuff, it's ... sometimes dishonest and cut-throat. So that just showed me ... that [money] wasn't really the stability I was seeking. And I realized I wasn't gonna find what I wanted that way. And that pushed me even further, I think, into Christian Science.

The pressure he felt to get good grades and find an internship made him physically ill.

Healing required relinquishing the belief that money brings happiness and reconnecting

with his faith. His faith grew in tandem with his awareness of economic inequalities and material lack.

For adherents I spoke with, alcohol was another vehicle through which social institutions could link happiness with consumerism and make individuals complicit in their own demise. In *Miscellaneous Writings* (1980), Mary Baker Eddy argues that alcohol can disrupt an adherent's spiritual journey. She writes:

Strong drink is unquestionably an evil, and evil cannot be used temperately: its slightest use is abuse; hence the only temperance is total abstinence. Drunkenness is sensuality let loose, in whatever form it is made manifest (p. 289).

Several participants recalled situations when they rejected alcoholic influence as profound affirmations of spiritual growth. A 51-year old mother who was raised in Christian Science recounts,

I did a little social drinking [in college], which I had never really had alcohol before. ... After I came back from the Christmas break I sat down and had a good long talk with [myself] and said, 'Ok, you're either a Christian Scientist or you're not.' I had never read *Science and Health* from cover to cover ... so I did that in about a week, ... and after that, I felt God was definitely speaking to me. ... I noticed that my social life was improving. ... I was getting straight As. ... [Drinking] is supposed to make you ... feel different, [but] I could consume large quantities [of alcohol] and I felt the same. ... And I thought, 'was this really part of my *identity*? Do I need to accept it because I had a drink in my hand?' ... So it wasn't so difficult to give it up. ... That's what I realized: ... joy was spiritual.

By attaching personal happiness to a material substance, drinking threatened her religious identity, and she had to revive her study of Christian Science to protect it. Once she severed the relationship between alcohol and identity, she considered giving up the material substance to be a simple. A 52-year old mother who was raised in Christian Science describes being influenced by the social thoughts around alcohol while a teenager:

I had an experience when I was 17. I was at this dinner with my then-boyfriend. And it was romantic and I thought, 'Oh, let's have wine!' But actually, I didn't really like the taste of wine. Where did that idea come from?' ... There's a lot of cultural programming of 'romance: wine.' Now, was that my honest personal preference? No ... So I do think [I] need to be alert and question all sorts of thoughts. Is this really my thought? Or am I drifting with a current. Whether it's medicine, or age, or anything.

Like social drinking in college, this adherent's faith led her to question alcoholic marketing and the social expectation that buying into a material substance—wine—has the ability to enhance her happiness. Monitoring these types of “currents” in thought can prepare one to recognize more elusive biomedical beliefs and lay the groundwork for embodied resistance.

Christian Science also helps adherents manage social pressures over body image. Aging threatens social status and self-worth, making individuals more vulnerable to biomedical discourse and marketing. The 52-year old mother who was raised in Christian Science explains why she and her husband stopped celebrating birthdays when they turned 21 years old:

I decided, ya know what, after you turn 21, that pretty much takes care of it. My husband and I both got married when we were 21 and we thought, ya know, let's just not do the birthday thing. ... Cause I thought, there's a downside to every age. ... It messes with your head. You know, when you're a little kid you're pushing to get older and ... it's just really not useful, I've found.

Birthday rituals carry fearful expectations of declining health, attractiveness, and overall social status. By refusing birthday rituals, this adherent could partially reclaim control over her body. Simply refusing to participate in these rituals might change one's thought and, in result, regenerate the body.

Social pressures threaten religious identity and spiritual growth. Christian Science offers adherents a means for making unavoidable processes—like finding a job and aging—feel less risky. An increased awareness of medical suggestions is often a precursor to spiritual growth: understanding how biomedical beliefs influence personal ideas about identity, happiness, economic status, and aging can soothe fears, reconnect personal and collective thought, and prepare one to heal.

E. ISOLATION:

Biomedical processes encourage individuals to feel detached from their bodies, humanity, and God; the medical system can profit off individuals' desire for connection by creating disease communities that reinforce biomedical discourse and empower illness. A 27-year old female who was raised in Christian Science discussed biomedicine as feeding off this desire for connection. She explains,

I just think that's really weird that we need to connect by bringing people down or expecting people to get sick. I think it's everywhere, all these signs all around me saying 'Get a flu shot,' or 'Let's stop breast cancer,' 'Let's stop multiple sclerosis.' Yes, I want to stop those things, too, but it seems so much like we're focused on the disease name and being afraid of those diseases. . . . Instead of thinking 'breast cancer, breast cancer, breast cancer,' why don't we celebrate womanhood? I just don't like the focus on the disease.

Biomedical belief creates fear, normalizes fear, and then forms communities based on crushing fear; but to this adherent, forming communities that center on the disease cannot successfully eliminate it. Focusing on the disease gives the disease power. She continues,

I don't like the idea of 'getting to know' cancer or 'getting to know' multiple sclerosis in order to heal it. Are we better than we were 40 years ago when we

didn't know about breast cancer? I mean, people didn't have breast cancer, now all of a sudden everyone has breast cancer, so I don't know if we're better. Or do people just become all freaked out about breast cancer, then they all end up getting it, because they're all wondering, 'Will I ever get breast cancer?' and that's all they can think, you know what I mean? [It] takes away your *power* because you're just floating along waiting for a disease to hit you and that's a sad way to live. I think that's how most people live, unfortunately. ... Are you empowering yourself or breast cancer? Are you identifying yourself based on a disease? I would not want to do that for myself. ... I don't mean to make me an enemy of someone who's thinking about cancer, but I am an enemy of cancerous thought, which is not that person who has cancer, ya know what I mean? ... It's never me against another person; it's never people against people. ... But if it's people against a negative thought, then that negative thought has to lose, I think. Because I think good always wins.

Creating communities around disease legitimates disease and creates identities centered on material flaws rather than spiritual perfection. According to this adherent, even if advertisers have good intentions, marketing meant for disease prevention actually results in more positive diagnoses and thus, more collective fear. Christian Scientists I interviewed often discussed disease communities as empowering disease and destroying individuals. Another 24-year old female who was raised in Christian Science remarks:

I think people in general want other people to be healthy and they [use the medical model] to do it. Like cancer, ... it's become a whole movement, defeating cancer, and the motives are great, but ... when you're thinking of your problem as more physical, you're thinking of yourself as more physical and less spiritual.

A 26-year old male who was raised in Christian Science adds,

I think [movements against cancer] also have the reverse effect of making people more concerned about it. ... But also, society as a whole is becoming more wrapped up in the medical model—diagnosing and prescribing the antidote then shoving it in your face—and that makes [Christian Science] almost more important today. ... So I feel [Christian Science] has been marginalized as the medical model has become more powerful ... but [Christian Science] offers more.

A 50-year old male practitioner who converted to Christian Science thinks these communities inhibit individuals from conquering disease:

Compassion is great. Being sympathetic is great. But at the same time, you're labeling yourself. Again, the human tendency is that we start to identify. You ask a person who they are, and often they'll give you their occupation. And we kind of do that with sickness. 'I'm an alcoholic.' What does [Alcoholics Anonymous] teach you? 'I'm an alcoholic. I'm always gonna be an alcoholic. And I'm learning to deal with that, but I'm an alcoholic.' ... A lot of people don't move beyond that, and it becomes their support system. It becomes their identity. 'I'm a survivor of breast cancer:' a perfect example. And it becomes this campaign. It gives them a purpose. It becomes their identity. And I don't know if that's necessarily healthy. ... At some point, we need to see that there's more to life than just this human experience—that life's eternal.

Individuals yearn for community, but these adherents do not believe this desire can be fulfilled on biomedical or material terms. Creating a community that centers on a disease, they believe, does not meet individuals' real needs of connection and transcendence. Participants in this sample expressed concern over disease movements that reinforce and perpetuate those principles of materialism, fear, and vulnerability central to the biomedical regime. They praised compassion and viewed longing for community as a legitimate desire, but one which spirituality might meet more adequately than medicine.

Claiming Christian Science identity means learning to dissect the biomedical model of the body and understanding biomedical models as influencing other social institutions and permeating numerous areas of social life. Christian Scientists use religious identities to cope with biomedical risk scenarios and manage fears of chronic suffering. By using these understandings of the biomedical body to construct a religious model of the body that is protected from fear, empowered, and communicative, adherents

can reclaim authority and interpretive rights over embodied experience. Linking the failures of biomedicine to materialism allows Christian Scientists to resist the damaging effects of biomedical discourse by appealing to God instead of medical professionals to fulfill desires for safety and community.

CHAPTER 3: REINTERPRETING AND REWRITING

The body is molded by a great many distinct regimes; it is broken down by the rhythms of work, rest, and holidays; it is poisoned by food or values, through eating habits or moral laws; it constructs resistances (Foucault 1977:153).

Christian Science identity means aggressively countering medical-material suggestions by reinterpreting and rewriting biomedical inscription. In this section, I show how Christian Scientists reinterpret and rewrite biomedical discourse by positioning their bodies as sites of spiritual demonstration. By clinging to a model of the body which is holistic and communicative and advocating a spiritual system of healing, adherents wrestle with biomedical thought and reclaim their bodies as sites of power and resistance. Adherents adopt a holistic perspective to healing; illness is considered an opportunity for resisting biomedical fears, making healing permanent, and encouraging spiritual growth. Christian Science practitioners serve as guides rather than authorities, supporting spiritual healing while allowing patients to interpret their own experiences of illness. Spiritual treatment transforms the disjointed, isolated body of biomedicine into a cohesive, communicative body; adherents share embodied suffering through testimonials, fortifying collective belief and encouraging the proliferation of spiritual healing. Longing to escape risk society and resist external authority motivates Christian Scientists to reinterpret and rewrite biomedical discourse; spiritual community is both a tool for successfully completing these projects and the desired result.

A. THE CHRISTIAN SCIENCE BODY:

To overcome fears of risk management perpetuated by body dissociation, fragmentation, and isolation and to fulfill desires for community, Christian Scientists must reconstruct bodies as dynamic sites of spiritual reconnection. To use Arthur Frank's (1995) language, Christian Science bodies become *dyadic*: dyadic bodies claim interpretive rights to illness experience and use suffering to create communities based on shared experience. One way for individuals to advocate the dyadic body is to tell stories. Storytelling, Frank (1995) argues, enables individuals to reclaim ownership of embodied experiences and make suffering meaningful. While regaining narrative privilege over illness is a crucial aspect of storytelling, the process of developing relationships through storytelling is of equal importance. Stories generate community and create what Durkheim (1995) calls "collective effervescence:"

We have seen, in fact, that if collective life awakens religious thought when it rises to a certain intensity, that is so because it brings about a state of effervescence that alters the conditions of psychic activity. The vital energies become hyperexcited, the passions more intense, the sensations more powerful; there are indeed some that are produced only at this moment. Man does not recognize himself. He feels somehow transformed and in consequence transforms his surroundings (p. 424).

Storytelling transforms the flesh into dynamic space for performing subversive discourse and practices. Through reinterpreting the body as demonstration, approaching health holistically, using practitioners as guides, and storytelling, Christian Scientists replace risky material-medical society with a transcendent spiritual community.

B. BODY AS DEMONSTRATION:

When thinking about the body as a site of power struggles and considering Christian Science as embodied resistance, one must first reckon with the fact that Christian Scientists fervently reject the idea that material bodies hold any power whatsoever. Theologically, belief in the body is a type of devil that lures adherents away from spiritual truth. Any power that seems to emanate from the body actually comes from God. When the body defies doctors' expectations, this is not a sign of the body's natural healing properties but a sign of God's ubiquitous power and the inefficacy of material laws. As one 36-year old male who was raised in Christian Science relates,

[Christian] Scientists think of God as being this all-knowing mind that is completely unlimited. The [medical model] that we've come to think of as very educated, a lot of it is focusing on each [individual] having our own material body that is going to break down: ... 'I'm a material person that's going to need, more or less, material help to sustain my existence.' Whereas the Christian Science perspective is saying the material body actually has no bearing on life. ... You're always perfect. You're always healthy. You're like a metaphysical truth—a mathematical principle that is never going to break down.

Adherents reject the medical model of a dependent, degenerative body. However, Christian Science identifies the same mind/body dualism at the basis of biomedicine. He continues:

Christian Science can work in today's world because you can ... stop focusing on the body and look at these ideas. ... The body could be more of a servant. ... The body could obey these principles. ... Human experience can change you, but it doesn't have to drag us down. ... You don't have to go through all the fear, you know?

Here, the body is seen and sensed as a source of power, but one that threatens to overtake individuals if not kept in check. Seeking mental and spiritual control over bodies makes

adherents feel safer in a risk and remission society. This adherent continues to speak about embodied experience as having no effect on true, spiritual identity:

I think with younger people ... your body image [becomes] your identity. ... [Like] there are ... so many people ... who have full body tattoos: it makes me sad because that's the opposite of what my approach to life has been as a Christian Scientist. ... I see it like 'I want my own kind [to] see me as a part of something different.' ... And to me, I think it's just very surface. ... You can put all this on your body but that really doesn't define you. ... We have all this health-related stuff that's focusing on the body, and I'm thinking, why would you want to start focusing on the body when that seems to be where the battle is going on?

This adherent follows the Cartesian view that material bodies are surfaces and minds have power over bodies. Thus, inscribing one's body is not a proper means of identity construction. Still, in recognizing the body as "where the struggle's going on," he acknowledges biomedicine's attack on personal identities through inscription. For him, it is easier to abandon the body than to try to reclaim it.

Although Christian Scientists often disavow the body's power, participants also discussed material bodies as channels of God's energy and, thus, as sites of power and protest. A 28-year old male who recently converted to Christian Science explains,

What's difficult about explaining Christian Science is you tend to get into these discussions about how your mind affects things ... but Christian Science, actually, in the end, rejects all that 100%. It actually says, your mind has nothing to do with healing or with reality, because it's really like you are an expression of God's mind. Your personal thought is really what gets in the way of that.

While he will not give credit to individuals or individual bodies in healing, this adherent recognizes the body as a vehicle for God's own resistance to biomedical control. As a 27-year old female who was raised in Christian Science emphasizes,

[T]here's not a law to your body; your body can make adjustments, regardless of what their science says. It's not like every time you go and put someone into a

lab with X problem they're going to have Y solution, and [the medical system] treats it like it's a fact.

God uses material bodies to demonstrate the inefficacy of the medical model of illness.

When the mind is spiritually sound, the body reflects God and constructs resistances to biomedicine. The process of religious demonstration charges bodies with spiritual strength and develops adherents' relationships to others and to God; adherents need only relinquish biomedical beliefs and material dependency to dissolve physical resistances and rewrite bodies as expressions of divinely-authored health. The 28-year old adherent who recently converted to Christian Science explains how he feels that he has both more and less control over his body and health since converting to Christian Science:

[Christian Science] points me in the direction of following God's will. ... [Christian Science] really tries to move you away from the idea of having personal control over things, and letting the harmony of life reveal itself to you. ... But I do definitely feel like I have more dominion over challenging aspects of my experience. I'm in a family of [basically] nonreligious people and when something goes wrong, they'll go, 'Well, that's just life' ... or 'You just have to accept it,' but a Christian Scientist will never ever say that, and I never ever feel that way.

When health is disrupted, an adherent feels capable of reinterpreting or rewriting this experience through prayer. Since suffering is an opportunity to prove God, there is more incentive to resist social thought. Spiritual treatment energizes the disenchanting, biomedical body, enabling the body to defy medical expectations. Thus, the body becomes a porous boundary between God, personal identity, and the outside world. It is ultimately through the ostensibly objective, fleshy body that adherents can negotiate beliefs with wider society.

Several adherents I spoke with explicitly discussed how Christian Science could be used to develop and enhance the material body. One 30-year old male who was raised in Christian Science remarks,

A friend of mine who's a Christian Scientist ... has gotten really into bodybuilding. ... I haven't really [asked] him how he comes to grips with that. ... But if you think about it, ... there's discipline involved and strength—qualities that are good.

Even outside of illness, one can use the body to demonstrate Christian Science.

Adherents do not dismiss material bodies entirely: since biomedical society puts such faith in empirical proof, it must be within and through physical bodies that Christian Science becomes known to wider society. Still, why take up an activity—like bodybuilding—which focuses explicitly on material enhancement? Perhaps lifting weights, in practicing *qualities* of discipline and strength, transforms material into a support for spiritual growth. In channeling moral qualities, bodybuilding tears down walls between spirit and matter, allowing God to permeate all realms of embodied experience. Physical strength becomes religious demonstration. A 26-year old adherent explains that, although he was raised in Christian Science, his faith was reaffirmed in college when he realized that he could use Christian Science to increase his athleticism:

I was playing on the tennis team and we had a really great coach who really helped incorporate Christian Science ideas and athleticism. ... I'd never really been athletic ... so when I felt I had the chance to develop myself physically but also see how spirituality helps with that it was just this amazing experience. So that's when I saw [Christian Science] was practical; it works in all aspects of your life. ... I was able to use a lot of the ideas I learned in Christian Science to be *free* on the tennis courts ... and if I did feel tired or sore, I had a method to overcome that. ... My coach really broke it down for me: if you focus on the spiritual ideas of 'athleticism,' 'strength,' or 'love' and those concepts coming from God then ... it made sense to be able to see that in your body. ... Because you're kind of understanding the strength that you already express and that you already have.

