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TRANSCENDING THE BODY: THE ROLE OF DIVINE MIND IN THE PRACTICE
OF CHRISTIAN SCIENCE HEALING

BY

SARAH L. GIBB

Bachelor of Arts, Millersville University, 2005

THESIS

Submitted to the University of New Hampshire

in Partial Fulfillment of

the Requirements for the Degree of

Master of Arts

In

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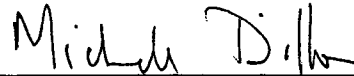
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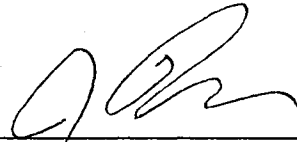
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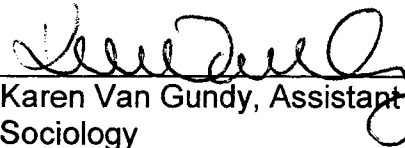
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Date July 6, 2007

DEDICATION

This work is dedicated to several important people for their continued support along the way. To my parents and sister, who have always believed in me. To Evan, for encouraging me to keep going even when I was feeling stressed and burned-out. To my friends, who put up with me when I was cranky, made me laugh, and provided many hours of thesis-free fun.

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ABSTRACT

TRANSCENDING THE BODY: THE ROLE OF DIVINE MIND IN THE PRACTICE
OF CHRISTIAN SCIENCE HEALING

by

Sarah L. Gibb

Michele Dillon, Professor of Sociology, Thesis Director

University of New Hampshire, September 2007

Christian Science has been largely ignored in sociological inquiries of modern religious institutions. This research project aims to uncover how Christian Science practitioners understand their world in terms of the origins of illness, the gender division of labor, and their role as healers within the Christian Science community and the world. I distributed questionnaires to practitioners in California and the New England region, analyzing the responses using both quantitative and qualitative methods. The practitioners in this sample (N = 33) are overwhelmingly white, middle-aged to older women with higher-than-average levels of educational attainment and income. Thematic analyses reveal that in their everyday lives these women engage in a discourse that attempts to transcend corporeal existence while they simultaneously try to meet the daily demands of work and family. One dilemma they face is the need to receive remuneration for their services despite the altruistic nature of their healing practice.

INTRODUCTION

Religion has a number of positive effects on the lives of believers. Individuals who are religiously devout tend to indicate a greater sense of well-being, increased marital satisfaction, more family cohesion, a better ability to cope with stress, decreased worry, and less symptoms of depression (Delbridge, Headey, and Wearing 1994; Glik 1990; McCullough and Smith 2003). Women in particular benefit from religiosity in that their greater involvement in public religious activity yields positive health outcomes (McCullough and Smith 2003). Religion additionally deters the onset of a variety of diseases for all populations, including cancer and heart disease (McCullough and Smith 2003).

One of the ways in which religion provides benefit to believers is through its therapeutic, integrative, and regulatory functions (Durkheim 1912/2001; Glik 1990; McCullough and Smith 2003). In addition, religion can provide coherence and meaning to people's lives, helping them to make sense of the world in which they live (Weber 1956). The way that individuals make sense of their world is through the development of subjective realities, some of which naturally pertain to personal religious beliefs (Berger and Luckmann 1966). When a group of individuals experiences a radically different subjective reality from that of society's objective reality, they may join together to rewrite this reality.

One modern example of the development of religious ideologies about the world and the benefits believers derive from these belief systems is that of

Christian Science. Christian Science developed during the late nineteenth century in a small town in New Hampshire (Schoepflin 2003). Today, there are at least 2,000 branch churches in the United States and around the world (The Church of Christ, Scientist 2007). Christian Scientists are particularly well-known for their refusal to use medical care, though many of the details of their religious beliefs remain unknown by the majority of the population. Rather than relying upon modern medicine, Scientists see practitioners who utilize spiritual healing to rid the patient of what she believes is an illness.

Many social theorists have revealed that the study of religion is a worthwhile venture due to its integral role in the maintenance of the social fabric of our society (Durkheim 1912/2001; Weber 1956). As Émile Durkheim (1912/2001) states, one of sociology's most important goals is "to explain a current reality, something close to us and consequently capable of affecting our ideas and actions" (p. 3). Christian Science is sociologically interesting for a number of reasons. First and foremost, perhaps, is the reason that there is an incredible dearth of studies on Christian Science ideology or the healing work of practitioners. Secondly, this topic has much to offer different bodies of literature, including sociological literature on religion, gender roles and socialization, mental health, and theories of the body in modernity. While it is important to study the sociodemographic patterns of religious believers, it is equally important to discover the contexts in which these religious beliefs arise, and the manner in which they impact the adherent's view of their world.

This study seeks to explore the worldview of practitioners within the Christian Science faith tradition, in an effort to better understand Christian Science practitioners' perceptions of health and well-being and any underlying gender dynamics within the faith's healing tradition. Though historians have traced the development of Christian Science in the United States (Schoepflin 1986; Schoepflin 2003) and other scholars have compared its theology and believers' health-related outcomes with other Christian groups (Poloma 1991; Glik 1990), relatively no literature examines the work of the practitioner, their conceptualization of health, and the effect of gender on the practitioner's worldview. This research project furthers knowledge on the belief system of Christian Science, as well as helps to explain the complex understandings of health within the female-dominated sphere of the practitioner.

This analysis was conducted through the distribution of questionnaires to a sample of just under 250 practitioners within California and the New England area (roughly half of the 250 practitioners were located in each state or region). These regions were sampled in order to facilitate East—West coast comparisons, and to discuss any patterns specific to each state or region. New England has historical significance as the site of some of the first English settlements in North America and as the birth place of Christian Science's founder; California was chosen for its culture of acceptance and pluralism.

CHAPTER I

HISTORICAL BACKGROUND

Important to understanding the role of the practitioner in Christian Science is an understanding of what the belief system of Christian Science entails and how this fits into the current cultural, social, political, and economic landscape of our country. I begin by discussing what Christian Science is and some of its main theological tenets, as well as the role of Mary Baker Eddy in its formation. I continue to explain how Christian Science represents a meshing of the religious with the scientific, the expansion of Christian Science during the late nineteenth and early twentieth centuries, and what the work of the Christian Science practitioner entails. Finally, I discuss how Science may serve an integrative function for believers, relying upon the work of Emile Durkheim. I use this along with Max Weber's discussion of religion as providing coherent life narratives for believers and Peter Berger and Thomas Luckmann's (1966) concept of subjective meaning to explain why so many women continue to be drawn to Christian Science practice.

Christian Science

The Church of Christ, Scientist (2007) defines Christian Science as “the universal, practical system of spiritual, prayer-based healing available and accessible to everyone” (¶ 1). In historical literature, Christian Science has been

defined as “a medicoreligious hybrid formed and sustained by its founder’s and adherents’ search for a physical well-being anchored in spiritual reality” (Schoepflin 2003: 7). Though its founder forbade the publication of membership statistics after 1906 (Schoepflin 1986), Christian Scientists are estimated to attend around 2,000 branch churches and societies, and are located in roughly 130 countries around the world (The Church of Christ, Scientist 2007), including England, New Zealand, India, Canada, and Nigeria (*Christian Science Sentinel* August 2005). These members form “a worldwide community of individuals who freely apply the spiritual ideas and system of healing in *Science and Health* to their own lives and activities,” and are united through prayer, study, and action (The Church of Christ, Scientist 2007).

The religion was founded and discovered by Mary Baker Eddy in 1866 after a fall left her with severe internal injuries that no physician was able to heal (Piepmeier 2001; Schoepflin 2003). Eddy spent time in prayer and study of the Bible, through which she came to the realization that God is the only reality. Eddy also felt disillusioned by both the physicians and the clergy of her day, whom she felt had lost sight of Christianity’s traditional element of healing. Upon realization of these truths, Eddy was healed. She referred to this moment as the birth of Christian Science, which she called “The Great Discovery” (Piepmeier 2001; Schoepflin 2003).

Christian Science Theology

According to the *Church Manual*, the purpose of Christian Science is “to commemorate the word and works of our Master, which should reinstate primitive

Christianity and its lost element of healing” (p. 17). Several tenets of Christian Science theology are crucial to understanding the mechanics of its worship service:

The official tenets of orthodox Christian Science, found in the eighty-ninth edition of the *Church Manual*:

1. As adherents of Truth, we take the inspired Word of the Bible as our sufficient guide to eternal life.
2. We acknowledge and adore one supreme and infinite God. We acknowledge His Son, one Christ; the Holy Ghost or divine Comforter; and man in God’s image and likeness.
3. We acknowledge God’s forgiveness of sin in the destruction of sin and the spiritual understanding that casts out evil as unreal. But the belief in sin is punished as long as the belief lasts.
4. We acknowledge Jesus’ atonement as the evidence of divine, efficacious Love, unfolding man’s unity with God through Christ Jesus the Wayshower; and we acknowledge that man is saved through Christ, through Truth, Life, and Love as demonstrated by the Galilean Prophet in healing the sick and overcoming sin and death.
5. We acknowledge that the crucifixion of Jesus and his resurrection served to uplift faith to understand eternal Life, even the allness of Soul, Spirit, and the nothingness of matter.
6. And we solemnly promise to watch, and pray for that Mind to be in us which was also in Christ Jesus; to do unto others as we would have them do unto us; and to be merciful, just and pure (*Science and Health* 2000: 497).

One of the most fundamental tenets of Christian Science is its denial of the existence of matter, sin, disease, and death as suggested by the third and fifth tenets, and other scholarly literatures (Gardner 1993; Piepmeier 2001; Poloma 1991; Schoepflin 1986; Schoepflin 2003; Wardwell 1965). As Mary Baker Eddy stated, there is “no Life, Substance, or Intelligence in matter. That all is mind and there is no matter” (*Science and Health* 2000). These things are seen as mere illusions which mask reality. Because matter and body do not exist, illness

necessarily cannot exist (Schoepflin 1986). As a result, the illusion of illness is healed through prayer, rather than reliance on physicians or medicine:

Experiments have favored the fact that Mind governs the body, not in one instance, but in every instance. The indestructible faculties of Spirit exist without the conditions of matter and also without the false beliefs of a so-called material existence. Working out the rules of Science in practice, the author has restored health in cases of both acute and chronic disease in their severest forms. Secretions have been changed, the structure has been renewed, shortened limbs have been elongated, ankylosed joints have been made supple, and carious bones have been restored to healthy conditions. I have restored what is called the lost substance of lungs, and healthy organizations have been established where disease was organic. Christian Science heals organic disease as surely as it heals what is called functional, for it requires only a fuller understanding of the divine Principle of Christian Science to demonstrate the higher rule (*Science and Health* 2000: 162).