It's not like you're adding more muscle mass or matter, I mean sure that's a result, but it's not the focus.

Here, making Christian Science practical involves using one's body to affirm one's faith in everyday life, not denouncing fleshy existence. Physical strength can be interpreted as a sign of spiritual understanding. When demonstrating Christian Science, the body can be a tool of social resistance.

C. HOLISM AND SPIRITUAL COMMUNITY:

By approaching the body holistically, Christian Scientists withstand the estranging effects of biomedical dissociation and build a spiritual community. Gaining a personal understanding of the holistic nature of illness is typically the precursor to healing. Although Christian Science theology rests on an extreme distinction between mind and body, positing all reality as truly spiritual and naturally healthy, Christian Scientists reject the mind/body dualism in the *practice* of healing. A 30-year old male who was raised in Christian Science suggests,

A huge problem in society and a huge problem with medical costs is just kind of poor health in general. ... [O]besity is a huge problem in the U.S. But obesity leads to all kinds of other diseases and problems. ... I think if you come into the doctor and it's more of a symptom of your obesity, the doctors inherently know, 'Fella', you've got to exercise, you've got to lose weight.' ... But again, there's kind of another layer to that—why is the person so overweight? ... It's a symptom of something internal in their spirit. ... There are qualities in that person that could be better. ... It's never really getting to the core of the issue.

Biomedicine, in viewing illness as primarily material and personal, seldom reaches the “core of the issue.” When biomedical institutions sever the mind/body/spirit relationship,

they turn social problems into individual ones, thus distancing individuals from one another and lessening the possibility of collective resistance to the medical model.

Many participants discussed physical problems as signs that an individual is harboring unhealthy thoughts that isolate the individual and thus, distance him from divine healing power. The same 30-year old male relates,

Something that I've heard many times in hearing and reading testimonies of Christian Science is that if someone has a problem with their body [they] will realize that there's something in their day to day experience that's not right. Like a relationship that is not healthy. Or they're harboring hatred for their neighbor. ... It doesn't always go back to that, but it's very common. So a lot of times [they] will deal with that hatred that they're harboring and the healing of the physical body will come as well. So I think Christian Scientists attribute the healing more to the change in thought ... so the healing of the body is kind of a byproduct of that.

Spiritual healing requires overcoming physical boundaries and reconnecting with others through mystical means; this spiritual communion draws one closer to God. A 27-year old female who was raised in Christian Science explains,

I definitely feel like every physical problem is a reflection of a mental problem. ... Not that it's always like you're resenting someone or you're holding anger, but even like symptoms of the flu [might come on] not because you're hating someone, but because you just accepted that contagion can touch you.

Individual illness signals unbalanced collective thought. Adherents protect themselves against contagion by replacing this collective belief with a declaration of spiritual unity. When a person submits to the idea of medicine or material sickness as truth, she becomes more vulnerable, more fearful, and more isolated. Interestingly, spiritual community is built on the same premise as disease communities—individual flaws. Yet, to develop mystical relationships that bring about healing, Christian Scientists must deem these flaws mortal error and cast them aside. A 52-year old female who was raised in Christian

Science credits mind/body and body/world reconnections with effecting her physical healing:

During a really stressful time, a wound that looked like an eruption appeared on my abdomen one day. It quickly grew and became very ugly and painful, and if I moved around normally, the wound got even worse. ... I asked a Christian Science practitioner for help through prayer. I also checked in to ... a Christian Science care facility where Christian Science nurses cleaned and bandaged the wound. Any walking I did had to be very, very slow and gentle or it made the wound even worse, so I used a walker for a few weeks. At the [nursing facility] I was able to step away from my busy life and be a bit more still and quiet—both mentally and physically—and focus on what I needed to see, hear, learn spiritually. ... [E]ach morning I would wake up and just have some quiet time where I could just read my Bible lesson and pray and listen. To me, looking back, it almost felt like a month-long baptism. Each morning it was like something came up from my past that I was ready to have washed away. Like for me, part of growing up in a big family was feeling invisible. And one morning as I was kind of thinking and praying about that, the thought came, ‘No children are invisible to God—none.’ And so I just had those feelings washed away, and that led me to really pray about the children of the victims in Haiti, ... that not one of them is invisible to God. ... And this purification process I was going through, which was really a spiritual journey but I wanted my body back functioning normally too, ... was like the Christ light revealing that I always had been healthy and I was healthy then. So that was a really significant healing because after it we went on a really vigorous family vacation. ... and I was just so grateful. ... This healing took place a little over a year ago, and I have a totally normal and strong body, including my abdomen.

The wound on her abdomen alerted her to the need to reassert the natural, spiritual health of herself and the entire world. Healing required not only conquering personal feelings of invisibility, but also asserting that *no* human is invisible to God. By relating her physical illness to personal mental/emotional unrest and imagining this mental/emotional unrest as symptomatic of a wider social problem, she builds belief in spiritual community. This belief, in turn, prepares a safe, loving atmosphere where healing naturally takes place. God’s healing power works through all-encompassing spiritual

community. Harmful thoughts afflicting healthy bodies are never primarily physical or personal and always signal the need for spiritual reconnection.

1. Suffering as Opportunity:

Through the development of spiritual connections between minds and bodies and bodies and the world, Christian Science encourages adherents to reclaim suffering as a source of identity construction. Suffering is understood as an opportunity for spiritual growth. A 28-year old male who recently converted to Christian Science explains,

I've seen Christian Scientists who have been in certain scenarios where an outsider would look at it and say, 'Why would you be relying on prayer for *that* issue? Because for that issue you could take medicine and it would definitely work.' And I've even wondered that at certain times. Especially when I was new to Christian Science, I'd think, 'Yeah, well prayer's good for some things, but what about things that medicine has proven [itself] to be really good at? Why don't you use that in those particular cases?' Which some Christian Scientists do. But [once] you experience Christian Science healing, ... it's kind of like the ultimate experience. Normally someone sees sickness [as] really terrible. ... But a Christian Scientist often sees it as an opportunity. They're like, 'Wow, that's really great. ... I'm going to have the opportunity to prove God.' ... In the medical field, it's not an opportunity for growth; it's just an opportunity for disability.

A 51-year old female who was raised in Christian Science echoes this sentiment:

If I'm not feeling well, then it's an opportunity: I view it as an opportunity to just regroup and rethink. ... Cause I know that God doesn't send disease. ... But I need to double my efforts in protecting my thought.

Illness offers an opportunity to reconnect the relationships that biomedical hegemony has sought to sever, to take advantage of a crisis to feel personally empowered, and—in certain cases—to prove God.

Many Christian Scientists I spoke with agreed that biomedicine has the power to heal physical problems, but preferred spiritual treatment because they get more out of it. “Getting more” out of healing requires trusting God over the doctor and trusting experience over scientific-rationality. A 25-year old female who was raised in Christian Science explains,

Obviously both Christian Science practitioners and medical doctors are there to help and heal their patients, and I think it’s just coming at it from a different angle. ... Their goal is the same: they want their patients to be healthy. But the doctor will say, ‘Your leg is broken, and here are the steps we’re going to take to fix it.’ ... And a Christian Science practitioner will say, ‘Ok, this is not what’s actually true about you. You actually were made complete and perfect by God,’ and that’s their starting point. Instead of trying to bring the bad matter and make it good matter, they will say [the patient] is not material. And the result of that is a material healing. ... And if you go to testimony meetings, you’ll hear that theme a lot: people will say that once they stop checking their body to see if they’ve had a healing, that’s when they have the healing.

Although doctors have good intentions, they are misguided in their approach to illness; when one approaches illness materially, making suffering meaningful is more difficult. True healing comes from purifying one’s thoughts of biomedical expectations. Christian Science also comes with fewer risks. A 52-year old female who was raised in Christian Science explains:

Once you’ve had a Christian Science healing, the only things that remain are the spiritual lessons you’ve learned. You don’t carry away dependency on a drug, you don’t carry away scars; there’s no downside to a Christian Science healing, and that means a lot to me. ... It makes you stronger, too. ... Of course, I want my body fixed too, but the [other] effects are just so good.

Christian Science treatment has no side effects outside of spiritual growth. When individuals elect to take medications or undergo surgery, they are given even more reasons to be fearful, and grow more dependent on doctors or drugs to manage these

risks. When one can avoid body inscription by treating oneself spiritually and healing occurs, this fear is replaced with empowerment and a sense of connection.

2. Permanent Healing:

When one envisions health as perfect and natural, one can escape fear of chronic suffering. A 51-year old mother who was raised in Christian Science also talks about using spiritual treatment to free herself from fear of recurring symptoms:

[I]t's not even a question of getting through it; it's healing it, and knowing that that doesn't have to come back. ... And from my experience ... once I've conquered something, it hasn't returned.

A 25-year old female who was raised in Christian Science continues,

I think [doctors] can fix a broken bone and the bone's not going to break again, [but] I think Christian Science healings can be more permanent.

Many Christian Scientists I spoke with referred to personal healings of chronic conditions as evidence that spiritual treatment is more reliable than biomedicine. A 46-year old mother who became a Christian Scientist as a child relates her spiritual healing of chronic migraines:

Before my mom even came into Christian Science, I struggled with migraines, to the point where I would vomit. ... It was to the point where I would feel it starting, and I wouldn't know how to stop it. ... And my headaches got progressively worse over the years. So when it got to the point where I was like 17 ... I thought to myself, 'Wait a minute, I'm in a Christian Science boarding school. ... This is ridiculous, there has to be a way.' So I talked to one of my Sunday school teachers ... and I said I really want to know that Christian Science works. I want it proven to me. ... So he worked with me. He told me certain things to read. He asked me what my questions were. He prayed with me. ... The process took a matter of two weeks. And you know what the funny thing is—I didn't even notice it. They just stopped. Since I was 17, I haven't had [a migraine].

Chronic conditions signal gaps in medical knowledge that Christian Scientists can close with spiritual understanding. Conditions that are medically incurable, such as migraines, leave room for adherents to turn narratives of illness and healing into affirmations of faith. Accepting chronic suffering means having to live in remission society and live in fear. The same adherent relates an experience being spiritually cured of allergies:

For me, Christian Science is not fear: it's a sure [thing]. I mean, I had allergies for years ... and it was horrible—eyes swollen, headache, you know, knocked down, can't breathe ... all that kind of stuff. And I would never take anything for it. ... And so I called ... a practitioner ... and I said, 'I just can't believe I've been a Christian Scientist so long and I haven't healed this.' I guess because you just think of it in the line of a cold, or whatever—it blows over. ... So he worked with me and I think [I was healed] maybe in like 3 or 4 days tops, and that [happened] 5 or 6 years ago.

Chronic suffering, and the fear that accompanies it, disempowers individuals. Christian Scientists can reclaim power over their health through spiritual treatment.

A chronic condition can also be symptomatic of a deeper social problem and signal an adherent's need to reconnect with humanity and God. Suffering associated with menstruation, for instance, might be rooted in a belief in the natural weakness of the female body (Orr 1993; Romanyshyn 1989). Several Christian Scientists I spoke with considered biomedical beliefs to subjugate women, in particular. For one 24-year old female who was raised in Christian Science, resisting the biomedical expectation of chronic female suffering and reinterpreting the body as spiritual helped effect a physical healing:

In Junior High, I was in 8th grade, I'd just started my period ... and I was at school [one day] and ... I just remember it was really heavy. ... So I went home that day. ... And I just remember getting home and being like, 'You know, this is not right.' It wasn't like I had a very systematic prayer [that I was using] but I knew from growing up in [Christian Science] that ... this was not the natural way

[my period] should happen—it should all be harmonious and be smooth. ... And as like a 12 or 13 year old I thought that was a really profound thing I'd just thought of. ... And ever since then I've just had a very calm, steady period. I mean, I've had experiences with cramps but I always think back to what I prayed about that first time—... just that idea that that's not the way I'm expressing who I am as a woman, you know, as this out-of-control thing. [...] There's no reason it should interfere with my life. ... Since then I've realized I have to really watch the way I think about that. ... [S]o that was part of it—just not paying attention to the idea that I have to be this crazy, weak, bloody thing.

She is uncomfortable with defining the female body around a chronic condition. As a teenager, a glimmer of spiritual understanding allowed her to heal. But before she could permanently absolve her physical pain, she needed to reckon with these social expectations. The only chronic condition in Christian Science is chronic error in thought—belief in material and medical models. She ties personal suffering to collective thought; healing requires disavowing both personal and collective belief in chronic female suffering.

Individual chronic suffering can indicate either the inefficacy of medical treatment or the need to double one's efforts at creating spiritual connections. When a Christian Scientist spiritually treats an illness and symptoms reoccur, this often points to the failure of biomedical models of illness. A 52-year old mother who was raised in Christian Science discusses using Midol to ease menstrual cramps:

[W]ith my period each month, I remember wrestling through that quite a bit through my teen years. And I thought, 'This is ridiculous. I'm just gonna ... take some Midol and be done with this.' ... And so several months I took Midol. And it helped at first. But then it lost its efficacy. And then after a few months, I was like, 'Now where am I? I'm back to square one. So let's deal with this.'

Medical solutions are temporary; a problem can only be truly “dealt with” through spiritual treatment. When an adherent spiritually treats an illness and symptoms reoccur,

this often signals that the adherent could work harder at spiritual treatment. A 27-year old female who was raised in Christian Science discusses her struggle with recurring symptoms of kidney stones:

I went to the doctor [because] I thought I was dying. ... I didn't know what [the pain] was. So as soon as I went to the doctor he told me it was kidney stones, here's medicine I can take. I just lost all my fear because I knew I couldn't die from kidney stones. ... So I lost the fear, lost the pain. ... I took [the drugs] home with me, but I didn't take them. And I felt fine. And then oddly enough I got kidney stones again 6 months later and I could tell it was the same thing, and I remembered that I had those pills and I was like, 'Well you know what, I know I'm not dying, I know that I'm taken care of,' I was essentially giving myself a Christian Science treatment: I was praying for myself. [I] had a recovery within a few hours ... and [I] threw the medicine out the door- it probably was expired anyway. He did tell me I needed to go to a [specialist] to get drugs to take for the next couple years or something ... Having never taken medicine before, why would I want to medicate forever? So I didn't do that, [but] I [hadn't] really dealt with it either. I was never like, 'No, I do not need to have this again.' I never made that step to where I protected myself, so to speak. So anyway, when it came up again, I was like, 'Oh this is probably because [the doctor] told me I was gonna have [the pain], and now I'm having it ... and so now I'll deal with it.' I haven't had [kidney stones] since that healing.

She refuses to take the doctor's medicine from the very beginning; but, like the adherent who took Midol, she mentions that she hadn't "really dealt with it either." The recurring symptoms indicated that she needed to refocus, and she discusses spiritual growth as the true, permanent healing. Resisting the doctor's diagnosis of chronic suffering required reconnecting with Christian Science.

D. PATIENT-PRACTITIONER RELATIONSHIPS:

An organized network of professional Christian Science healers helps believers resist risk and external authority through the development of spiritual relationships. Christian Science practitioners differ from medical doctors in that they help patients

articulate their own embodied experiences rather than externally interpreting them. When adherents have difficulty healing themselves through prayer, they often seek help from Christian Science practitioners. Adherents I spoke with were quick to differentiate between practitioners and doctors on several levels: practitioners are facilitators rather than authorities, have the ability to heal anyone, guide through love instead of fear, and treat patients as individuals.

Doctors are authorities, and patients are expected to relinquish their experiences to doctors in hopes of recovery; Christian Science practitioners, in contrast, serve as guides who lead patients back to God. A 26-year old male who was raised in Christian Science describes the practitioner's role as facilitator:

From what I understand, you go to the doctor's office and they examine you physically, and recommend things that you should do. ... And you're supposed to listen to your doctor: your doctor tells you something specifically to do, and you do that, and you see the results. And I feel like a practitioner is very different. He or she is not examining you physically. It's almost like during that time of quiet prayer when she's specifically working for you, she's almost taking a barometer reading of your mental state ... and trying to be intuitive. ... The practitioner isn't demanding that you do something. ... She might recommend certain passages from the Bible or *Science and Health* to read or certain ideas to ponder but it's really more about the practitioner pointing the patient towards God. ... Once the individual understands the correct idea, that makes the healing happen. And the practitioner, I feel like, is just facilitating that whole process.

Practitioners give patients more leeway, encourage personal reflection, and support meaning-making in experiences of suffering. While the practitioner supports rather than dictates a patient's healing, a patient who calls a practitioner must agree to one rule: be open and receptive to Christian Science treatment. A 51-year old mother who was raised in Christian Science explains,

Whereas a Christian Science practitioner, they don't even need to know if the person believes in God. ... You could say, 'I'm an atheist, but I'm dying, could you help me?' and the practitioner, I mean I can't speak for all of them, ... but the practitioner would help the person because they would want to relieve them of their fear, their sense of out of control, their human belief that they will die or whatever the problem is ... The practitioner gets to the bottom line by realizing that [the person] was made in the image and likeness of God. And that's how Jesus could heal. ... He only saw through a spiritual lens of perfection. ... And that's how the practitioner would start her treatment—from the perfectability of God and man.