Ultimate authority in Christian Science is not given to a minister who interprets the religion's doctrines. Rather, the First and Second Reader guide the worship service and are responsible for reading selections from the Bible and *Science and Health* (Schoepflin 1986). While Christian Scientists have regular worship services on Sunday mornings like many other Christian groups, Scientists also have a Wednesday evening testimonial meeting where members gather together to share stories of healing and how their faith has impacted their lives. Lastly, within Christian Science emphasis is placed on Divine Love, which is to guide all aspects of an individual's life, especially her interactions with other human beings.

Christian Science theology is metaphysical in its denial of all matter, including sin, sickness, and death. Through a denial of disease and evil it

effectively addresses the age-old philosophical problem of how an ultimately good God can allow human beings to suffer:

The central idea of Christian Science, that Divine Mind is the sole reality, is an old one. It is found in the philosophy of ancient thinkers such as Plotinus and other Neoplatonists; in Eastern religions such as Hinduism, which view the material universe as *maya* or illusion. [...] That matter is in some sense unreal was also a theme in New England's transcendentalist movement led by Ralph Waldo Emerson, Henry David Thoreau, Bronson Alcott, and Margaret Fuller. [...] It also embraces the notion that sin, sickness, and death, being illusions created by false belief, can be conquered by a person's divine mind, an eternal part of God, if it learns to accept completely the nonexistence of all matter with its attendant illusions of evil (Gardner 1993: 31).

Christian Science is particularly unique in the way that it meshes religious doctrines with philosophical and scientific methods of inquiry in its textbook, *Science and Health with Key to the Scriptures* (2000). Because the existence of an external reality is denied, including the illusion of disease, Christian Scientists typically do not use modern medicine. Instead they rely upon spiritual healers, called practitioners, who correct their patients' incorrect belief in reality through prayer and meditation on spiritual texts including the Bible and *Science and Health with Key to the Scriptures* (Schoepflin 2003; Wardwell 1965). The process through which illness is denied and natural health is affirmed is discussed later in this chapter.

Mary Baker Eddy

Mary Baker Eddy was born to a Congregationalist couple in Bow, New Hampshire on July 16th, 1821 (Piepmeier 2001; Schoepflin 2003). Her life was one marked by recurrent illness, financial struggles, and conflict with professional

rivals (Gardner 1993). At various points throughout her life Eddy suffered from fevers, colds, chronic dyspepsia, backaches, lung and liver problems, gastric attacks, nervousness, and depression (Schoepflin 2003). After serious bouts of illness in childhood and an incident in later life which left her with severe internal injuries, Eddy became dissatisfied with the healthcare system of her day, which seemed unable to provide her with lasting relief from her ailments. She experimented with different versions of New Thought doctrines such as hydrotherapy and mesmerism, while questioning dominant religious doctrines of her day (Piepmeier 2001).

After a harrowing fall knocked her unconscious and left her with severe head, neck, and back pains, Mary Baker Eddy became dissatisfied with the efforts of physicians and homeopathic healers to provide her with relief. In response, she spent a great deal of time reading her Bible and in prayer. Through her studies she came to the realization that the mind had healing capabilities, and that belief in reality is false (Schoepflin 2003). It was at this time that Eddy began to sense that she was being called by God to reform modern medicine and to restore the notion of a loving God to the Victorian Christianity of her day.

Through much of her adult life, Eddy attempted to fulfill her spiritual calling and to carve out economic security for herself through a career which allowed her to demonstrate the healing capabilities of Christian Science. In 1870 she began teaching others about healing through Christian Science, and wrote *Science and Health with Key to the Scriptures* in 1875, the founding text of the

religion (Piepmeier 2001). This text emphasized the connection between mind, body, and spirit. Eddy asserted that *Science and Health* contained divine insights from her study of the Bible and from her personal visions. In 1879 Eddy established The First Church of Christ, Scientist in Boston, Massachusetts. In 1882 the Massachusetts Metaphysical College opened in Boston to teach the practical advantages of spiritual healing through Christian Science (Schoepflin 1986).

Some have argued that Eddy represents “the classic profile of a spiritual seeker, searching for physical and mental health and personal autonomy and ‘discovering’ them through spiritual enlightenment” (Schoepflin 2003: 6). Critics both within her time and within ours have asserted that Eddy owed many of her religious doctrines to principles of homeopathic medicine and her apprenticeship under Phineas Parkhurst Quimby, the Maine mentalist healer (Schoepflin 1986; Schoepflin 2003). Though he only practiced mental healing for less than two decades, much responsibility has been given to Quimby for the development and popularity of spiritual healing in America (Schoepflin 2003). Eddy struggled to preserve her public identity by firmly denying her intellectual roots with Quimby and made these ideas her own through her adaptation of Quimbyism into a religion that emphasized health and personal well-being (Schoepflin 1986; Schoepflin 2003). This is seen in the evolution of her doctrines on “Moral Science,” which changed to “Metaphysical Science” and finally became “Christian Science” (Schoepflin 2003).

Mary Baker Eddy's founding of Christian Science occurred in nineteenth century New England, at a time when many religious, political, and medical innovations were rapidly gaining popularity among the public (Schoepflin 2003). Americans were perplexed by, yet interested in the tensions between the spiritual and natural worlds. Repeated attempts were made to reconcile the spheres of religion, medicine, and science during this time in which Americans were questioning the substance of human nature and the relationship between the mind, body, and soul (Schoepflin 2003). This climate fostered Eddy's development of mental healing through Divine Science.

Tension between Religion and Science

Over the past couple decades there has been a renewed interest in spirituality and health in the United States (Poloma 1991), in which "Americans seek to restore and sustain physical well-being through ancient or New Age healing practices based on a spiritual understanding of the universe. Even old-fashioned prayer to heal the sick seems to be alive and well in this postmodern age," (Schoepflin 2003: 1). Despite Americans' renewed interest in spiritual and metaphysical healing, they continue to remain somewhat ambivalent about the place of religious healing in today's modern society.

The present interest in reconciling the spheres of religion and health closely mirrors the popularity of mind healing and New Thought healing that emerged at the turn of the nineteenth century (Schoepflin 2003). Though they went by a variety of names, such as mind curists or metaphysical healers, particular to the adherents of New Thought doctrines was a belief in the power of

the mind to cure disease and to solve common human problems related to financial or relational issues (Schoepflin 2003). Part of the appeal of Christian Science to believers was its use of rationality and empirical methods in order to answer important theological questions about God and the existence of evil (Wardwell 1965).

It was in this cultural climate that Christian Science emerged and offered a way to combine religious doctrine with scientific and philosophical methods of inquiry that had so long been at loggerheads with one another. For many centuries, and even today, many religious officials have battled the implementation of scientific principles to understand the spiritual world, while scientists have firmly denied the validity of religious interpretations for the explanation of natural processes. Over time the two spheres have become virtually irreconcilable, with each side refusing to acknowledge the merits of an alternative explanation for the world's phenomena. Christian Science was revolutionary in that it supported the merging of the body with the mind through a radical reinterpretation of spiritual and health-related discourses that favored an explanation of the natural world using religious texts and scientific methods of inquiry (Schoepflin 2003). Through Christian Science, religion and science became complementary rather than oppositional.

The Expansion of Christian Science

Christian Science spread slowly from its birthplace in Massachusetts to the rest of New England, experiencing the most rapid growth in small and medium-sized urban areas (Schoepflin 2003). At the turn of the century the

Midwest saw a growth in Christian Scientists as many women migrated to major cities in search of a job. As Scientists continued to move west, they typically settled in urban areas. Though this migration of settlers did play a role in the dispersion of Christian Scientists all over the country, some have argued that the expansion of Christian Science was due mostly to the work of teachers and the spread of religious literature (Schoepflin 2003). The movement's expansion occurred most rapidly between 1875 and 1910.

The Christian Science Practitioner

A small booklet published by the Christian Science Publishing Society defines a practitioner as:

a person who gives his full time to the public practice of Christian Science healing. The work is both a ministry and a profession. It's done out of a love for God and man, but the practitioner also has to earn his living, and his patients pay him as they would a doctor or psychiatrist. In order to be listed in the directory of practitioners in our official church organ, *The Christian Science Journal*, a person must show that he has the experience and understanding, as well as the Christian character, to qualify for this sacred work (1974: 14).

In 1913 the number of practitioners in the United States and around the world was about 5,394 (including parts of Canada, South America, Africa, New Zealand, and Eastern Europe). This number steadily rose to 7,828 in 1925 and 10,775 in 1934 (Schoepflin 2003). Women not only comprise the majority of Christian Scientists, but also outnumber men as practitioners. By 1906 women made up 72.4% of Christian Science membership (Schoepflin 1986), and outnumbered men as full-time practitioners by five to one in the 1890s, rising to eight to one by the early 1970s (Schoepflin 2003). Common to many of those

who would become practitioners was a dissatisfaction with modern medicine that translated into a willingness to experiment with alternative forms (Schoepflin 2003). Many converts to Christian Science were individuals who were sick and wanted to become well. Science provided a therapeutic alternative to traditional medical options that were often stripped of meaningful human interaction. Upon conversion, Scientists who felt called to do so typically found a teacher with whom they received instruction, before using this knowledge to treat not only themselves, but also their friends and immediate family (Schoepflin 2003). Despite the desire for physical and mental health, practitioners insisted that they did not seek out this work, but that it had sought them.

The role of the practitioner is to offer patients an opportunity to correct their patterns of wrong thinking in order to gain and sustain health (The Church of Christ, Scientist 2007). Eddy's God "is not a person but a principle of 'wisdom, Love, and Truth' possessing life and intelligence," where "a human is a 'reflex shadow' of that principle" (Schoepflin 2003: 25). Because of this, sickness disappears after the Christian Science believer has acknowledged that her false belief in reality has been replaced by the knowledge of all reality as God. Mary Baker Eddy even asserted that physicians' focus on, and belief in, disease could actually *cause* illness (Piepmeier 2001).

Not only did Christian Science offer renewed physical health, but it also provided practical solutions: to economic, social, and intellectual problems; psychological disorders; to heal sick pets; rid an individual of bad habits such as smoking or drinking; and improve inclement weather (Wardwell 1965). After

experiencing a healing, patients often described themselves as feeling purified (Schoepflin 2003). While practitioners have always advertised their ability to heal to Christian Scientists, it is made clear that it is not necessary to be a Scientist to experience renewed health and well-being through Christian Science (Poloma 1991).

A practitioner's work is conceptualized using the concepts and language common to modern medicine (Schoepflin 2003). This includes charging a fee for their services and referring to their clients as patients (Poloma 1991). During the 1890s Christian Science practitioners formalized their practices, regulated education and training programs, standardized their prices, and established appropriate codes of conduct (Schoepflin 2003). In the early part of 1910, Mary Baker Eddy instructed practitioners to charge fees for their treatment of patients that were comparable to those of medical physicians in their area, though at times fees were reduced for individuals who were unable to pay their rate (Schoepflin 2003). At about this same time, Christian Science began to move from emphasizing numerous successful healings to a focus on the founding of churches and directing of classes by practitioners and teachers. From this point forward, practitioners began to be recognized as both religious teachers and spiritual healers. Today, practitioners set their own fees for the prayerful healing of patients through Christian Science treatment, relying most heavily on *Science and Health* (2000) to do so (The Church of Christ, Scientist 2007).