If a patient is receptive, a practitioner can treat the patient effectively, regardless of the patient's religious beliefs. A 50-year old male practitioner who converted to Christian Science relates,

I had this guy call [whose] neighbor was Jewish ... and [he] couldn't get out of bed for two months. He had gone through all the chiropractors, doctors. He just had this terrible back, and he didn't know what to do. And I shared some ideas with him, and I was like, 'Here's the thing—you don't need to do anything. Just accept the possibility that this is all true. That there's nothing outside of God's ability.' He called me the next day and he said, 'This is amazing! ... I just got up and had breakfast. I've got no pain. Now what should I do?' And I was like, 'Well you might want to get a *Science and Health* and read it. You can do whatever you want.' And he was so amazed. But open your thought that all things belong to God and you're not locked into whatever mortal mind is telling you.

Starting with spirituality and the idea of perfection allows a practitioner to apply treatment democratically and spiritually connect with individuals across material categories.

Medical risks can make doctor's offices fearful environments; a large part of a Christian Science practitioner's job is to counter this fear to create a calm, peaceful environment that develops relationships and encourages spiritual healing. Since she typically treats through the telephone, a practitioner must master the ability to comfort a patient with her voice. A 24-year old female who was raised in Christian Science relates,

Usually when I call a practitioner, I'm not happy. ... The practitioner has nailed having this love that just pours through the telephone. ... [This] prepares you to heal.

For many adherents I spoke with who had called practitioners for Christian Science treatment, an audible outpouring of love was the most memorable aspect of their treatment. A 27-year old female who was raised as a Christian Scientist remarks,

A big part of what a practitioner does is quieting the fear and reminding you of the omnipresence of Love. [If I was a practitioner,] I'd want [my patient] to be so clear that Love is surrounding them right now that they have nothing to be afraid of. ... That's how your prayers should be, too: Love/God is overwhelming.

A 34-year old father who recently converted to Christian Science echoes this sentiment:

It's definitely just an outpouring of love. ... You have their full attention. These guys are praying for you as long as you need them to be praying for you.

Fear is an inexorable cog of the medical machine; the love these participants experienced with practitioners stands in stark contrast to the fear they feel characterizes the medical system.

One of the most commonly reported differences between doctors and Christian Science practitioners was that practitioners treat patients as people. A 26-year old male who was raised in Christian Science comments,

[T]he biggest job for a practitioner is to discern, spiritually, each individual's problem. ... When the patient does call ... it's totally an individual discernment at that moment. ... It's not a formula.

Practitioners try to sense each person's unique issue, and rely on intuition rather than formulas. A 25-year old female who was raised in Christian Science continues,

I think doctors are interested in their patients as people, but that it's tempting to say, 'Oh, this is a wrist sprain, and this is what you do for a wrist sprain.' ... And you consider the particulars of that case but you are following a formula. And in Christian Science, that's a big thing—that there are no formulas and that every

case and every individual is different. So if someone calls [a practitioner] with a cold and you tell them this one truth and they're healed, it doesn't mean that when the next person calls you with a cold and you tell them the exact same truth that's automatically going to heal them. ... So the job of a practitioner is to go to God and see that person as they truly are ... and that's specific to that person.

While some patients suffering from physical problems will describe their material symptoms to the practitioner, the practitioner does not always ask to know these symptoms since this might empower the illness. To know how to pray for the patient, the practitioner will focus on discerning spiritual identity. Christian Scientists argue that individuality lies in spiritual identity rather than physical identity. A 30-year old male who was raised in Christian Science elaborates:

You have your physical body and mind, but you also have ... an identity that's in spirit, that's in God. ... The idea is that this whole material existence is pretty imperfect. ... But in spirit, and in God, there is perfection. ... So you have physical identity and spiritual identity, but the spiritual overrides the physical, basically, and that's how healing can happen.

Concentrating on spiritual self brings both physical healing and individual fulfillment.

One 24-year old female who was raised in Christian Science continues,

If God is the primary colors, then we could all be little variations of those colors. So we're all a little different but we all come from God. ... So you're defined by that. You're not defined by [brown hair] and freckles and [blue] eyes.

Physical traits do not define individuality. Each individual has unique qualities, but to root these qualities in material bases is to err in thought. In releasing identity from its material basis, identity becomes more fluid and amenable. Unappealing, distasteful, or uncomfortable personal traits are interpreted as mistakes in thought with have no basis in God. Christian Scientists can then approach times of crisis—physical or emotional—as

opportunities to eliminate false conceptions of oneself and reconnect with one's true spiritual identity, which is unique but always good.

Treating patients as individuals requires treating illness holistically. Practitioners cannot use material formulas because individuals with similar physical symptoms might be battling with different mental issues. A 24-year old female who was raised in Christian Science explains,

It is different from a doctor prescribing ... because not every person that calls a practitioner with a headache will necessarily need A, B, C to have a healing. It's individual for each person. They may all have different issues they're working on, and they may all have a headache.

Material formulas are ineffective for spiritual treatment. A 28-year old male who converted to Christian Science several years ago relates,

The medical model looks at a person from a totally physiological perspective ... so if something goes wrong, they look at the body and see how to patch it up. ... Christian Science ... is more practical. ... The practitioner will start from you being a complete idea, essentially, a complete individual ... then they'll work to see what is the error that's inhibiting you from living that sort of freedom.

It is the Christian Science practitioner's job to spiritually connect with each patient; this connection separates the patient's material fear from spiritual truth so that problems naturally dissolve. Adherents consider Christian Science more "practical" than biomedicine because it spiritually fulfills individuals' desires for community.

E. COMMUNICATIVE BODIES:

Christian Scientists eschew the biomedical ideal of an isolated, monadic body and replace it with a communicative, dyadic body; advocating dyadic bodies means collapsing boundaries between minds and bodies, feelings and thoughts, and individuals

and communities. In Christian Science, all stages of illness—suffering, treatment, and healing—become opportunities to reconnect mind, body, spirit, and community. A 28-year old male who recently converted to Christian Science discusses how Christian Science offers him a more fulfilling way to bridge the distance between himself and others:

When you're really at one with life and expressing life, you don't feel like you're this person that's detached from the person next to you. ... When I really feel at one with God, I'm not just this separate entity in life. I'm a part of life, I'm a part of the table, I'm a part of this person over here. I'm not just me. ... One thing I've learned in Christian Science is that if I see someone else's joy—if I recognize it, if I'm cognizant of it—that's *my* joy too. I'm just noticing joy. And I can be as joyful for that as for joy that seems to be directed at me. ... Joy is something that's born out of unity or love.

Here, joy breaks free from the flesh and travels as energetic flows within and between bodies. Depersonalizing thought is an important part of prayer. Prayer heals through linking individual ailments to collective concerns. The same 28-year old adherent relates,

The church I belong to will sometimes take up these issues—like right now it's violence in the community: there's been some shootings—and so that's been something we've been praying about, *actively*. We feel that our prayers are beneficial to society. ... I don't think thought really is 100% personal, I think it's kind of a collective thought. Like you see this within inventions for example. ... When the telephone was invented it was patented by like 30 people in the same year, across like, different countries. And that happens all the time. ... When something is invented, it becomes, like, part of collective consciousness once the idea is available. And people latch onto that all the time throughout the world, I think it's probably beyond our world. ... It becomes a part of collective thought.

Individual prayers benefit the world because, as prayers accumulate, they form a growing pool of spiritual, healing energies available for others to tap into: in building community, they conjure God. But spiritual thought swims against the stronger tide of biomedical thought. A 27-year old female who was raised a Christian Scientist suggests,

When I have the flu, it's not just me thinking I have the flu; it's a collective thought that thinks everyone needs to have the flu every winter. ... But you realize this has no bearing [and] that weight disappears cause it has no power when you're on the side of God. ... With healing, you're not just healing the physical, you're becoming a better person and you're benefiting the world. Like when I have the flu, I'm not just praying for me, I'd be embracing the entire world and pray against the idea of contagion. ... I do think a huge part of Christian Science is embracing the community, the world. ... When I think who I want to be praying for everyday ... I would start with myself, then pray for my family, then pray for my work, pray for my church, and then pray for the world or the community.

Personal prayer brings collective protection. A 26-year old male who was raised in Christian Science recounts a recent experience when he prayed against the societal fear of contagion:

Just the other day I was coming back on a plane and this woman was coughing and the woman next to her said, 'Oh, ... this is just a germ factory, probably 3 days later you're going to get sick.' And when I heard that I was like, this can't be true for me and this can't be true for anyone else. So at that moment I got quiet and I was reflecting on, well, what I know is true. And I didn't want to buy into the idea that anyone on that plane would get sick at that moment or 3 days later. ... So I was thinking about the quality of health that surrounds us all, that is present at this moment and will continue to be present 3 days later, and it's a constant principle of health. And I feel like that corrected my thought in the situation and obviously I don't know if it corrected anyone else's thought, but I can only assume and imagine that it had some type of effect.

Meditating on natural health is believed to raise collective consciousness. However, to rewrite bodies as communicative, these ideas must not only be individually meditated upon, but also shared.

Ritual testifying offers Christian Scientists a tangible means of community building. Just as biomedical treatments ritually promote the fragmentation and isolation of bodies, the ritual performance of Christian Science healing encourages association and connection between bodies. Healing testimonials play a crucial role in the construction

of Christian Science identity and relatedness. Adherents regularly submit written testimonials for publication in Christian Science periodicals and on the Church's website. Testimonial services are held regularly on Wednesday afternoons and evenings. These meetings are sacred reenactments of group solidarity. Whether testifying or listening, healing testimonial meetings ritually reconstruct members' ontological security and the healing power of Christian Science. A testifier is called upon to relive a trial of faith and reaffirm the power of God to heal all things. In conveying her healing to an audience, she recreates and shares her embodied experience of illness. Her suffering changes shape as she pulls fragments from memory—physical pains, spiritual insecurities, emotional distress that she might have felt, that she is feeling—and delivers it to audience, formatted in a manner that reaffirms the faith of her listeners. Listeners digest these stories as sacred objects; they are things that are simultaneously ancient and modern, familiar and curious, affirming and awakening. Knowing how to tell and how to hear these stories strengthens Christian Science identity. This is the reproduction of the new through the old, and the resulting effervescence. The possibility of bodily changes being effected by collective thought is especially present at testimonial meetings. The concentration of prayers is believed to uplift collective consciousness and, in turn, induce individual healings. A 30-year old male who was raised in Christian Science relates an experience when spiritually-attuned collective belief at a testimonial meeting supported his physical healing:

When I was at Christian Science camp I was doing some hiking and twisted my ankle and it was really uncomfortable and difficult to walk. So I went to a Wednesday testimony meeting at the camp and used that hour there to really pray. And so the discomfort in my ankle went away very quickly. ... It's not like we go

to church and all the good thoughts heal everyone else there. At the same time, though, we do feel like we can pray kind of collectively and that that can uplift thought and uplift those you're in proximity to. So I would say going to the church service helped, but it wasn't the predominant factor in the healing.

For a 50-year old male practitioner, testimonials drew him into Christian Science and effected his first physical healing. He recalls:

[A co-worker] gave me this book called *A Century of Christian Science Healing*. ... And I read a few pages and set it down. And like a week later I was bored and didn't have anything to do, and I literally stayed up all night and read the whole book. ... It's everything from [people being cured of] upset stomachs to people being cured of spinal meningitis to being shot, to cancer. And I was just blown away. ... So I went to work on Monday and was like, 'What else do you have?' And I went to a reading room with him and got a *Science and Health* and I just started reading it. And a lot of it made ... total sense [but] there was stuff I didn't get at all and I thought, 'Maybe if I keep reading it, maybe I will.' ... And in a month—maybe less—I'd been doing a lot of drugs, and it all just fell away. I was still going out like 4 or 5 nights a week to bars, and I was like, 'Maybe I'll just have a cranberry and orange juice, or maybe I'll just have a soda.' And it just fell away. And when I think about it, it's not like I was praying to heal that stuff. But I was getting a clearer sense of self and becoming comfortable with that.

He had not yet experienced a spiritual healing, nor did he understand all of Eddy's ideas; yet, in reading others' testimonies of healing, he developed faith in his own divinely natural health. His first physical healing through Christian Science occurred shortly after attending his first testimonial service:

The first time I went to a Wednesday night [testimonial] service I had a really bad problem with my knee. I didn't have a car and I was riding my bike like 20 miles each way to work, and I had injured my knee. I went to a Wednesday night testimonial meeting and I had no idea what I was gonna experience. Suddenly it was really quiet. And then some people gave testimonies. And here's the thing—I don't remember anything special about that service. I couldn't tell you what the readings were about. I couldn't tell you a single testimony that was given. But the next day I was at work and in the afternoon I realized neither of my knees hurt. I couldn't even remember which knee was giving me a problem. And it had been really bad for like 2 weeks. ... And I think back, well how did I have that healing? I was really hungry for the truth. And I was just drinking it in. ... It just washed over me, and I had this healing. Suddenly, I wasn't on drugs, I wasn't

drinking. It was all in the period of 3 weeks or a month: it was amazing. I got into one of the best art schools in the country, full scholarship. It was like this whirlwind of good, ya know?

He attributes the healing of his knee, and the whirlwind of good that followed, to being hungry for truth; although the words spoken at the testimonial service were not personally memorable, the concentration of Christian Scientists and of Christian Science thought accelerated his spiritual development and physical healing. Christian Science identity is attached to the tangible, embodied experience of suffering and healing; when an individual witnesses or experiences spiritual healing—or learns to filter his own experiences through a spiritual lens—faith is lifted. Christian Science bodies become sacred borderlands between the individual and the spiritual community; individual testimonials construct collective consciousness and, in turn, bring about others' healings.

F. ATTITUDES TOWARDS HOLISTIC HEALTH:

Despite the many similarities that emerged between Christian Science and holistic health movements during interviews, most Christian Scientists I spoke with expressed ambivalence about holistic medicine. Adherents were more comfortable with the idea of holistic medicine than biomedicine; some adherents even used the term “holistic” to describe Christian Science. Yet, participants in this study argued that holistic medicine missed the mark by attributing healing power to individual minds or bodies instead of God. One 25-year old female who was raised in Christian Science explains,

I like the idea of [holistic medicine] better ... but like the medical system, it is taking the body and trying to fix the body instead of trying to guide thought.

Concentrating on matter distinguishes holistic medicine from Christian Science. A 24-year old female who was raised in Christian Science continues,

[They're] different because Christian Science doesn't try to solve the physical problem primarily. ... Holistic is great cause it incorporates spirit, but it's still not wholly spiritual.

While adherents praise holistic medicine for spiritualizing health, they argue that any movement that focuses on material bodies cannot form true spiritual community. A 28-year old male who recently converted to Christian Science comments,

I think any paradigm, or medicinal practice, that empowers one more to realize that your thinking has more to do with your health and well-being and who you are, to kind of open up yourself to realize that you can change the way you are by the way that you think is good—I think that's a great stepping stone.

Holistic discourse as a step in the right direction because it resists external authority, renews connections, and plants spiritual seeds in collective thought. A 52-year old female who was raised in Christian Science considers her sister, a massage therapist, as taking a holistic perspective:

I do see her having light bulb moments. ... She's just seen it over and over again: financial problems, and this'll be tense; marital problems, and this'll be tense; career problems and that'll be tense. ... Spiritual growth is inevitable for all of us.

A holistic approach is a step towards spiritual growth. Yet, permanent spiritual healing requires crediting God with healing and transcending matter.

In summary, Christian Scientists exercise greater control over risk society and subjective experiences through their embodied practices of reinterpreting and rewriting biomedical discourse. By positing their bodies as channels of God's energy, the sharp theological mind/body distinction is experientially abolished. Bodies are reinterpreted through a spiritual lens of natural health and holism. Through Christian Science,

adherents rewrite both acute suffering and recurring symptoms as opportunities to affirm religious identities and prove God. Christian Science practitioners support healing by guiding patients to God, helping patients to spiritually interpret experiences of illness, treating patients as spiritually unique, and developing relationships with patients that are based on love instead of fear. While individual thought influences physical health, collective thought can have an even stronger effect on health; by reinterpreting the body as communicative and emphasizing the importance of relationships and collective thought to healing, Christian Scientists counter the damaging effects of risk and external authority with the development of a spiritual community.

CHAPTER 4: BODIES AS BORDERLANDS: MIXING TREATMENTS AND IDENTITIES

Departing from Christian Science, some learners command diet and hygiene. They even practise these, intending thereby to initiate the cure which they mean to complement with Mind, as if the non-intelligent could aid Mind! The Scientist's demonstration rests on one Principle, and there must and can be no opposite rule. Let this Principle be applied to the cure of disease without exploiting other means (Eddy 200:457).

Christian Scientists find ways to counter risk society, resist imposed authority, and build spiritual community even within biomedical spaces. While opting for spiritual treatment over medical treatment is a large part of identifying as a Christian Scientist, adherents cannot live completely outside of biomedical social power; all adherents I spoke with discussed at least one experience in which they sought medical care while identifying as a Christian Scientist. Some medical visits were required by law, as in the case of mothers who were required to give birth in hospitals. Some medical visits were voluntary, as in the case of adherents who visited emergency rooms during periods of intense physical pain. Some medical visits were routine check-ups with dentists and eye doctors. Christian Scientists recalled these medical interactions with mixed emotions, but all adherents used these visits to reaffirm religious identities and carve a space for Christian Science discourse within biomedical society.

In this chapter, I focus on the phenomenon of mixing Christian Science and medical treatments. I begin by introducing the stigma around using medical treatment within the Christian Science community; I show how adherents manage in-group stigma by refusing to cast personal judgment and imagining the mixing of medical and spiritual treatments as progressive practice. Next, I move to a discussion of the use of spiritual

healthcare for Christian Science children—the most popular reason for the stigmatization of Christian Scientists by the wider society—and explore how Christian Scientists choose treatments for children. Lastly, I explain how adherents transform medical interactions into religiously acceptable experiences by both using these experiences to reaffirm religious identities and defining some medical treatments as non-medical. In mixing treatments and identities, Christian Scientists find ways to continue evading risk, opposing external authority, and expanding spiritual community.

A. STIGMA:

Stigma which ostracizes Christian Scientists who seek medical care turns the religious community into an external authority that constrains personal choice and severs spiritual relationships; thus, participants in this sample considered in-group stigma as inherently opposed to Christian Science. The Christian Science Church places no official restriction on adherents' rights to seek medical care for themselves or their children, and all adherents I spoke with discussed at least one instance when they sought medical attention while identifying as Christian Scientists. The most commonly reported interactions with the medical system were emergency room visits and experiences giving birth in hospitals. Typically, adherents recounted these experiences with little or no regret. Christian Scientists often referred to doctors as kind with good intentions and being accommodating to religious beliefs. Everyone I interviewed believed adherents should be able to seek medical care without being judged negatively within the

community, and that Mary Baker Eddy never intended there to be a stigma on Christian Scientists who use medical treatment.

Still, several participants did believe using medical treatment as a Christian Scientist is currently stigmatized or was stigmatized in the religion's recent past. One 30-year old male discusses his experience using medical care with conflicting emotions:

In high school ... you had to get a physical from a doctor, like a check-up, in order to be deemed healthy enough to play sports. So I did that in high school, and at one point I had an issue. ... It was boils—like sores on the body. So the doctor gave me something—a pill. ... In hindsight, to me, I wasn't really handling it in a good way because I wasn't really dealing with it. I think I was trying to pray about it, but ... sometimes you can be so distracted that you can't think clearly. ... So I think I was kind of in that situation and I was also afraid to ask for help cause I wasn't asking my parents about it—they didn't know. I just didn't want to bring it up. ... The doctor told my mom, and that's how she found out. ... I think she kind of gave me the choice [between medicine and Christian Science], but I think she was kind of concerned at that point and [thought] I should do what [the doctor] says. I don't think, personally, it's that big of a deal. I think culturally there's kind of an issue around that. Sometimes at testimony meetings it comes across as very proud that [the testifier] never went to a doctor or never sought medical help. ... I don't think there should be a stigma, culturally, to go to the doctor as Christian Scientists, [but] I think there is.

He recalls the experience with mixed feelings of tolerance, guilt, and regret; his personal strife points to a possible cultural stigma. Several adherents believed there to be a stigmatizing Christian Science culture; a 26-year old male who was raised in Christian Science believes this is changing:

There was an article in the *New York Times* ... and the headline was, 'Christian Science Church now lets its members go to doctors,' or something like that. And there was never a rule about it. ... But I think, in a sense, that article wasn't too inaccurate because there had been this culture of Christian Scientists that had developed since Mary Baker Eddy had passed on until maybe about ten years ago or so where you would have these kind of hardcore Christian Scientists who would say, 'You must only practice Christian Science,' and it was kind of just a cultural thing. And obviously not every single Christian Scientist would do this, but I think it was sort of a pervasive thought. And it's been only recently where I

feel like that's been totally dismissed as false. ... I feel like this current Board of Directors ... has made it's priority to just dismiss that, that that should never be part of any branch church, or the Mother Church, or Christian Science. So I feel like that was just a stigma.

This adherent believes that the Christian Science culture that emerged shortly after Eddy's death that denounced members who used medicine was not staying true to Eddy's beliefs. A 24-year old female who was raised in Christian Science continues,

You know like the whole idea in the '50s with this very orderly lifestyle. ... People loved structure. And I think that that whole mentality got kind of caught up in it. ... Whereas now its just sort of less structured ideas going on in society, so I think that's probably why the true idea of what Christian Science is is starting to come out.

The "true idea" of Christian Science allows for individual flexibility and choice in healing treatments. A 34-year old male who recently converted to Christian Science talks about doctrine regarding medical care as a largely misunderstood aspect of Christian Science:

I think you look at any religion and you're going to have extremists, right? ... And then you'll have people who are more progressive. There's a wide range of Christian Scientists.

He also views Christian Scientists who are more flexible in their choice of healing treatments as more progressive.

Christian Scientists address the broader societal stigmatization against Christian Science as evidence that particular social institutions are growing increasingly threatening to individual agency and spiritual community. Participants criticized the media's tendency to exaggerate Christian Science deaths while downplaying deaths resulting from medical treatments. A 27-year old female who was raised in Christian

Science uses a story of her father's recent experiences with medical treatment to defend her position:

My dad grew up in Christian Science but then ... [m]y parents got divorced, and [my dad] met another woman who kind of convinced him he wasn't a Christian Scientist. He's been having major challenges the last, probably, 8 years. Like major memory loss. ... So they couldn't figure out what it was for a long time. He was taking all these medicines and the medicines were making him worse. ... So now he's just this shell of a man taking a bunch of medicines. And it's just really sad to see. And you know, you hear a lot about Christian Scientists dying young, or whatever it might be. ... You never hear about all the shit that happens with medicine and doctors, and the misdiagnoses. ... It's just sad to see this antagonism towards Christian Science, because people think [I] could be living a more fulfilled life ... and then my poor dad is expected to die any day now. ... And when somebody dies in a hospital, you think, 'Well, we did everything we could,' ... but if I were to die under Christian Science, ... I still feel like I did everything I could, and I did what I wanted to do.

This adherent shows further concern that the media, and other institutions, might have ulterior motives for publicly criticizing Christian Science. She argues,

I think a lot of these families aren't even Christian Scientists; they're part of other religions that pray for their kids. ... It's sad to think people judge people who are raising their kids [in Christian Science]. I had a lot of healings as a kid, and my parents just *expected* joy and energy and life instead of expecting them to fall over. ... For some reason, a lot of people don't want Christian Science to be right—doctors, but even a lot of religions—cause it'd mean the whole hierarchy of churches would crumble if you have a direct connection to God. I think [a lot] of religions are trying to bring us down. They don't really think we're baby killers: that's not what bothers them.

Christian Science challenges not only biomedical control but also ecclesiastical control.

A hierarchical church structure weakens individual power in matters of health and spirituality, and Christian Science might pose a double threat to biomedicine and organized religion because of its emphasis on personal empowerment. This same adherent discusses the situation of her brother, who recently declared himself an atheist and now seeks medical care exclusively:

In our house, [Christian Science] wasn't practiced dogmatically. ... My mom, if she wasn't feeling well, would give me the choice of going to the doctor. ... She'd go to the doctor sometimes, too. ... [My] brother—he's really into evidence-based fact, and now these doctors are evidence-based fact. To me, it'd be really frustrating, especially when you've grown up thinking there are two choices and now the doctor's the only choice.

Since maintaining religious identity means constantly monitoring biomedical discourse and learning to reinterpret and rewrite it, Christian Scientists in this sample felt that being a Christian Scientist meant having more healing choices than the average American. Participants argued that neither medicine nor Christian Science should be practiced dogmatically; yet, adherents tended to discuss medical users as colonized by fear, dependent on external authorities, spiritually detached and, thus, more restricted in matters of health.

B. CHILDREN:

In Christian Science, children are considered especially capable of mystical connection and thus particularly receptive to spiritual treatment. In *Science and Health with Key to the Scriptures*, Eddy (2000) encourages Christian Scientists to purify their thoughts and achieve a state of childlike innocence: she writes, "Willingness to become as a little child and to leave the old for the new, renders thought receptive of the advanced idea" (p. 323). News reports rarely make mention of Christian Scientists but, when they do, it is usually in reference to a case in which legal action is being taken against Christian Science parents who did not medically treat a sick child. When spiritual treatment fails and a Christian Scientist child dies, parents have been prosecuted for neglecting their child's needs for medical attention (Asser & Swan, 1998; Badaracco,

2007; Fraser, 1999; Guzder, 2009; Narisett, 2009; O'Neill & Trescher, 1960). All participants in this study who were raised in the religion remembered being given the option of seeking medical care or using Christian Science treatment when they were children; most adherents appreciated being given these options, and, accordingly, no participants cast judgment on Christian Scientists who seek medical care for their children.

The parents I interviewed all explained that they want a healthcare system for their children that is as safe, reliable, and effective as possible. They mentioned that Christian Scientist parents should be particularly cautious when spiritually treating children. A 34-year old father who converted to Christian Science right before having children explains that he finds it much easier to turn to Christian Science for his own healings than for his children:

I still find it a challenge to turn immediately to Christian Science when something happens [with my kids]—if they're not feeling well, or they fall, or get a cut, or something. ... I think my wife and I are both in sync, now, when something does happen. ... We both kind of know each other's limits, and the children's limits. We'll say, 'Ok, we want this better now, so we'll turn to medicine.'

Still, parents were quick to cite experiences when Christian Science worked faster than medicine to heal their children. A 52-year old mother who was raised in Christian Science discusses a time when she came close to seeking medical care for her two daughters:

We had just moved to Mexico City and [my daughters] were fairly young. And they both were throwing up all over the place. ... And again, we were working with a Christian Science practitioner, and my husband and I were praying. And after a few days, it just seemed odd that this was going on. And I decided, 'Ok, tomorrow if there's not improvement, we're going to the doctor.' And the next morning they both woke up completely, perfectly normal and healthy. So as I

look back on that, I think, ‘Who had something to learn there?’ Did I need to, maybe not be willful, or have my own agenda about things? ... Like every mother, ... I just want the best for my children.

Since children have had less time to be engraved by biomedical processes, medical beliefs are easier for children to shake. A 51-year old mother relates how her own children constantly opted for Christian Science treatment over medical care, allaying her fears and supporting her spiritual growth in the process:

[W]hen the kids were older I gave them that choice. ... You know, especially when they were in middle school or high school, if there was a broken bone or, if they felt that the healing wasn’t coming that quickly. And they made the choice. They said, ‘Oh Mommy, are you kidding, God and Christian Science will heal me,’ and it did. ... As parents, of course, anyone wants the best healthcare system. They want it to be reliable, and efficient, and safe, and that’s why Christian Science worked for me and it worked for my kids.

Becoming like a child means freeing one’s thoughts of social fears and materialism. A 46-year old mother who became a Christian Scientist when she was 12-years old discusses her daughter’s receptiveness:

My daughter will [cry], ‘I fell!’ and I will go, ‘No, you are absolutely fine.’ And she’ll say, ‘Yeah, I’m fine,’ and she’ll just run off. And it’s just amazing to me. ... It’s amazing that they are so receptive. ... And you can guide that, and it’s awesome to show them. ... And I just always want my daughter to know that she can always rely on Christian Science.

A 28-year old male who recently converted to Christian Science explains:

I worked with kids for 6 years at a Christian Science camp. ... And I witnessed amazing results through Christian Science with kids. Kids are so receptive to Christian Science because Christian Science, at the core, is just so radically simple. It’s just that, you know, God is good, and when you see things that aren’t good, they’re not from God. ... So kids pick up on that so quickly. And I’ve seen kids have these incredible healings that would take adults forever. [With adults] the ability to let go of old thinking is difficult. That childlikeness is so important in healing: it’s not scholarly.

Letting go of the belief in scientific-rationality and privileging embodied experience promotes spiritual healing; since children put more faith in embodied experience, they encourage others to heal.

When a child is experiencing a physical problem and a parent grows fearful, it is often the calmness of these children that comforts Christian Science parents, renews trust in God, and effects spiritual healing. A 34-year old father discusses an experience where he and his wife were prepared to seek medical attention for their son when his daughter 's calm demeanor encouraged a Christian Science healing to happen first:

One time we were traveling ... and we stopped at [a hotel]. And my daughter [and son] were playing around in the hotel room. ... And we had a pot of coffee, just really hot coffee, and my daughter knocked it over onto my son's arm. And it was blazing hot. So he started just freaking out, and it was a point where he needed immediate attention. So his sister kind of comforted him, and she had been going to Sunday School and she was saying, you know, 'God will protect you.' My wife and I put a towel on it, but also just started to pray. ... He had blisters. We got in the car [about to go to the doctor's] and within like two hours the blisters were completely gone and he was fine. So it was like, it was really quick. We definitely turned to God. ... So it was pretty amazing, it was pretty intense.

While he and his wife tried to soothe their son and pray, he credits his daughter's spiritual growth with effecting a Christian Science healing; her faith strengthened his family's spiritual solidarity, thus encouraging his son's recovery.

When those who were raised as Christian Scientists made the choice to take medicine or seek medical treatment and the treatment did not work, they often recalled these experiences as early confirmations of the power of Christian Science beliefs over biomedicine. A 25-year old female who was raised in Christian Science recounts an experience getting sick as a child and being given a choice between treatments:

When I was really little my family was not practicing Christian Science. Both my parents were raised in it, but I'm not really sure what the issue was—I never asked them about it—but we did go to doctors for a couple years ... from the time when I was 4-6 or something like that. ... It was a weird time. But I remember that choice, because I did have the choice. I remember one night: I was in kindergarten and I wasn't feeling well and I [told my mom] and I was being a pain, and she was like, 'Ok, do you want to call a practitioner or do you want to take medicine?' And I was like, 'I guess I'll take medicine.' ... So I took Children's Tylenol, or whatever it was. And I remember still feeling bad, and whining about it and yelling to my mom. And she said, 'If you don't believe it's gonna work, it's not gonna work.' ... And she probably doesn't even remember it. ... But that was a big moment for me. And I remember, I would get strep throat every year. And I remember going to the doctor year after year ... and I would get the medicine, or the shot, or whatever, and it would still happen the next year. And once we stopped going to the doctor, I haven't had strep throat since then.

As children, closer to spirituality and naturally more receptive to Christian Science ideas, adherents learn to transform early experiences with medical treatment into testaments of faith and models for Christian Science practice in adulthood. Children encourage mystical relationships, allay parents' fears, and help families resist biomedical authority.

C. REAFFIRMING AND RECONNECTING:

1. Medical Treatments:

The potentially threatening experience of visiting a doctor as a Christian Scientist can be transformed into an opportunity for demonstrating God's power to oneself or to outsiders and reaffirming God's authority over that of biomedicine. One 52-year old mother who was raised in Christian Science recounts her experience giving birth in a hospital as a moment of spiritual affirmation:

[Before] the birth of my first child, the iron count in my blood was low. And we were getting close to the due date and I asked the doctor, 'Well, what do I do if I go into labor?' And he said, 'Well you go and check into a hospital.' And I'd wanted to give birth at a birthing center. But I was considered high-risk, so I

couldn't. So labor began and I checked into the hospital. And I just saw at that point that it mattered *how* I had my baby, not where I had my baby. ... I was inspired by all the tender care I saw all around me. And they took a blood sample when I arrived ... and I was all ready to have my baby at the hospital. And the doctor comes rushing in, he says: 'It's a miracle, you're as healthy as a horse, you can have your baby wherever you want!' Well, at that point, I was fine with having my birth at the hospital, but my husband and the midwife were so excited that they packed me up and rushed me to the birthing center ... so she was born in the birthing center. ... I really needed to let go of the willfulness. Because the laws said if your baby's born in a hospital, the baby must go through certain procedures which were painful for the baby, and I didn't want her to have to deal with that, or ... the laws in the birthing center were more lax. ... So I was just willful, like, 'I've got to have my baby in the birthing center!' But then I realized, it really doesn't matter where I have my baby. You can't be outside of God's care, whether it's in a hospital or wherever. It's just the material place.

"You can't be outside of God's care" was a theme echoed constantly by participants. A ubiquitous spiritual community, bonded through divine love, exists naturally and eternally: entering this community requires merely letting go. This mother's initial resistance towards giving birth in a hospital—her personal "willfulness"—obstructed her trust in God and, thus, her spiritual healing. Once she released the pressure she felt to be a good Christian Scientist or to prove God, spiritual healing naturally took place. The doctor himself confirms the miraculous nature of the anemia healing, and affirms Christian Science in general, when he exclaims, "That's how all Christian Science births are," and "It's a miracle! You're as healthy as a horse! You can have your baby wherever you want!" While all adherents I spoke with consistently tried to avoid medical care, they insisted that, even in the doctor's office, God is the true authority.