A couple distinctions between the types of practitioners and their titles are important to make here. A practitioner with a "C.S.B." after her name is one who

has completed a Normal class of the Christian Science Board of Education. The "C.S.B." stands for Bachelor of Christian Science. Some C.S.B.s are additionally authorized to teach Primary Class Instruction in Christian Science, a two-week long course on spiritual healing taught to those who have an interest in learning more about Science by authorized teachers of Christian Science (The Church of Christ, Scientist 2007). Other practitioners who have not completed this class simply have a "C.S." after their name.

In the years after its discovery, practitioners learned through study of the Bible and *Science and Health*, referring to Eddy's other writings, and practicing on their own patients (Schoepflin 2003). Students of Christian Science also had the option of taking a Primary course taught by Eddy or one of her students which included twelve sessions for the price of \$300 (Schoepflin 2003). Completing this course conferred to students the title of Bachelor of Christian Science. Graduates of the Normal class at the Massachusetts Metaphysical College who also had at least three years of healing experience were conferred the title of Doctor of Christian Science (C.S.D.). The highest degree given by the College was the Doctor of Divine Science, or D.S.D. (Schoepflin 2003).

Full-time Christian Science practitioners typically set up an office in which patients may visit and experience healing. Although this is a physical place that practitioners use to meet with patients, they also communicate with individuals seeking guidance through letters and email, and over the phone. Likewise, a person need not live within driving distance of a practitioner's office in order to use their services. For long distance patients, whether they are in another state

or another country, practitioners use absent healing. Absent healing is conducted by praying for the patient, as well as offering them advice such as passages from the Bible or *Science and Health* to read. Absent healing is believed to be as successful as other forms of healing in correcting wrong thinking because Scientists believe that it is ultimately God who is doing the healing, not the practitioner. Because God is omnipresent, it is not necessary for a practitioner and her patient to be in the same physical space for a healing to occur.

Treatments for patients involve a practitioner praying for them that they might be reminded of the oneness of God and the unreality of matter, or a recommendation to concentrate on particular passages of *Science and Health* (Wardwell 1965). *Questions and Answers on Christian Science* (1974) says that healing is achieved:

Through prayer. Through turning completely to God for the answer to one's problem—whether the problem seems to be a disease in the body or a discord in the family. Now, this isn't just a matter of blind faith, and it certainly isn't a matter of willpower or mental suggestion or merely taking a cheerful attitude of positive thinking. It calls for an understanding of God and His laws; it calls for systematic study of the Bible and of the Christian Science textbook [*Science and Health*]; it calls for opening one's heart and mind to the love and the law of God. In the old Christian phrase, it means being born again (p. 15).

It was not so much that these treatments destroyed a patient's disease, but that they reminded her of her perfect health through God:

Metaphysics, as taught in Christian Science, is the next stately step beyond homeopathy. In metaphysics, matter disappears from the remedy entirely, and Mind takes its rightful and supreme place. Homeopathy takes mental symptoms largely into consideration in its diagnosis of disease. Christian Science deals wholly with the mental cause in judging and destroying disease. It succeeds where homeopathy fails, solely because its one recognized Principle of

healing is Mind, and the whole force of the mental element is employed through the Science of Mind, which never shares its rights with inanimate matter.

Christian Science exterminates the drug, and rests on Mind alone as the curative Principle, acknowledging that the divine Mind has all power. Homeopathy mentalizes a drug with such repetition of thought-attenuations, that the drug becomes more like the human mind than the substratum of this so-called mind, which we call matter; and the drug's power of action is proportionally increased (*Science and Health* 2000: 156-57).

One popular passage used in healing is the scientific statement of being:

There is no life, truth, intelligence, nor 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 (*Scientific Statement of Being, Science and Health*).

Meditation on this passage or verbal repetition of it is thought to free the individual's error in belief such as the belief that sin, sickness, evil, or death are real (Schoepflin 2003). In stamping out unreal beliefs such as these, Christian Science healing is intended to reaffirm that human beings are the harmonious and perfect reflections of God, the Divine Mind. This realization is like waking up from a dream to the knowledge that sin, disease, and death have never existed and that human beings are naturally flawless.

CHAPTER II

THEORETICAL FRAMEWORK

Durkheim: Religion's Integrative Functions

In Émile Durkheim's *Elementary Forms of Religious Life* (1912/2001), he maintains that religion has regulatory and integrative effects on believers in which individuals are able to establish meaningful connections with one another that allow them to establish social solidarity by reaffirming their individual part in the whole of society (p. 42-3). He defines religion as "a unified system of beliefs and practices relative to sacred things, that is to say, things set apart and surrounded by prohibitions—beliefs and practices that unite its adherents in a single moral community called a church" (p. 47). Elsewhere he explains that religion is "a system of notions by which individuals imagine the society to which they belong and their obscure yet intimate relations with that society" (p. 170-1). The major focus of his analysis here is to discover the fundamental functions of religious thought and practice. Through his analysis, Durkheim (2001) concludes that religion is something that is "eminently social" (p. 11).

In much the same way that Durkheim explains how religious ideas often deal with what is commonplace rather than the extraordinary (p. 30), so Christian Science emphasizes how the individual may live out her daily life in a healthy and harmonious fashion through the regular practice of Christian Science. Elsewhere

in this work Durkheim discusses how religions serve to divide the world into two separate realms: the sacred and the profane (p. 40).

Within Christian Science believers come together collectively during church services and feel bound to one another through their commonly held beliefs (Durkheim 2001). These members come together periodically to reaffirm their beliefs both in the context of regular church meetings, and in the form of practitioners' service to their patients. The result is what Durkheim calls "collective effervescence". This collective effervescence may be witnessed during the Wednesday evening testimonial meetings where Scientists energetically share their experiences of healing with one another (Schoepflin 2003; Wardwell 1965). Durkheim also speaks to the ways in which a person's religious beliefs become their reality. I argue that this is directly related to spiritual healing in Christian Science. Durkheim (2001) states:

Social thought, because of its imperative authority, has a power that individual thought cannot have; by acting on our minds it makes us see things in whatever light it chooses; it adds to or subtracts from the real according to the circumstances. [...] There [in the social realm], far more than elsewhere, the idea creates the reality (p. 173).

This passage explains how the Christian Scientist comes to see herself as a completely healthy, perfect, and whole being. Because Scientists believe that evil is an illusion, it becomes so. I maintain that this affirmation of 'true' reality takes place both within the context of the Christian Science worship service through the repetition of important passages in the Bible and *Science and Health*, in addition to within the context of the practitioner—patient relationship as suggested by

Schoepflin's (2003) historical analysis of the Christian Science healing tradition in America.

Weber: The Function of Religion and Religious Communities

Religion, Max Weber (1956) states, may be seen as a way in which individuals attach meaning to their lives and to their particular experiences. Through religion's ability to provide answers to some of life's most burning questions (such as why suffering exists in the world), believers are able to rationalize the trials and tribulations that they experience in this life. This is particularly true for Christian Scientists, who may be drawn to the faith in large part because of its metaphysical denial of all evil and affirmation of only goodness, perfection, and godliness. For Scientists, these important questions are answered by a reliance on systematic and rational forms of inquiry (Wardwell 1965; Schoepflin 2003; Poloma 1991).

Weber (1956) defines a religious community as one which comes into being:

in connection with a prophetic movement as a result of routinization (*Veralltaglichung*), i.e., as a result of the process whereby either the prophet himself or his disciples secure the permanence of his preaching and the congregation's distribution of grace, hence insuring the economic existence of the enterprise and those who man it, and thereby monopolizing as well the privileges reserved for those charged with religious functions" (p. 60-1).

In keeping with Weber's definition of a religious community or congregation, I consider Christian Scientists to form their own separate community from other believers of the Christian faith, and Christian Science practitioners to form their own specialized group within this community. Practitioners may even be

considered as a type of prophet, according to Weber's definition, which entails the practice of "divination as well as magical healing and counseling" (Weber 1993: 47-8). Practitioners differ from this idea of a prophet in that they acquire remuneration for their services, which may be an example of bureaucratic authority within Christian Science. This, Weber states, is what sets the prophet apart from the priest. Prophets provide divine guidance and heal for its own sake, rather than in an effort to make a living off such work. This raises questions as to why it is that practitioners exact fees for their services, and how it is that they conceptualize the need to charge those that they heal.

Berger and Luckmann: Subjective Meaning and the Sociology of Knowledge

In *The Social Construction of Reality: A Treatise on the Sociology of Knowledge* (1966) Peter Berger and Thomas Luckmann explain the nature of the reality of everyday life. They do so by using everyday phenomena as the unit of analysis. Within this work, Berger and Luckmann (1966) introduce the concepts of subjective and objective realities (p. 129). They maintain that individuals are born into an objective reality that is already preset. As they begin to participate in society, they are socialized into this objective reality (Berger and Luckmann 1966). Throughout the course of their lives they develop their own subjective reality, which is contextual and leads to the formation of "sub-universes of meaning" (p. 85). Individuals' subjective realities are in constant interaction with the already formed objective reality (Berger and Luckmann 1966). When the objective reality conflicts with subjective realities, it loses meaning. This may lead

to a change in the objective reality. Collectively, Berger and Luckmann's (1966) contributions to phenomenological theories of social life attempt to explain how individuals' life experiences impact their understanding of reality, and the nature by which subjective and objective realities are in constant interaction with one another.

In the case of Christian Scientists and Christian Science practitioners, the objective reality they find themselves a part of in this country is one that for the most part embraces dualism—the presence of evil and good, sickness and health, life and death. Scientists counter this objective reality with their own subjective reality which rejects dualism, maintaining that only good, truth, life, and health exist in the world. Because these two worldviews are so clearly opposite, they constantly come into conflict with one another. This poses a problem for Scientists and practitioners who must exist within this different objective reality, causing a tension between these two realities which is ever-present in their lives and their healing practices. It also helps to explain why outsiders (both Christian and non) find the beliefs of Christian Scientists to be so perplexing.

CHAPTER III

A REVIEW OF THE LITERATURE

Though no studies seem to have been conducted on the healing ideologies of Christian Science practitioners and the gendered nature of their role, some scholars have compared Christian Science to more traditional, or mainstream, branches of Christianity. Historians have also documented the role of the practitioner throughout history, and the ways in which Mary Baker Eddy's legacy has influenced the movement both during her lifetime and today. This work has shown that Christian Science adherents differ markedly from other Christian groups in their beliefs about the nature of God and the reality of evil, disease, and death (Poloma 1991). In addition, past research has illustrated that both Christian Science membership and the practitioner role tend to be dominated by white, upper-middle class women with higher levels of education and income (Glik 1990). Other literature indicates that Christian Science practice may not completely reflect its ideology; while many Scientists refuse medical treatment under any circumstances, there are some who seek care only in certain cases.