Spirituality can be imparted in any situation, and situations potentially threatening to an adherent's identity can be reconstructed as opportunities for resisting biomedical authority and community-building. A 27-year old female who was raised in Christian

Science recalls her experience visiting the emergency room for what turned out to be appendicitis:

The first time I [went to the doctor] I was in an awful lot of pain and I just thought I was dying. It probably was because I had appendicitis. ... When I went [to the doctor's] the first time they couldn't tell me what it was so they told me to come back in 2 weeks for another appointment. They gave me birth control thinking I had some sort of ovarian cyst. And, you probably know, if your appendix bursts you're supposed to die after 3 days. So I went home and I was like, Well it still hurts ... so I'm going to pray about it because that's what I know how to do. And so I prayed about it, and ... felt a lot of relief from the pain and also, what I think [was] a result of my prayer, got a call from the doctor saying, 'We have an appointment [available] in 3 days if you want to come then instead of 2 weeks from now.' So I was like, 'Sure.' ... I wasn't taking the birth control. ... I felt like if I had an ovarian cyst the birth control pills were not the answer. ... An ovarian cyst [means] you're not going to die tomorrow so I could easily pray and deal with that. Anyway, I had that appointment 3 days later and [the doctor] found out that my blood cell count was weird and sent me into surgery ... and they saw that my appendix had burst several days earlier. When I'd come the first time it had already burst, so it was all over my body and they had to vacuum it all out. ... I [had still been] in a lot of pain when I [first] went in, but the doctor said I [had been] walking more normally than anyone he'd ever seen with appendicitis.

Here, the doctor, rather than prayer or a practitioner, creates the calm mental atmosphere required for divine reconnection to take place. Although she initially accepts both the reality of physical pain and the doctor's diagnosis of an ovarian cyst, accepting these ideas calms her fear of death and allows her to refocus on her relationship with God. When her fear of death subsides, God's healing power flows freely. Divine power is enacted through material means—a phone call informing her she will be able to see a doctor in 3 days instead of 2 weeks. This material result gives her the opportunity to demonstrate God's power in one of the most secular social institutions. She does not refuse appendix surgery, but transforms this potentially threatening experience into an affirmation of Christian Science efficacy when she recalls the doctor saying she was

“walking more normally than anyone he’d ever seen with appendicitis.” Moreover, the doctor’s initial misdiagnosis confirmed for her, and for others who hear her testimony, the unreliability of the medical system and of scientific-rationality in general. Doctors’ offices are borderlands between Christian Science and biomedical society and become active sites of identity construction and power play; when medical professionals witness or confirm Christian Science healings and patients testify to this, adherents fuel collective consciousness and expand spiritual community.

While Christian Scientists find it impossible to fully escape the knowledge environment of biomedicine, they make use of doctor’s visits within testimonials to change collective thought. At testimonial services, before congregants are called upon to testify to Christian Science healing, Readers—leaders of the services—ask testifiers to focus on the healing and not the suffering, effectively limiting references testifiers make to experiences with doctors or medicine. Yet, when an adherent does reveal seeking medical care, the doctor’s role in the testimony is often to confirm a Christian Science healing. Whether or not doctors genuinely believe in the spiritual healings their patients experience, telling stories of medical confirmations reaffirms the adherent’s faith and simultaneously lifts the faith of listeners. Collective effervescence is heightened, encouraging congregants to filter more and more experiences of physical suffering through a spiritual lens. These testimonies may inspire others to testify, and the cycle of affirmation and effervescence continues. Moreover, since proselytizing is not Church doctrine, continuous interaction with outsiders is crucial for religious maintenance. Two of the adherents I spoke with explicitly mentioned personal desires to make Christian

Science relevant to the world: it is only through continuing to interact with biomedical society and strengthening spiritual connections that social relevance can be achieved.

2. Mechanical Treatments:

Christian Scientists routinely expand spiritual community into secular spaces by deeming particular medical interactions more acceptable than others; adherents distinguish medical treatments from non-medical, “mechanical” visits to dentists and optometrists. Time and again, when I asked participants to describe instances when they sought medical attention while identifying as Christian Scientists, adherents made no mention of visiting dentists and eye doctors. Yet when I explicitly asked adherents if they had visited dentists or eye doctors, all adherents responded that they had visited dentists regularly and eye doctors—if necessary—fairly regularly. Most adherents felt that routine dental check-ups posed no challenge to their faith. Adherents felt more conflicted about visiting eye doctors. Still, all participants distinguished both dentists and eye doctors from medical treatment.

Routine dental visits were legitimated on the basis of mechanics and hygiene. Since dentists do not regularly prescribe medications or perform invasive procedures, dental visits were considered “mechanical” visits that posed minimal threat to religious identity. A 30-year old male who was raised in Christian Science tries to articulate how visiting dentists might be more acceptable than visiting regular doctors:

You know, it’s funny, cause I always grew up going to the dentist, and I didn’t know people didn’t. I thought everyone went to the dentist, but [then] I found out people don’t. ... In *Science and Health*, Mary Baker Eddy says something specific about eyeglasses and how they are, like ... temporary means, or

something. ... Like at times, Mrs. Eddy took morphine ... just to be able to pray, to be able to be more focused, to be able to think. And how that relates to the dentist; ... there are, kind of like, mechanical things, and I think eyeglasses fit into that category, or getting your teeth cleaned. There's no drugs involved. So that actually is a distinction, like the drugs are a chemical that's kind of altering your thought or your body, as opposed to hygiene, or cleanliness, or something like that.

This adherent struggles to articulate the distinction. He mentions Eddy's admission that seeking outside care is helpful when suffering, or fear of suffering, distracts an adherent from spiritual treatment. Still, adherents are not typically prompted by intense pain to visit dentists. So, he ends by grouping together dental and eye check-ups as "mechanical things." Mechanical visits are routine; they involve less fear of disease, diagnosis, prescription, or invasive procedures. Moreover, dentists and eye doctors are specialists who do not survey the entire body. Since complications with teeth or eyes are typically less threatening to overall health, perhaps they are also less threatening to Christian Science identity.

Christian Scientists also tolerate mechanical treatments due to the difficulty they feel in rejecting cultural beliefs surrounding dirt; adherents contrast medical care with hygiene. A 24-year old female who was raised in Christian Science relates,

That's a funny thing, because I grew up going to the dentist. And most Christian Scientists I know do. And there's no official [doctrine] about that, but I think it just has to do with hygiene, you know. I'm not to the point where I can overcome dirt and stuff like that. So I think it's still important to be clean and take care of myself. I think it's definitely possible [to get to that point]; but, right now, no. I'm not there yet. ... It does seem funny, I guess, going to dentists. But to me it's just clean.

What might seem to be the least threatening material substance—dirt—becomes one of the most difficult aspects of the material world for this adherent to overcome. Dirt is a

substance whose meaning shifts throughout time and space. Standards of hygiene, in accordance, vary cross-culturally. In the Western biomedical model of health, however, dirt and hygiene are crucial components: staying healthy involves maintaining biomedical standards of cleanliness. Shaking one's belief in dirt would mean more severely detaching oneself from Western society; for Christian Scientists aiming to make their belief system relevant to the world, this detachment would be useless. When this adherent discusses belief in dirt as particularly difficult to overcome, she evokes Mary Baker Eddy's discussion of overcoming belief in death: in *Science and Health with Key to the Scriptures* (2000) Eddy writes,

If man is never to overcome death, why do the Scriptures say, 'The last enemy that shall be destroyed is death'? The tenor of the Word shows that we shall obtain the victory over death in proportion as we overcome sin (p. 427).

The author has healed hopeless organic disease, and raised the dying to life and health through the understanding of God as the only Life. It is a sin to believe that aught can overpower omnipotent and eternal Life, and this Life must be brought to light by the understanding that there is no death, as well as by other graces of Spirit. We must begin, however, with the more simple demonstrations of control, and the sooner we begin the better. The final demonstration takes time for its accomplishment (428-429).

Eddy admonishes adherents to banish belief in all material limitations—even death.

While death is the “last enemy that shall be destroyed” and “the final demonstration,” it is conquerable by beginning with smaller demonstrations and slowly building confidence and understanding. Overcoming dirt will also be a final demonstration—a triumph ushering in the death of biomedicine and, perhaps, of material belief in general.¹

¹ I am grateful to Dr. Eva M. Garrouette for drawing my attention to dirt as a possible metaphor for death.

Occasionally, dental visits do require invasive procedures; by negotiating these treatments and enacting smaller demonstrations, Christian Scientists can affirm control and build spiritual connections. One adherent, a 36-year old male who was raised in Christian Science, remembers his childhood dental visits with some regret:

It seemed like I had way too many cavities when I was a kid. And that's something that I feel like has been a huge healing in my life; ... for some reason, I believe that I just stopped accepting that. Like when I was a kid, my brother and I, man we always had to get fillings and stuff. And it seemed so contradictory to, like, being a Christian Scientist because we'd have to get shots, and everything. ... But being an adult that really hasn't been part of my experience—I haven't had teeth issues. But I take really good care of my teeth, I think it's just because I've had all those issues. ... But I think if there's something material you're accepting, even something as simple as a cavity, then there has to be something you're not recognizing in your spiritual identity.

Ultimately, he claims that cavities always indicate the need for spiritual development. He considers being diagnosed with fewer cavities as an adult as evidence of his spiritual growth *and* his improved hygiene. Here, he mixes spiritual and medical models and treatments to negotiate his religious identity within biomedical society. When dentists do prescribe medications and adherents refuse these drugs, dental visits can be moments of spiritual growth. One 27-year old female who was raised in Christian Science recalls having her wisdom teeth removed at the dentist's office as an affirmation of her ability to take ownership of her own health:

I would say I made [Christian Science] my own probably when I was about 16 and I went to get my wisdom teeth removed, and I decided that I wanted to pray about it. Usually my parents prayed for me ... [and I], kind of, reap[ed] the benefits. So this time ... I told my mom I wanted to pray for myself. ... I had a really great experience. I went to school the next day, after I'd had my wisdom teeth taken out, and had no pain. Like when I was in the chair I took whatever you take, ... my mouth was numb. ... But I didn't take any painkillers. I didn't feel like I needed to. I was never in any pain. ... I think back on that and remember the quickness of the healing and the kind of confidence I had. ... I have

two older brothers and both of them had had their wisdom teeth removed and both of them had terrible experiences, and I thought I would either have that terrible experience or pray about it and have a different experience. ... And the dentist even told me, ... they were [impacted] [and] I would need to be out of school for 2 weeks. ... So he was saying that it went even more smoothly than a normal extraction would go, and even he confirmed it was a really remarkable experience. So it was really neat to me.

While she uses anesthesia and accepts the mechanical procedure of having her wisdom teeth removed, she also takes the opportunity of refusing painkillers to prove the power of Christian Science to herself, her family, and her dentist. She distinguishes herself as a Christian Scientist within and through medical care.

Adherents face more difficulty negotiating Christian Science with visits to eye doctors since Western society associates eyesight with insight, persuading Christian Scientists to read eyeglasses as signs of spiritual immaturity. While only one Christian Scientist I spoke with expressed discomfort with visiting dentists, all adherents who discussed visiting eye doctors expressed a desire to be healed of this dependency. A 26-year old male who was raised in Christian Science explains,

Someone who [I work with] had a complete healing of needing to wear glasses. So I think that's possible. And actually, I wear glasses on occasion. And it's actually something that I'm pretty actively praying about. ... [I]t's really nice because there are times where I feel like I have this profound insight—and that's something I've been praying about, clarity and insight and how those are spiritual properties that come from God. ... And I've had instances [when] ... I've needed to read a sign that's far away ... and I've been able to. And I'm still trying to work through to have a complete healing. It'd be nice to not have to wear glasses and to really understand that more fully. ... But I feel like I'm getting there. I feel like I'm progressing.

Eyes are considered more important than teeth to spirituality, and this probably makes spiritually healing eyesight—to increase insight—more urgent than healing dental

problems. A 50-year old male practitioner who converted to Christian Science discusses his personal use of eyeglasses:

I try not to [go to the eye doctor]. ... I remember once going to class instruction and my teacher came out and he was wearing eyeglasses. And there's like 400 people in the room and there was just silence. And he took [his glasses] off and he said, 'These are only a crutch, cause I need to read my address.' And he went through the day. The next year he came out without his glasses and I never saw him wear glasses again. It's a crutch. ... I'll spend days without my glasses when I can read and stuff. But it's probably better now that I can read the signs on the roadside driving down the highway, for the moment. But they're only a crutch. And there's a passage in *Science and Health* [which says] 'sight is spiritual discernment, its not ... based on matter.' What is clarity of thought? It's understanding. It's perception. Granted, there's a lot of medical things that are saying, 'Oh, when you're this age, you're going to have to deal with this and you're gonna have that [problem],' but I'm sure I'll overcome it. ... So your foot's swelling and your ankle hurts and you're praying about it. It might make sense to use a cane or something or to stay off your foot for [a couple days] until it's healed. ... I mean, you want to take a stand but you don't want to feel like you have to prove something or endanger someone.

Students view their teacher's reliance on eyeglasses as a sign of poor spiritual insight; returning without glasses the following year indicates this teacher's spiritual growth.

Here, eyeglasses are read as a text² that signal, to other Christian Scientists, an adherent's spiritual immaturity or misunderstanding. Material reality is theologically denied, but eyeglasses—like material bodies—become important sites of religious demonstration.

Eyeglasses are a crutch, but the act of throwing out the crutch before one has been spiritually healed will not automatically induce a healing. A 24-year old female who was raised in Christian Science mentions,

If I couldn't see, and I wasn't able to overcome that, I would go get glasses. ... What would be the point in not being able to see? Then I wouldn't be able to read my books or, you know, function properly. There's no point in not being able to do that.

² I am grateful to Dr. Eva M. Garroutte for this insight.

Poor eyesight, like extreme physical pain, can distract one from practicing Christian Science, especially from reading Christian Science texts and witnessing healings. Poor dental health is less debilitating to Christian Science practice, so an adherent might leave hygienic healings for last. Still, feeling less conflicted about dental visits testifies to the power of Western associations between eyesight and insight and the stubbornness of Western hygienic beliefs.

“Mechanics” or “functionality” might refer not only to making Christian Science practice run more smoothly, but also to helping Christian Scientists fit into biomedical society with fewer complications. Mechanical interactions provide adherents with opportunities for proving God by demonstrating the spiritual body in secularized spaces. Perhaps it’s more desirable to have constant contact with the medical world than to heal oneself completely if constant interaction means endless opportunities for demonstration, testimony, and affirmation and the hope of replacing material dissociation with spiritual cohesion.

Thus, Christian Scientists navigate biomedical society by reflexively reconstructing their religious identities in relation to biomedical practices. They manage in-group stigma against medical treatment by emphasizing individual choice and deeming flexibility in healing options as a more resistant to externally imposed authority and more effective in building spiritual community. They manage societal stigma against Christian Science treatment by stressing that Christian Science identity means having choices in healthcare and advising parents to take extra caution when spiritually treating children. Parents must be especially cautious when choosing treatment for their children and

emphasizing the importance of giving children choices. In both cases, adherents argue that individuals have personal rights over their own bodies which external authorities—governments, organized religion, and sometimes, even parents—should not lay claim to. Adherents seek medical attention when such attention is required by law, during health crises, or when biomedical beliefs prove especially difficult to abolish. Although mixing spiritual and medical treatments always poses a threat to religious identities, Christian Scientists transform these interactions into affirmations of God’s authority, testaments to the power of Christian Science thought, and opportunities for building spiritual relationships. Demonstrating Christian Science in secular medical spaces keeps Christian Science discourse active in the wider society.

CHAPTER 5: DISCUSSION

[W]e cannot disinvent the medical body. It is not, therefore, a question of cancellation. It is rather a question of learning how to live with the knowledge which we have—a question which requires some closure of that distance which has already moved us too far from ourselves, our bodies, and the earth (Romanyshyn 1989:175).

It is easy to be blinded by the benefits of biomedicine while also being haunted by its shadows. For many individuals, biomedical power becomes visibly problematic only when medical bills are too expensive or mandated medical procedures inhibit access to employment. But society's increased faith in biomedicine comes at growing costs. I begin this last chapter by summarizing the preceding chapters and illuminating three key themes that pull these chapters together: risk evasion, resistance to external authority, and spiritual community. I next place Christian Science in the context of holistic health movements in an effort to better understand this religion's potential as a transformative social movement. I conclude by assessing the broader social impact of Christian Science and implications of these findings and making suggestions for future research.

A. SUMMARY OF FINDINGS:

My research aimed to (1) illuminate ways that an expressly religious identity and its distinguishing stance toward medical treatments may shape adherents' options for navigating contemporary society, especially their response to the social power of biomedicine, (2) explore the body as a site of social power and protest, examining how competing biomedical and religious discourses of health and illness are written upon

adherents' bodies and how believers reinterpret or rewrite these discourses, and (3) gain understanding into processes of identity negotiation during health conflicts, especially during situations of religious deviance when adherents choose to use biomedical treatment. I achieved these goals by analyzing how adherents (1) read biomedical body-writing and cope with risk society, (2) reinterpret and rewrite biomedical discourse by positioning the body as a site of religious demonstration, and (3) negotiate biomedical interactions in ways that reaffirm religious identities and build spiritual community. Throughout my explorations of the different uses of Christian Science identity and practice, three key themes emerged: risk evasion, resistance to external authority, and spiritual community. In the following sections, I illustrate the importance of these themes to understanding how Christian Scientists read, reinterpret, and rewrite increasingly aggressive processes of biomedical body-writing.

1. Risk Evasion:

Evading risk society is the first function associated with claiming and exercising Christian Science identity. In my analysis, I illustrated how Christian Science helps adherents navigate the fearful environment of late modernity. Fear pervades late modernity: individuals are expected to digest biomedical information, endure medical practices, and make decisions on the basis of risk management. Under looming threats of medical risks and recurring symptoms, individuals are asked to live in a state of fearful anticipation. As biomedical social power increases, fear becomes a guiding force that bolsters a growing number of social institutions, including the consumer market; medical

products and general consumer products alike are sold through scare tactics. Succumbing to these fears deepens personal feelings of vulnerability, isolation, and meaninglessness. To navigate risk society and escape this web of fear, adherents engage in everyday, ritual practices of media monitoring and protective prayer. They develop an awareness of fear in the media by constantly monitoring biomedical suggestions and praying protectively.