Christian Science & Mainline Christian Healing Ideologies

Comparisons have been made between Christian Science and other religious groups in terms of their healing ideologies. In a review of the belief

systems and practices of Christian Scientists and those of other Christian groups, Poloma (1991) used a sample of 95 mainline Christians (including those from traditional Protestant and Catholic denominations) and a purposive sample of 44 Christian Scientists in order to compare their differences in ideologies of healing, in actual healing practices, and levels of social support for beliefs regarding spiritual healing. Among her sample of Christian Scientists, Poloma (1991) found that the majority of believers were women (72%), the average age was 52, and the mean income was \$42,500. Overall, the typical Christian Scientist was a middle-aged woman with at least a college degree and a higher-than-average income.

The typical Christian respondent in this sample was a middle-aged female with a high school diploma and a household income that was slightly below the mean for the area (Poloma 1991). The Protestants, Roman Catholics, Pentecostals, and evangelical groups who made up the Christian respondents in this sample had lower than average incomes (\$17,500—mean household income in the 1980 census was \$22,500). Christians had less years of education than Christian Scientists and were slightly younger on average; in both groups women made up the majority (Poloma 1991).

In collecting her data, Poloma (1991) used measures of religiosity such as frequency of prayer and prayer experiences, religious beliefs, church attendance, and denominational affiliation. One important difference she found between mainstream Christians and Scientists was that while almost one fourth of mainstream Christians believed that God might punish a person who had fallen

prey to sin using illness or misfortune, no Christian Scientists in the sample felt this to be true (Poloma 1991). Poloma (1991) characterized the mainstream Christians in her sample as dualists because of their belief in both evil and good; Christian Scientists, on the other hand, only believed in the presence of good. One final interesting finding of Poloma's study was that 73% of mainstream Christians believed that God most often heals through medical physicians; only 12% of Christian Scientists agreed with this statement. While it may be surprising that even so large a percentage of Christian Scientists felt that the use of traditional medical care is appropriate, this finding does illustrate the variety of attitudes toward medicine held by Scientists.

Overall, Christian Scientists differed from Christians most markedly in their beliefs on the nature of illness and their conception of a softer, gentler God—as opposed to the Christian respondents who believed that God might send illness or withhold health from individuals as punishment or in order to foster spiritual growth. In terms of religious ideology, Christians were divided about the nature of universal healing, but were more likely to view healings as a 'miracle'. Christian Scientists, on the other hand, did not view healings as sporadic miracles; rather, they were more likely to believe that healing operates within the bounds of fixed laws that anyone may learn and use (Poloma 1991). Despite these differences, both groups had in common a belief in the divinity of Jesus and his power to heal, and both referred to the Bible to support their ideologies of healing (Poloma 1991).

Religiosity, Spiritual Healing, and Health

Other research has examined the relationship between level of religiosity and amount of psychosocial distress among charismatic Christians and “New Age” metaphysical healing groups. Glik (1990) used a sample of 83 charismatic Christians, 93 “New Age” healers, and a comparison group of 137 medical patients to test whether religiosity was a predictor of positive mental health. Specifically, Glik (1990) tested the hypothesis that particular religious beliefs (affected by type of group membership, and sustained by ritual behaviors and healings) would have a therapeutic effect, resulting in better mental health. She found data to support this hypothesis, though there was variance according to the type of healing group/religious beliefs and the psychosocial distress indicator used.

Research has shown that charismatic Christian groups emphasize the importance of intense, spiritual experiences such as speaking in tongues, prophecy, literal interpretation of the Bible, and ecstatic or dissociative states during worship; New Age groups, on the other hand, stress the mind-body connection, the power of the mind in producing healing, remote prayer, therapeutic touch, and affirmations (Glik 1990). Another important distinction is that charismatic Christians tend to be from working class or lower middle class backgrounds, while members of New Age groups are typically middle or upper middle class. This sociodemographic pattern is also found by Schoepflin (2003) in his research. Wardwell (1965) has indicated that members of the middle class may be particularly attracted to Christian Science because of the compatibility in

ethics between that of their class status and the this-worldly ethos of Christian Science. Among her findings, Glik (1990) also discovered that, "while age and physical well-being explain most of the variance in mental health, religiosity remained significant when sociodemographic and health predictor variables were controlled" (p. 171). Glik (1990) uses the work of Durkheim to explain how religion can have both integrative and alienating effects on believers, depending on the belief system and the ideology it espouses.

Religion has even been associated with lower risk of death related to diabetes, circulatory and respiratory diseases, and external causes (McCullough and Smith 2003). Links have also been found between public religious involvement such as church attendance or participation in church-related activities and greater protection from early death. Women especially have been found to benefit from religious membership, with even decreased mortality rates compared to male believers (McCullough and Smith 2003). Though many studies have found a positive relationship between religiosity and sense of personal well-being, it should be noted that in many cases this relationship is not strong and is often dependent on the measures of religiosity and well-being used (Delbridge, Headey, and Wearing 1994). This research suggests that female Christian Science practitioners may experience greater returns from their participation in the religious community. As a result, one might expect them to indicate a greater sense of personal well-being as a result of their religious participation.