Christian Scientists use religious identities, beliefs, and practices to counter risk society: in Christian Science, adherents need not feel burdened by the responsibility of managing medical or material risks because health is believed to be natural, spiritual, and permanent. When the body is conceived of as naturally healthy, fear of recurring symptoms dissipates, and belief in remission society is weakened. Denial of chronic suffering lessens the adherent's reliance on the medical system for continuous relief. Although fear floods the consumer marketplace and encourages individuals to assert identities through purchases, Christian Scientists argue that true identity is spiritual expression of God; thus, one does not need to buy into material or biomedical fears to claim individuality. Christian Scientists evade responsibilities of risk management by placing full trust in spiritual perfection and building spiritual community; thus, adherents replace material feelings of fear and vulnerability with a spiritual sense of love and security.

2. Resistance to External Authority:

Resisting external authorities in order to reclaim interpretive rights over embodied experience, particularly in matters of health and illness, is another function of claiming

Christian Science identity. External authorities commonly referenced as threatening to adherents' religious identities included materialism, biomedicine, media, and ecclesiastical hierarchy. Adherents viewed all of these discourses and institutions as growing more powerful and dangerous in contemporary society. Since Christian Science is based on the belief that all reality is spiritual, materialism and a rising consumerist trend threatens religious identity. Consumer advertising encroaches on personal identity and silences embodied experience; accepting the belief that material goods—money, alcohol, medicine—can enhance identity or make life more fulfilling distracts an adherent from spiritual truth and bolsters external authority. As a material entity, the body itself can threaten Christian Science identity; when individuals relinquish bodies to biomedical models and procedures, they surrender control over personal identities. Increasingly inscribed by biomedicine, bodies become repositories for feelings of isolation, vulnerability, and meaninglessness. Christian Scientists manage the deficiencies of risk society by attempting to transcend biomedical/material reality, and thus bodies, completely; yet, as natural expression of divine health, physical bodies can be reworked and used to oppose biomedical power.

Christian Science treatment reclaims the body as a visible site of power and resistance. By positioning their bodies as demonstrations of God's power, adherents reinterpret and rewrite biomedical discourse. When approached as a spiritual rather than a material entity, the body becomes an agent rather than an obstacle. God speaks through and is entangled in embodied experiences of suffering; thus, God reveals the meaning of embodied experience to individuals rather than silencing their interpretations. God works

simultaneously upon bodies and within them. By trusting God, individuals find a mystical means of articulating physical experience. While adherents might call on a Christian Science practitioner to support a spiritual healing, the practitioner acts as a facilitator rather than an authority and encourages the patient to interpret her own embodied experience of illness and healing. God is a unique type of authority; God works within bodies and within the world as a principle of spiritual perfection and natural health. Trusting God's authority means trusting embodied experience over external interpretations; thus, Christian Science grants interpretive rights to individual body-selves. Adherents use testimonials to share and expand spiritual interpretations of the body; testimonials counter the isolated, monadic body of biomedicine with a communicative, dyadic body which shares suffering and makes illness an opportunity for collective spiritual growth.

Adherents extend the notion of bodies as sites of religious demonstration to negotiate interactions with medical treatment and, when managing biomedical beliefs which are particularly stubborn, distinguish certain medical treatments as “mechanical”/non-medical. Inside biomedical settings, Christian Scientists use material bodies as testimonies of God's power which assert the authority of Christian Science over biomedicine. Bodies are the means through which God—as a law of spiritual perfection—makes Himself known to the world. For the authority of spiritual health to be revealed to nonbelievers, God must exercise visible control over the very things medical professionals claim to understand best—material bodies. By surprising medical professionals, God's authority grows—collective belief is uplifted.

Christian Scientists oppose both internal and external stigmas because such judgments contradict adherents' belief in personal autonomy. Participants in this study oppose casting judgment on Christian Scientists who seek medical care because they believe Christian Science should serve as a shelter from external authority, offering individuals choice and flexibility in matters of healing. They extend this belief to children; while adherents exercise caution in choosing healing treatments for children, they prefer children to make their own choices in treatments once they are intellectually capable of doing so.

When Christian Science bodies enter medical arenas, they become tangible means of protesting biomedical authority. Adherents do not relinquish religious identities when they walk into doctor's offices; they continue spiritually treating themselves through prayer. By mixing prayer with medical treatments, their bodies become borderlands between Christian Science and biomedicine and potential sites for religious demonstration. Belief in hygiene and belief in a relationship between physical eyesight and spiritual insight prove especially difficult for Christian Scientists to abandon; adherents make visits to dentists and eye doctors more tolerable by distinguishing these visits as "mechanical"/non-medical treatments. God's power can overwhelm biomedical power when bodies act against doctors' expectations. Although medical visits are potentially problematic to religious identity, adherents manipulate medical visits as opportunities to reaffirm Christian Science authority to themselves and the world. Christian Science becomes a means for resisting external authorities; when God is the

only authority and God works in and through bodies, adherents can assert religious identities to reclaim bodies as sites of knowledge, power, and resistance.

3. Spiritual Community:

Building spiritual community is the final function of claiming Christian Science identity. This function is intimately entangled with processes of risk management and resisting external authorities. In addition to being guided by fear and disempowered, individuals in biomedical society are fragmented and isolated. Severed from relationships between body parts, bodies and selves, and bodies and other bodies, individuals are left yearning for community. Christian Scientists see these deficiencies of the biomedical body as entrenched in biomedicine's materialist perspective; beginning with the faulty conception that life is primarily material and not spiritual makes the biomedical machine inherently defective. To adherents, subscribing to a material view of reality means subscribing to the biomedical model of a vulnerable, degenerative body, isolated and permanently separated from other bodies by the flesh; it means relinquishing community. Christian Scientists view communities centered around disease prevention as incapable of creating healing connections because they are based on material flaws—fear; thus, these types of communities can only empower fear and expand reliance on biomedicine.

For Christian Scientists, rebuilding community is essential to allaying social fear and crushing reliance on external authority; but community can only heal when it is spiritual. The spiritual community that Christian Scientists seek to create is unbounded

by material limitations; bodies, communities, and God are inextricably connected. Healing power flows directly through the spiritual community into individual bodies; thus, the spiritual community is the only intermediary between identities, bodies, and God. Christian Science relationships shield adherents from risk society and overwhelm them with love, making the belief system a practical choice. Spiritual community creates a pool of mystical energies available for individuals to tap into at any moment. When at harmony with Christian Science beliefs, individuals feel themselves constantly empowered by God's love and intimately interconnected with all divine creation.

Illness signals an adherent has fallen victim to medical materialism and severed her relationship to humanity and God; healing requires rejoining this spiritual community. Reconnection begins with individual bodies. Physical symptoms of illness often signal the need for adherents to morally realign their thoughts: when physical health is disrupted, individuals might be harboring jealousy or resentment towards a neighbor. Spiritual healing begins with shattering these emotional boundaries. If an adherent has corrected emotions and spiritual healing has yet to take effect, she should check the influence of biomedical thought. Personal thought both shapes and is shaped by collective thought; accordingly, personal healings lift collective belief, and this uplift encourages the proliferation of individual healings. As the spiritual community grows stronger and more encompassing, material limitations—fear and external authorities—dissolve and the divine principle of natural health shines through.

When Christian Scientists' bodies surprise doctors through sudden spiritual healing, adherents break free from their bodies and enter the spiritual community.

Adherents share these demonstrations with medical professionals, keeping Christian Science discourse dynamic in secular society. They share demonstrations with other adherents through written and spoken testimonials that uplift collective consciousness and support spiritual connection.

Community becomes adherents' spiritual weapon against the external authority and their response to risk management. Reinterpreting and rewriting the biomedical-material models of bodies, identities, and communities through mysticism counters the fear, vulnerability, and isolation adherents consider characteristic of contemporary society. By advocating reconnection and community through spirituality, adherents transcend material boundaries of flesh and physical distance and embrace the world.

4. Summary:

For Christian Scientists, the processes of reading, reinterpreting, and rewriting biomedical body-writing involve learning to navigate risk society, resist external authorities, and build spiritual community. My first goal in undertaking this project was to illuminate ways that a religious identity with a distinctive position towards medical treatments might shape adherents' options for navigating contemporary society, especially in reaction to the social power of biomedicine. I found that adherents fight feelings of fear, vulnerability, fragmentation, and isolation by constantly measuring their own beliefs and practices against those of the wider society; in the process, adherents resist external authority and escape the responsibility of risk management. My second goal in this project was to explore the body as a site of power and protest, examining how

competing biomedical and religious discourses of health and illness are written upon adherents' bodies and how adherents reinterpret or rewrite these discourses. I discovered that adherents reinterpret their bodies as sites of religious demonstration and rewrite them through spiritual treatment, enabling adherents to reclaim interpretive rights over illness experience, resist external authority, and build a spiritual community that opposes risk society. My final aim in this project was to gain understanding into processes of identity negotiation during health conflicts, especially during situations of religious deviance when adherents choose to use biomedical treatment. I found that constructing the body as religious demonstration enables Christian Scientists to negotiate potentially threatening medical interactions in ways that continue to defy medical authority, reaffirm God's ubiquitous power, and expand the spiritual community into secular spaces.

B. CHRISTIAN SCIENCE, HOLISTIC HEALTH, AND RESISTANCE:

Biomedical power is increasingly contested by holistic health movements; the growth of these movements testifies to public dissatisfaction with biomedicine and signals a need to continuously reexamine the effects of biomedical power. Holistic medicine views bodies as imbued with inherent regenerative qualities; the emergence of sickness signals a body's need for spiritual reconnection. Coming to terms with illness, recognizing the internal causes, and connecting healing to an individual's spiritual experience allows a patient to fuse body and mind, reenchant suffering, and feel empowered. Advocates of holistic medicine typically recall experiences of holistic healing as turning points in their spiritual lives (Thompson 2003). Treating physical

illness holistically might be more difficult than using biomedicine, but holistic advocates continue to seek alternative treatments in order to reclaim their embodied experiences of suffering and render them meaningful (Bowman 1999; Featherstone 1982; Thompson 2003; Thompson and Hirschman 1995).

Holistic medicine has not escaped consumerist trends; similarities between the organizational structures of holistic medicine and biomedicine have arguably weakened its threat to biomedical discourse. Scholars have cited the rising credentialism of holistic medicine as evidence of a narrowing gap between holistic medicine and biomedicine (Bowman 1999; Eastwood 2000; Rayner and Easthope 2001; Thompson 2003). Holistic professionals refer to themselves as “spiritual guides” or counselors. While holistic medicine places more value on individual experience, these practitioners still cling to expert statuses. Most holistic practitioners also receive payment for their services and offer products to patients in manners similar to hospital-patient transactions.

Increasingly, holistic healthcare providers promote products and services through newspapers, magazines, and television (McQuaide 2005). Holistic medicine helps fuel the medical marketplace by encouraging consumers to construct identities through the purchase of holistic goods and services. The postmodern way in which individuals mix and match holistic treatments might help inform ostensibly unique identities but detracts from the desire to form a collective movement against conventional medicine. These structural similarities have enabled biomedicine to successfully incorporate many holistic treatments as complementary medicine; recognizing holistic consumption as profitable, biomedicine increasingly encourages patients to pursue alternative medicines as

complementary treatments when medical treatments proves ineffective or inadequate (McQuaide 2005; Winnick 2005).

As holistic health practices are absorbed into the medical marketplace, might religious movements like Christian Science prove more resistant to biomedicine? For most Americans, religion has the power to heal sickness: 82% of Americans believe that personal prayers can help restore health (Kemper et. al. 2008). Most of these believers use prayers to complement, not substitute for medical treatment. Religious adherents who refuse to seek medical treatment have sparked much more controversy. Over the past century, Christian Scientists have gained notoriety for advocating a healthcare system that is allegedly ineffective. While the numbers of reported Christian Science-related injuries and deaths do not appear high,³ public recognition of these cases has negatively affected Christian Science reputation. When Christian Science politically refutes biomedicine by advocating for religious exemption laws, these actions are publicly scorned. The legal status of Christian Science healthcare in the United States varies according to state and religious exemption laws are in a constant state of flux. Adherents' political appeals draw attention to the strength of biomedical discourse: Christian Scientist parents are taken to court for not seeking medical care for their sick children, and protests and media publications expose the public to Christian Scientists'

³ Between 1975 and 1995, Asser & Swan (1998) documented and analyzed 170 cases of children's deaths they believed were related to the use of religious healing systems over medical treatment. Out of these cases, 28 involved children from Christian Science families (Swan & Asser, 1998 cited in Fraser, 1999:336). Still, as a former Christian Scientist who turned away from this religion after her own child died under the care of a Christian Science practitioner, Rita Swan has openly expressed hostility towards Christian Science and this bias must be considered when assessing these figures.

rejection of medical care (Asser and Swan 1998; Badaracco 2007; Fraser 1999; Guzder 2009; Narisett 2009; O'Neill and Trescher 1960). Biomedicine has used media attention of Christian Science tragedies to rally public faith in the medical system. In line with their belief in spiritual community, many participants in this study argue that Christian Scientists must develop personal connections with non-Christian Scientists to convince outsiders of the legitimacy of their religious beliefs and effectively resist biomedical power; today, it is clear that further personal connections are necessary to eliminate the public's intractable perception of Christian Science as a destructive cult.

C. BORDERLANDS:

In these interviews, participants constantly revisited the relationship between Christian Science and the wider society. Adherents discussed Mary Baker Eddy's intentions in founding a religion and argued that Christian Science has the potential for social resistance. They claimed that Eddy wrote *Science and Health with Key to the Scriptures* with the intention of changing universal thought, not creating a separate church. Two participants mentioned how, when they were younger, they could not understand why some people were not Christian Scientists; they remembered believing that if the Church would just advertise more, everyone would convert to Christian Science. Adherents I spoke with yearned to influence collective thought. Believing that Christian Science was relevant to everyone, they wished the world to have access to this system.

Christian Scientists accept new survival strategies in order to expand spiritual community and embrace the world. Christian Science practitioners do not deny treatment to non-Christian Scientists; in the case that a non-Christian Scientist is open to spiritual treatment and calls upon a practitioner, the practitioner administers treatment as if the patient were a church member. Counteracting biomedical discourse seems more important for identifying as a Christian Scientist than avoiding interactions with doctors entirely. While this might weaken the movement's threat to biomedicine, continuous interaction with the medical system keeps Christian Science theology alive and in constant dialogue with biomedical discourse.

Continued interactions with the medical system are probably helping to shatter in-group stigma against Christian Scientists who seek medical care. Arthur Frank (1995) mentions that the shadow side to viewing suffering as an opportunity is that individuals might miss opportunities and be blamed for it. If a Christian Scientist is unable to heal, is the individual stigmatized within the community? While Church doctrine does not condemn Christian Scientists who seek medical care, adherents I spoke with admitted that a stigma might exist among some circles of Christian Scientists. Still, no adherents I spoke with seemed to hold negative opinions about Christian Scientists who sought medical care; most adherents associated Christian Science identity with having more choices in healthcare than the average American. While a stigma against seeking medical care probably still exists, continuous interactions between Christian Scientists and doctors might be chipping away at this stigma. In *Science and Health* (2000), Mary Baker Eddy counsels adherents to not seek medical and Christian Science treatment

simultaneously since the two systems conflict; any patient who is relying on material treatment cannot exercise the full devotion to God required for spiritual treatment.

However, a story relayed to me by one Christian Scientist supports the idea that even this belief is changing:

A person was taking five different medications for five different ailments before he called upon a Christian Science practitioner for help. The patient did not feel the medications were helpful, but the patient was too fearful to reject all of the medications at once. Instead of denying his case, the practitioner said he would help the ailments one at a time. The practitioner asked the patient to stop taking one medication; the patient did. The practitioner then cured the corresponding ailment with Christian Science treatment and the patient felt healed of it. The practitioner then asked the patient to stop taking another medication, and then cured the ailment that corresponded to the second medication. The treatment continued in this fashion until the patient stopped taking all five medications and all five ailments were healed.

Although no participants in this study discussed personal experiences simultaneously seeking the services of Christian Science practitioners and doctors, all adherents prayed for themselves while interacting with doctors. They often felt spiritually healed with or through medical visits. When Christian Scientists legitimate visits to dentists and eye doctors by distinguishing dentists and eye doctors from medical treatment, they open up the possibility of lifelong interface between adherents and medical professionals.

Sustained interactions with medical professionals keep Christian Science discourse alive, and strategies for survival within biomedical society might give Christian Scientists more potential to alter social consciousness.

As a movement, Christian Science is in decline. Membership numbers are decreasing. Fewer and fewer people are becoming professional Christian Science practitioners or nurses. Branch churches are closing at a faster rate (Stark and Bainbridge

1996; Wilson 1961). The likelihood of Christian Science changing the world is, arguably, at an all-time low. Yet, Christian Science has not died. The individuals I interviewed expressed confidence and enthusiasm about the ability of Christian Science to eventually solve the world's problems. While the majority of participants had been raised in the religion, several had converted. All participants remained Christian Scientists because claiming Christian Science identity fulfilled their desires to resist fear, reclaim authority over embodied experience, and build community. These desires do not exist in a vacuum, but are deeply entangled in contemporary Western society and cross religious categories; the shape of biomedical power will determine if these desires should fade or intensify.

D. IMPLICATIONS AND SUGGESTIONS FOR FUTURE RESEARCH:

The findings of this research testify to the continued importance of religion in everyday life and the necessity of analyzing religion in relation to other social institutions. R. Stephen Warner (1993) calls for further investigations into the tangible effects of religious identity projects on other areas of organizational life; this project has illustrated how a particular group of individuals use religious identities to understand, negotiate, and resist the growing social power of biomedicine. For Christian Scientists, religious identities are not detached from the material world, but deeply entangled in it; adherents use religion to aggressively wrestle with social power relations and resist institutional control over personal identities. Christian Science shapes how adherents think about themselves, their bodies, and the world, but the movement also influences

wider social relations and biomedical discourse. This analysis argues for continued scholarly examinations of religious identities as lived practice and further investigations into the interplay between religious and secular discourse. Individuals who adopt religious paradigms construct identities based on practice as much as belief. When scholars study religion as detached from everyday life, they miss opportunities to understand how religious identity is influenced by and influences societal power relations. Despite theological desires to break free from the material world, religious beliefs are always deeply entangled with material practices. Further explorations of practical effects of religion must be undertaken in order to better understand the place of religion in contemporary society.

This research also draws attention to the particularly damaging effects of biomedical power on personal identities and calls for further investigations into the impact of growing societal medicalization. Desires to escape risk management, reclaim bodies, and build new forms of community are not confined to Christian Science; as research exploring the use of holistic medicine has documented (Bowman 1999; Featherstone 1982; Thompson 2003; Thompson and Hirschman 1995), an increasing number of individuals across political, economic, ethnic, and religious categories are seeking refuge from fear, disempowerment, and solitude. Further examinations of interactions between alternative health movements and biomedicine are crucial to better understand the deficiencies of growing biomedical power. More comparative studies of Christian Science in a global context would help grasp how religious identities might fulfill different functions for adherents living in societies where biomedical power is less

advanced. These research results could be further illuminated by researching other alternative religious groups with distinctive healing practices—such as Jehovah’s Witnesses—to better understand if other religious identities fulfill similar functions for adherents; these studies could benefit by historically investigating whether health practices are becoming more or less important to maintaining religious identities as biomedical power grows. Also, further qualitative studies must be conducted on the expansion and efficacy of the “patient-centered” model of medical treatment: is this model fulfilling individuals’ desires for safety, authority over embodied experience, and spiritual community?

The persistence of legal battles between biomedicine and alternative healthcare highlights the need for further examinations of interactions between biomedical and alternative health discourse. How is biomedical media representing different groups of alternative healthcare users, and how are users making a case for alternative treatments and religious exemptions? Future studies could address interactions between medical professionals and alternative healthcare advocates within medical settings; how do alternative healthcare users view medical professionals? How do medical professionals view alternative healthcare users? Which medical treatments are alternative healthcare users more likely to accept? Which alternative treatments are medical professionals more likely to advocate?

As biomedical power expands, religious voices of dissent are increasingly silenced. Faith in scientific-rationality grows in tandem with faith in biomedicine, and religious adherents with subversive beliefs and practices become particularly stigmatized.

As such, sociological investigations that analyze dissident religious identities in a positive light are of critical importance. When problems plaguing religious believers strike a chord with those afflicting individuals in the wider society, a general understanding of the deficiencies of social power relations can be reached and collective resistance becomes more possible.

REFERENCES

- Alster, Kristine B. 1989. *The Holistic Health Movement*. Tuscaloosa, AL: University of Alabama Press.
- Asser, Seth M. and Rita Swan. 1998. "Child Fatalities from Religion-Motivated Medical Neglect." *Pediatrics*. 101 (4):625-629.
- Badaracco, Claire H. 2007. *Prescribing Faith: Medicine, Media, and Religion in American Culture*. Waco, TX: Baylor University Press.
- Baer, Hans A. 1989. "The American Dominant Medical System as a Reflection of Social Relations in the Larger Society." *Social Science Medicine*. 28 (11): 1103-1112.
- Barnes Linda L. et al. 2000. "Spirituality, religion, and pediatrics: intersecting worlds of healing." *Pediatrics*. 106 (4):899-908.
- Benson, Herbert and Jeff Dusek. 1999. "Self-Reported Health, and Illness and the Use of Conventional and Unconventional Medicine and Mind/Body Healing by Christian Scientists and Others." *Journal of Nervous and Mental Disease*. 187 (9): 539-548.
- Berman, Morris. 1981. *The Reenchantment of the World*. Ithaca: Cornell University Press.
- Bowman, Marion. 1999. "Healing in the Spiritual Marketplace: Consumers, Courses and Credentialism." *Social Compass*. 46 (2):181-189.
- Braude, Anne. 1989. *Radical Spirits: Spiritualism and Women's Rights in Nineteenth Century America*. Boston: Free Press.
- Burri, Regula V. and Joseph Dumit, eds. 2007. *Biomedicine as Culture: Instrumental Practices, Technoscientific Knowledge, and New Modes of Life*. New York: Routledge.
- Cadge, Wendy and Lynn Davidman. 2006. "Ascription, Choice, and the Construction of Religious Identities in the Contemporary United States." *Journal for the Scientific Study of Religion*. 45 (1):23-38.
- Boston Landmarks Commission. 2010. "Christian Science Center Complex Study Report." Retrieved July 13, 2010 (http://www.cityofboston.gov/Images_Documents/Christian%20Science%20Center%20Complex%20Study%20Report.pdf).

- Cohen, Michael H. 2006. *Healing at the Borderland of Medicine and Religion*.
Pembroke, NC: University of North Carolina Press.
- Davis, Joseph E, ed. 2000. *Identity and Social Change*. New Brunswick, NJ:
Transaction Publishers.
- DesAutels, Peggy, et al. 1999. *Praying for a Cure: When Medical and Religious
Practices Conflict*. New York: Rowman & Littlefield Publishers Inc.
- Durkheim, Emile. 1995. *The Elementary Forms of Religious Life*, translated by
Karen E. Fields. New York: The Free Press.
- Eddy, Mary B. 2008. *Manual of the Mother Church*. Boston: The Writings of Mary
Baker Eddy.
- Eddy, Mary B. 1980. *Miscellaneous Writings: 1883-1896*. Boston: The First Church of
Christ, Scientist.
- Eddy, Mary B. 2000. *Science and Health with Key to the Scriptures*. Boston: The
Writings of Mary Baker Eddy.
- England, R.W. 1954. "Some Aspects of Christian Science as Reflected in Letters of
Testimony." *The American Journal of Sociology*. 59 (5):448-453.
- Featherstone, Michael. 1982. "The Body in Consumer Culture," *Theory, Culture &
Society*. 1 (2):18-33.
- Foucault, Michel. 1994. *The Birth of the Clinic: An Archaeology of Medical Perception*.
New York: Vintage Books.
- Foucault, Michel. 1977. "Nietzsche, Genealogy, History." Pp. 139-164 in *Language,
Counter-Memory, Practice*, edited by Donald F. Bouchard. Ithaca: Cornell
University.
- Frale, Debra E.S. 1997. "Gender, Racial, Ethnic, Sexual, and Class Identities," *Annual
Review of Psychology*. 48:139-162.
- Frank, Arthur W. 1995. *The Wounded Storyteller: Body, Illness, and Ethics*. Chicago:
University of Chicago Press.
- Fraser, Caroline. 1999. *God's Perfect Child: Living and Dying in the Christian Science
Church*. New York: Metropolitan Books.

- Ganther, J.M. et al. 2001. "Measuring Patients' Medical Care Preferences: Care Seeking versus Self-Treating." *Medical Decision Making*. 21 (2):133-140.
- Giddens, Anthony. 1991. *Modernity and Self-Identity: Self and Society in the Late Modern Age*. Stanford, CA: Stanford University Press.
- Gill, Gillian. 1999. *Mary Baker Eddy*, Cambridge, MA: Perseus Books.
- Glaser, Barney G. & Anselm L. Strauss. 1967. *The discovery of grounded theory*. Chicago, IL: Aldine Publishing Company.
- Goffman, Erving. 1963. *Stigma: Notes on the Management of Spoiled Identity*. New York: Simon & Schuster.
- Gottschalk, Stephen. 2006. *Rolling Away the Stone: Mary Baker Eddy's Challenge to Materialism*. Bloomington, IN: Indiana University Press.
- Gottschalk, Stephen. 1973. *The Emergence of Christian Science in American Religious Life*. Berkeley, CA: University of California Press.
- Grosz, Elizabeth. 1994. "Nietzsche and the Choreography of Knowledge." Pp. 115-137 in *Volatile Bodies: Toward a Corporeal Feminism*. Bloomington, IN: Indiana University Press.
- Guba, Egon G. and Yvonna S. Lincoln. 1994. Competing Paradigms in Qualitative Research, in *Handbook of Qualitative Research*, ed. Denzin, N.K. & Y.S. Lincoln. Thousand Oaks: Sage Publications.
- Guzder, Deena. "When Parents Call God Instead of the Doctor." *Time*. February 9, 2010. Retrieved on February 10, 2009 (<http://www.time.com/time/nation/article/0,8599,1877352,00.html>).
- Hartman, Harriet and Debra Kaufman. 2006. "Decentering the Study of Jewish Identity: Opening the Dialogue with Other Religious Groups." *Sociology of Religion*. 67 (4):365-385.
- Herrera, C.D. 2005. "Disputes between State and Religion over Medical Treatment for Minors." *Journal of Church and State*. 47 (4): 823-839.
- Jones, Colin and Roy Porter, eds. 1994. *Reassessing Foucault: Power, medicine and the body*. New York: Routledge.

- Kaufman, Martin. 1988. "Homeopathy in America: The Rise and Fall and Persistence of a Medical Heresy." Pp. 99-123 in *Other Healers: Unorthodox Medicine in America*, edited by Norman Gevitz. Baltimore: Johns Hopkins University Press.
- Kemper, Kathi J., S. Vohra, R. Walls, and The Task Force on Complementary Alternative Medicine and the Provisional Section on Complementary, Holistic, and Integrative Medicine. 2008. "The Use of Complementary and Alternative Medicines in Pediatrics." *Pediatrics*. 122:1374-1386.
- Kleinman, Arthur. 1980. *Patients and Healers in the Context of Culture: an Exploration of the Borderland between Anthropology, Medicine, and Psychiatry*. Berkeley, CA: University of California Press.
- Kleinman, Arthur. 1995. *Writing at the Margin: Discourse between Anthropology and Medicine*. Berkeley, CA: University of California Press.
- Lannamann, John W. 1998. "Social Construction and Materiality: The Limits of Indeterminacy in Therapeutic Settings." *Family Process*. 37:393-413.
- Louderback-Wood, Kerry. 2005. "Jehovah's Witnesses, Blood Transfusions, and the Tort of Misrepresentation." *Journal of Church and State*. 47:783-822.
- Lown, Bernard. 2000. "Market Health Care: The Commodification of Health Care." *Philosophy and Social Action*. 26 (1-2):57-71.
- Macklin, Ruth. 1988. "The Inner Workings of an Ethics Committee: Latest Battle over Jehovah's Witnesses." *The Hastings Center Report*. 18 (1):15-20.
- McDonald, Ruth, et al. 2007. "Governing the ethical consumer: identity, choice and the primary care medical consumer." *Sociology of Health & Illness*. 29 (3):430-456.
- McGuire, Meredith B. 2008. *Lived Religion: Faith and Practice in Everyday Life*. New York: Oxford University Press.
- McGuire, Meredith B. 1997. *Religion: The Social Context*. 4th ed. Boston, MA: Wadsworth Publishing Co.
- McQuaide, Michael M. 2005. "The Rise of Alternative Health Care: A Sociological Account." *Social Theory & Health*. 3:286-301.
- Narisetti, Innaiah. 2009. *Forced Into Faith*. Amherst, NY: Prometheus Books.

- Orr, Jackie. 1993. "Panic Diary: (re)constructing a partial poetics of disease." Pp. 173-190 in *Reconsidering Social Constructionism*, edited by James A. Holstein and Gale Miller. New York: Aldine de Gruyter, pp. 441-482.
- Peel, Robert. 1988. *Health and Medicine in the Christian Science Tradition: Principle, Practice, and Challenge*. Boston, MA: Crossroad Publishing Co.
- Poloma, Margaret M. 1991. "A Comparison of Christian Science and Mainline Christian Healing Ideologies and Practices." *Review of Religious Research*. 32 (4):337-350.
- Rayner, Lisa and Gary Easthope. 2001. "Postmodern Consumption and Alternative Medications." *Journal of Sociology*. 37 (2):157-176.
- Romanyshyn, Robert D. 1989. *Technology as Symptom and Dream*. New York: Routledge.
- Schoepflin, Rennie B. 1988. "Christian Science Healing in America." Pp. 192-214 in *Other Healers: Unorthodox Medicine in America*, edited by Norman Gevitz. Baltimore: Johns Hopkins University Press.
- Schwarz, Maureen T. 2008. *I Choose Life: Contemporary Medical and Religious Practices in the Navajo World*. Norman, OK: University of Oklahoma Press.
- Seidman, Steven. 2008. *Contested Knowledge*. Malden, MA: Blackwell Publishing.
- Singer, Margaret. 1982. "Christian Science Healing and Alcoholism: An Anthropological Perspective." *Journal of Operational Psychiatry*. 13(1):2-12.
- Stark, Rodney and William S. Bainbridge. 1996. *Religion, Deviance, & Social Control*. New York: Routledge.
- Starr, Paul. 1982. *The Social Transformation of American Medicine*. New York: Basic Books, Inc.
- Sulik, Gayle A. and Astrid Eich-Krohm. 2008. "No Longer a Patient: The Social Construction of the Medical Consumer." *Advances in Medical Sociology*. 10: 3-28.
- The Mary Baker Eddy Library for the Betterment of Humanity. 2011. "Science and Health with Key to the Scriptures." *MaryBakerEddyLibrary.org*. Retrieved on August 1, 2010 at (<http://www.marybakereddylibrary.org/mary-baker-eddy/writings/science-and-health>).

- Thompson, Craig J. 2003. "Natural Health Discourses and the Therapeutic Production of Consumer Resistance." *The Sociological Quarterly*. 44 (1):81-107.
- Thompson, Craig J. and Gokcen Coskuner-Balli. 2007. "Enchanting Ethical Consumerism: The Case of Community-Supported Agriculture." *Journal of Consumer Culture*. 7:275-303.
- Thompson, Craig J. and Elizabeth C. Hirschmann. 1995. "Understanding the Socialized Body: A Poststructuralist Analysis of Consumers' Self-Conceptions, Body Images, and Self-Care Practices." *Journal of Consumer Research*. 22:140-153.
- Trescher, Robert L. and Thomas N. O'Neill. 1960. "Medical Care for Dependent Children: Manslaughter Liability of the Christian Scientist." *University of Pennsylvania Law Review*. 109 (2):203-217.
- Vasquez, Manuel A. 2011. *More than Belief: A Materialist Theory of Religion*. New York: Oxford University Press.
- Von Fettweis, Yvonne Cache and Robert Townsend Warneck. 2009. *Mary Baker Eddy: Christian Healer*. 2nd edition. Boston, MA: Christian Science Publishing Society.
- Weddle, David L. 1991. "The Christian Science Textbook: An Analysis of the Religious Authority of *Science and Health* by Mary Baker Eddy." *The Harvard Theological Review*. 84 (3):273-297.
- Warner, R. Stephen. 1993. "Work in Progress Toward a New Paradigm for the Sociological Study of Religion in the United States." *The American Journal of Sociology*. 98 (5):1044-1093.
- Wilson, Barbara W. 1998. *Blue Windows: A Christian Science Childhood*. New York: Picador.
- Wilson, Bryan R. 1961. *Sects and Society: A Sociological Study of the Elim Tabernacle, Christian Science, and Christadelphians*. Berkeley, CA: University of California Press.
- Winnick, Terri A. 2005. "From Quackery to 'Complementary' Medicine: The American Medical Profession Confronts Alternative Therapies." *Social Problems*. 52 (1):38-61.
- Yardley, Lucy, ed. 1997. *Material Discourses of Health and Illness*. New York: Routledge.

APPENDICES

A. APPENDIX A: METHODS:

This project is a qualitative, exploratory study which builds upon theories of biomedical control and body-writing, risk society, and remission society through the example of Christian Science. Two key frameworks, phenomenology and discourse analysis, guided this project. A phenomenological approach is necessary to understand Christian Scientists' experiences of healing and privilege their interpretations of these experiences. Discourse analysis is necessary to examine forces of social power that might influence believers' decisions and experiences.

1. Sample and Population:

My population consists of adult Christian Science church members living in the United States. However, my ability to generalize is constrained by my small sample size of 12 Christian Scientists. Given the exploratory nature of this project and time constraints on the research, I sacrificed a larger sample size in favor of more in-depth interview data. My interview data is supplemented by over 2 ½ years of experience working as an employee at the Christian Science Plaza, which has allowed me to collect a range of ethnographic material and has greatly enhanced my research.

My sample of 12 Christian Scientists was collected through a snowball sampling process. My sampling technique was limited by the sensitivity of my research questions; although I would have achieved a more representative sample through randomized sampling, the sensitivity of this topic would have made a randomized sample difficult to

obtain. I believe I gathered a richer and more reliable data by using a snowball sampling technique that tapped into my network of Christian Scientists at the First Church of Christ, Scientist in Boston. Since I risked missing information by using only my network of Christian Scientists, I chose to use my semi-insider status only to jumpstart the data collection process.

I began sampling by asking two Christian Scientists from my workplace to be interviewed. After each interview, I asked participants to think of acquaintances who might be willing to participate in this study. Since I believed gender might prove an important difference in how believers navigate healing systems, I controlled for this variable by selecting 6 males and 6 females for participation. I also sought to make my data more reliable by stipulating that participants could not be professional Christian Scientists: they could not receive payment for Christian Science services. However, during the course of the interviews, I soon realized that interviewing a Christian Science practitioner would enhance my understanding, and chose to include one practitioner in my sample. While gender was the only variable that I explicitly controlled for, I collected demographics (age, ethnicity, education level, income level, marital status, whether or not spouse is a Christian Scientist, number of children, attendance at services) of all participants and took this information into consideration during participant selection and analysis. I provided participants with an electronic summary of my project that included my contact information and asked participants to forward this summary to acquaintances they believed might be interested in participating. This method of data collection encouraged responses since participants who I had already interviewed

vouched for my trustworthiness and potential participants did not feel pressured by the researcher. No recruiting tools were used. While I was prepared to ask participants for their acquaintances' contact information if I did not receive responses, there was no need to take this step: the participants' emails and encouragement prompted many of their friends and acquaintances to contact me directly. Data collection concluded after 12 participants were interviewed. Because of the extended length of the interviews—interviews averaged 90 minutes—data saturation was reached after 12 interviews.

2. Instruments:

Semi-structured interviewing served as my instrument for data collection. Interview questions were based on my experiences working with Christian Scientists, theories concerning biomedical power, body-writing, and Glaser & Strauss's (1967) suggestions for in-depth interviewing. Questions asked participants to describe experiences such as when they became Christian Scientists, how they were healed through Christian Science, how spiritual healing differs from medical healing, and what they believe others misunderstand about Christian Science. Multiple measures of embodied experience and attitudes towards biomedicine were used to increase validity. These questions were formatted for an exploratory study, allowing adherents to go in-depth about their experiences and focus on those issues that are most important to them while retaining an emphasis on the intersection between experiences and biomedical power. The interviews averaged approximately 1 ½ hours in length; the shortest interview lasted ½ hour and the longest lasted over 2 ¾ hours. These interviews were

confidential; only the participant and myself were present. Interviews took place at a location agreed upon by the participant and myself. Most commonly, I conducted interviews in conference rooms located at The Mary Baker Eddy Library. All interviews were audio-recorded and then transcribed into Microsoft Word. Interviews were coded several times to shed light on salient and emergent themes. My coding scheme began with line-by-line coding and resulted in analytical categories. While most initial interviews were sufficient, I did find it necessary to follow-up with two participants to clarify some aspects of the initial interviews I found confusing.

3. Procedures:

I performed the informed consent procedure before conducting each interview. All participants were given the Document of Informed Consent that they were asked to read through and sign. This document included a written description of the topic under investigation and disclosed types of information that I would ask of the participants in the interview sessions. This document also explained that all efforts would be made to keep the information completely confidential. I also verbally explained my research and answered participants' questions concerning the study. I ensured that participants understood their rights to not answer questions during the interview and to exit the study at any point during the research process without fear of negative consequences. To assess the participant's competence or understanding of the procedure, I asked participants questions about the procedures and encouraged them to ask questions.

To protect the confidentiality of respondents, all audiotapes were assigned code numbers and all identifying information was locked in a safe box. Only the researcher has the key to this safe. The data gathered from this study will remain the property of the researcher and all notes, memos, and transcriptions will be destroyed seven years after the date of any publication that has come from this research. In this paper, any information that could be used to identify participants was changed for their protection. The electronic data is stored in password-protected files using numerical codes and including no identifiable information.

4. Risks and Benefits:

Christian Scientists are a socially marginalized group whose views and practices have been criticized in the media. While *Science and Health with Key to the Scriptures* (2000) discourages Christian Scientists from judging or ostracizing members who utilize medical treatment, I began this project with the suspicion that use of medical treatment might be socially stigmatized within the Christian Science community. Keeping in mind the sensitivity of this topic, I paid close attention to ethical considerations that might be psychologically or emotionally damaging to the respondents and sought to minimize risks. During the informed consent process, I made sure that each participant was comfortable with being a part of my research and ensured that each participant understood his/her rights to not answer questions during the interview and to exit the study at any point.

I began this project with the notion that when adherents feel forced to choose between spiritual or medical treatments, individuals might not feel free, but doubly alienated from their religious beliefs and biomedicine. As such, I believed that the interview sessions might be therapeutic for some respondents, offering them opportunities to discuss sensitive issues. Therapeutic benefits were indeed evident for at least some of the participants; after the interview sessions, nearly all respondents expressed enthusiasm about being able to share their thoughts and experiences.

5. Limitations:

My sample consisted of 6 females and 6 males. The age range of respondents was 24-52; 5 respondents were in their 20s, 3 respondents were in their 30s, 1 respondent was in her 40s, and 3 respondents were in their 50s at the time of the interviews. Most respondents (8) were married, and all of their spouses were also practicing Christian Scientists. Of the remaining respondents, 2 were single and 2 were divorced. Most respondents (7) had no children, while the remaining 5 respondents were parents. The most common level of education was a Bachelor's degree: 7 respondents had attained this degree. Of the remaining 5 respondents, 2 held advanced degrees, 2 had taken some graduate level classes, and 1 had taken some college courses but did not hold a college degree. Family income estimates ranged from approximately \$30,000/year to over \$150,000/year: 3 respondents earned between \$30,000 and \$50,000, 4 respondents earned between \$50,000 and \$75,000, 2 earned between \$75,000 and \$100,000, and 3 earned over \$100,000. Besides one African-American, all participants were white. Although

this lack of education, income, and racial diversity might be considered limitations, these demographics are largely representative of the American Christian Science population in general (Gottschalk 1973; Wilson 1961).

Another limitation of this research is the location of this study. This study was conducted at The First Church of Christ, Scientist—“The Mother Church” (TMC)—in Boston, MA: this is the Church that Mary Baker Eddy founded. All respondents were members of The Mother Church, and, although several respondents had relocated to Massachusetts from other areas of the country, all currently lived in Massachusetts. Since I did not have the time or money to travel, I knew from the beginning of the project I would have to cope with this limitation. To try to diversify my sample and get a variety of perspectives, I tried to find participants who attended services at branch churches. Of the respondents I interviewed, 9 attended Sunday services regularly and 3 attended Sunday services fairly regularly. When they attended Sunday services, 5 respondents usually attended TMC while 7 respondents usually attended branch churches. Attendance at Wednesday testimonial services was less frequent; 6 attended regularly, 2 attended fairly regularly, and 4 did not attend regularly. When they attended Wednesday services, 4 usually attended TMC while 8 usually attended branch churches. All branch churches were located in or around Boston. The fact that so many respondents attended branch churches makes this sample more diverse. Still, further research would benefit by sampling Christian Scientists across regions and globally to better understand if these results are representative of Christian Scientists on a larger scale.

The majority of respondents—9—were raised in Christian Science, and only 3 had converted. (However, of those who were raised in Christian Science, 1 respondent's mother converted when she was 12 years old, so she began practicing rather late in her childhood.) Although this most likely reflects the greater population of Christian Scientists, further research specifically examining the experiences of those who were not raised in Christian Science would further illuminate how Christian Science helps individuals cope with late modernity and shed light on its prospects for social change.

Although I compared differences in participants' responses based on age, gender, marital status, whether or not respondents had children, income, education, frequency of attendance at services, status within the Church (member or practitioner), and whether or not respondents were raised in Christian Science, variation in these characteristics did not yield significant variation in participants' responses. Some respondents were more expressly hostile towards biomedicine, while some were more sympathetic. Some respondents reported seeking medical treatment more often than others. When discussing significant healings, some respondents tended to focus on emotional and mental healings while others talked more about physical healings. Each individual had unique experiences to share, but themes discussed in this analysis resonated across all interviews. Still, my small sample must be considered a limitation; to gain a better understanding of Christian Science identity in biomedical society, more voices must be allowed to speak.

6. Data Analysis:

Data analysis was an iterative process. Before collecting interview data, I had spent over two years working with Christian Scientists while employed at The Mary Baker Eddy Library. During this period, I conversed at length with co-workers and visitors about Christian Science and familiarized myself with Christian Science texts and periodicals. I attended several Sunday services at the Mother Church and numerous Wednesday night testimonial services at the Mother Church. Although I did not take methodical field notes during this period of ethnographic observation, the concepts and topics that emerged heavily informed my choice of theoretical frameworks, guided my construction of interview questions, and enhanced my ability to obtain participants and conduct interviews.

The process of organizing, preparing, and coding my interview data was also iterative. Transcription involved creating a heading for each interview which listed basic demographic information on the participant, listening to each interview tape and typing notes in Microsoft Word on general topics and ideas addressed by the participant, fully transcribing descriptions of healings, and gathering a general sense of the overall meaning of each interview. I also listened for significant statements and key words used commonly by the participant; as I noticed these statements and words, I used italics or highlighting to draw attention to them in the typed notes and continuously returned to these points in the interviews to fully transcribe these segments and better understand the importance of these phrases. I began the detailed analysis by using a literal-analytical coding scheme that involved several rounds of coding. I first printed off hard copies of

interview notes and transcriptions and read through this data, noting key phrases that had emerged within and across interviews and making notes in page margins. In this first coding, terms used commonly by participants informed how I labeled chunks of data. In the second coding, I re-read interview notes and transcriptions and linked literal codes across interviews by developing more analytical categories. Analytical categories were also informed by participants' language; for instance, literal codes like "fear of aging" and "fear of poverty" were linked under the broader category "fear." I made further notes in the page margins to track the second coding process. In the third round of coding, I sought to pull more general meanings out of the relationships between categories and collapse categories into themes. At this point, I reflected on how these categories resonated with sociological theory. For instance, the salience of the category "fear" in these transcriptions led me to relate particular segments to Giddens' (1991) concept of "risk society" and I ultimately conceptualized risk management as a theme and function of Christian Science.

I chose a thematic style to present the data; I discussed themes and subthemes and supported these themes with interview quotes. While I considered using a narrative presentation style, I believed it would be more difficult to convey the overall meaning of these interviews in this fashion. In line with my largely phenomenological approach, I believed a thematic presentation style would retain a focus on meaning and privilege topics that my participants considered most important.

Interpreting the data involved focusing on the issues of most importance to my participants, using my theoretical lenses and knowledge of previous literature to gain

understanding into these issues. I considered collected data in its own right, but also sought to understand the relationships between data and theories on the body, risk management, and community. In interpreting relationships between Christian Science and the wider society, I sought to uncover what functions Christian Science fulfills for adherents instead of automatically positioning adherents as social deviants with a peculiar paradigm that requires explanation.

I used two different triangulation methods to increase validity in my research. First, I theoretically triangulated by combining phenomenological and critical frameworks: combining these perspectives allowed me to privilege my participants' interpretations of their own experiences while simultaneously examining the power relations that informed these interpretations. Second, I used data triangulation: the ethnographic observations collected during my experience working with Christian Scientists at The Mary Baker Eddy Library was compared with data obtained during the 12 semi-structured interviews. If my ethnographic observations seemed to conflict with interview data, I asked participants to clarify these contradictions and critically assessed this information. For instance, one of my early ethnographic observations involved the tendency of Christian Scientists to visit dentists while eschewing most other forms of medical care. When this paradox emerged again in the interviews, I asked participants to try to clarify why dental visits were more acceptable than other medical visits. I then critically assessed the answers they provided.

I sought reliability by assessing individual interview data, comparing data across interviews, and cross-checking interview data with ethnographic observations. First, I

analyzed individual interviews; if contradictions emerged within single interviews, I sought clarification during the interview or by following up with participants until the data made sense. Next, I sought understanding across multiple interviews; if contradictions emerged between interviews, I sought clarification on these issues during subsequent interviews and further theoretical analysis. Finally, I compared my interview data with observations gathered during my time employed at The Mary Baker Eddy Library; if data obtained in the interviews did not make sense when compared with what I had observed in the field, I marked these contradictions for further analysis, prompted participants of subsequent interviews to clarify, and noted any remaining contradictions in my final write-up.

I present differing opinions of issues and use thick description to allow readers to personally assess the validity of my research. While many codes, categories, and themes resonated across all interviews, some contradictions emerged across interviews. For instance, some participants felt personally conflicted about visiting dentists while other participants felt visiting dentists did not contradict their religious identities. I presented both these perspectives and offered interpretations of why these opinions might diverge. Where I quote participants, especially when describing healings they witnessed or experienced, I use thick description to enable readers to get as close as possible to the participants and find alternative interpretations.

Lastly, while I believe my time as an employee at The Mary Baker Eddy Library has enhanced my research, this time has also increased my sympathies towards Christian Science. When I first began planning this project in 2009, I approached my research with

a perspective more critical of Christian Science than of biomedicine. However, the friendships I developed with Christian Scientists over the following years worked alongside my sociological training to turn my criticism more towards biomedicine. Readers are encouraged to critically assess these sympathies in this write-up. Yet, as a religious minority that is publicly criticized for its deviant discourse, I believe it is important to give Christian Science a platform to speak publicly. Ultimately in this project, I have sought to use sociological tools to analyze biomedicine, bodies, and identities in ways that maintain a critical eye towards religious discourse while at the same time respecting participants' interpretations of their experiences.

B. APPENDIX B: INTERVIEW GUIDE:

A. Demographics and Basic Info:

- a. Age?
- b. Gender?
- c. Marital Status?
-Spouse a Christian Scientist?
- d. Have children?
- e. Where do you reside?
- f. Income?
- g. Education Level?
- h. Member of the Mother Church?
- i. Do you attend Sunday services?
- j. Do you attend testimonial services?

B. Questions:

1. When you think about your personal identity, what stands out the most?
 - a. If you had to describe yourself in one or two sentences to a stranger, what would you say?
2. When did you become a Christian Scientist?
 - a. Can you tell me about this time in your life?
 - b. What led you to this decision?
 - c. Who, if anyone, affected your decision?
3. Can you tell me about an experience in which you were healed in Christian Science?
 - a. What else was going on in your life then?
 - b. How did you know you needed spiritual treatment?
 - c. Who, if anyone, affected your decision?
 - d. Did you choose to heal yourself? Seek a practitioner?
 - e. How did you know you were healed?
4. (For respondents who have children...) Can you tell me about an experience in which your child was healed?
 - a. How did you know he/she needed spiritual treatment?
 - b. Who, if anyone, affected your decision?
 - c. Did you heal him/her yourself? Seek a practitioner?
 - d. How did you know he/she was healed?
5. Can you tell me about a time in your life when you sought the help of a medical doctor or medicine for healing as a Christian Scientist?
 - a. What else was going on in your life then?

- b. Who, if anyone, affected your decision?
 - c. Looking back, do you feel that you made the right choice?
 - d. Do you have any regrets?
 - e. Do you feel that you gained something from the experience?
6. After having these experiences, what advice would you give to a Christian Scientist who is thinking about seeing a doctor or using medicine for themselves or their children?
 7. How do you think your experiences would be different if you were a Christian Scientist living during Mary Baker Eddy's time?
 - a. Do you think it would have been easier to be a Christian Scientist in the late 19th century? More difficult?
 - b. Do you think the medical system has more control over people today?
 8. How is a Christian Science practitioner different from a medical doctor?
 - a. In how they treat their patients?
 - b. In what they say?
 - c. In what they do?
 9. Has there been a time in your life, before you were a Christian Scientist or as a Christian Scientist, when you felt you were constantly relying on medicine/medical treatment?
 - a. Can you tell me about this time?
 - b. What else was going on in your life then?
 10. Do you feel that you have more control over your health and your body than before you became a Christian Scientist?
 - a. In what ways?
 11. In what ways, if any, do you feel that the medical system still has control over your life?
 - a. ...over your body?
 - b. ...over your health choices?
 12. Do you feel that in some situations, the medical system has good reasons for telling you what to do with your body?
 - a. In what situations?
 - b. In the case of encouraging people to eat or not eat certain foods, diet and exercise, etc?
 - c. In the case of legally enforcing health decisions, like certain vaccinations?

13. Do you feel that medical doctors usually have the patients' best interests in mind when they diagnose or treat illnesses or prescribe medications?
 - a. Are there other factors that might get in the way (money)?

14. Do you feel that people depend too much on doctors and the medical system to tell them how to be healthy?
 - a. Why do you think this is?
 - b. What do doctors misunderstand about health/the body?

15. Have you had an experience where you read or watched someone speak badly about Christian Science?
 - a. How did you respond?
 - b. What do you think is the main thing that person did not understand about Christian Science?

16. Do you think that American society in general focuses too much on material things and not enough on the spiritual?
 - a. In what ways?

17. Is there anything you might not have thought about before that occurred to you during this interview?

18. Is there anything you would like to ask me?