Role of Women in Christian Science

Science and Health with Key to the Scriptures by Mary Baker Eddy effectively synthesized key nineteenth century discourses pertaining to medical science, as well as popular notions of womanhood (Piepmeier 2001). Despite the fact that *Science and Health* is not typically considered to be a feminist text, some have argued that it served to establish “a new ideology of womanhood” by dealing with the constructions of the female body found within medical journals and popular novels of that time period (Piepmeier 2001). Piepmeier (2001) argues that the philosophy Eddy developed within the pages of *Science and Health* gave women a positive self-image and greater responsibility in maintaining their own well-being. Christian Science provided women with independence from the male-dominated spheres of religion and medicine while glorifying the healthy female body. Other scholars have illustrated how the women who typically filled the role of the practitioner were given greater economic and professional security than was available to women outside of Christian Science (Schoepflin 2003).

Women make up the majority of both Christian Science believers and Christian Science practitioners (Schoepflin 2003; Wardwell 1965). Scholars have sought explanations for why this might be the case—specifically, what it is about Christian Science that these women may find particularly appealing. Several reasons for this trend are posited. Schoepflin (2003) explains how women have always been responsible for the maintenance of their family’s health and well-being throughout history. Being charged with the physical and spiritual well-being

of the nation and feeling emotionally unsatisfied by modern medicine and other religious doctrines may have prompted some women to find other alternatives. Christian Science gave women greater control over this aspect of their duties, while providing them with the means to make this a profitable enterprise that would grant greater economic security (Schoepflin 2003). By becoming a paid practitioner these women could achieve economic independence from their husbands, fathers, and brothers.

Previous to becoming Christian Scientists, these women had very few opportunities to receive education and credentials in the medical field. Their role as nurturer was taken for granted and largely unacknowledged by society. During the time of Mary Baker Eddy, medical institutions saw the removal of the personal relationship between physician and patient; this relationship instead became commodified and dominated by males competing for limited wealth as paid physicians (Schoepflin 2003). By the middle of the 1800s, women were beginning to gain education and professional advancement in the medical field. Despite these increased opportunities, they continued to be underrepresented in medical careers. Christian Science continued to offer an alternative avenue for recognition and financial security as a practitioner. Women who chose this alternative were:

influenced by the women's rights movement, the persistent cultural connection between women's 'nurturant qualities' and their traditional role as healers, standards of Victorian propriety that led them to shy away from male midwives and obstetricians, the medical sects that sometimes welcomed women in their battle with

regular physicians, and the search for job opportunities (Schoepflin 2003: 44).

There were clear social and economic advantages to making a full-time career out of being a Christian Science practitioner. Not only did Mary Baker Eddy provide the opportunity for serious Scientists to get an education, but the opportunity was also available to establish a successful healing career as a practitioner of Christian Science. Through a career as a healer, these women both felt a sense of purpose, of fulfilling a calling, as well as obtained a sense of pride in the establishment of their own economic independence (Schoepflin 2003).

Additionally, some have speculated that women felt more comfortable talking about feminine health-related issues such as childbirth with other women who would more intimately understand their experiences. Schoepflin (2003) argues,

Christian Science practitioners attracted women not just because they healed people or because they were women, but because as *female Christian Science healers* they spoke to women's distinctive ills in an affirming yet persuasive voice. When practitioners promised victory over sin, sickness, and death, those women who listened, listened intently because within the "woman's sphere," these three were peculiar enemies they struggled against (p. 37).

Besides being drawn to female practitioners as confidants with similar life experiences, women were likely drawn to Christian Science because of the metaphysical answers it provided to serious religious questions which they often felt were inadequately addressed by other belief systems (Schoepflin 2003). One such question is the philosophical "problem of evil", or, "how can a good God

¹ Schoepflin, Rennie B. *Christian Science on Trial: Religious Healing in America*. Pp. 37, 44. © 2002 The Johns Hopkins University Press. Reprinted with permission of The Johns Hopkins University Press.

exist amidst all of the suffering in the world?” Christian Science may have provided a more reassuring response for many of its believers by asserting that evil is merely an illusion, and that all which exists is an extension of God’s Divine Mind.

Christian Science offered to women an image of a God with both feminine and masculine attributes (Piepmeier 2001). This is seen in Eddy’s rewriting of the opening line of the Lord’s Prayer: “Our Father-Mother God,” (*Science and Health* 2000). Because women were especially considered to be subservient to their husbands in the time of Mary Baker Eddy, they found this fundamental doctrine of Christian Science to be very attractive. Christian Science became all the more attractive to women in the way that it advocated that the ideal model for the marital relationship should reflect the balanced female and male components of God (Schoepflin 2003). The use of this language to describe the Supreme Being of Christian Science served to undercut the patriarchal nature of Protestant Christianity that was so popular throughout much of the nineteenth century (Piepmeier 2001).

Though Christian Science appears to have afforded women greater control over their personal well-being and that of their family, there remain important ways in which it also reinforced certain gender stereotypes. Some have suggested that there may be a “dissonance between Christian Science doctrine and practice—a dissonance that seems to have resulted in the ideological promotion of women’s equality more than the practical achievement of it” (Hicks 2004: 25-6). One of these ways is the manner by which Christian Science

upholds traditionally masculine ideals of independence and autonomy (Schoepflin 2003). Another interesting point to note is that while Christian Science tended to attract men in much fewer numbers, these men came to acquire authority and power within the movement which was far out of proportion to their numbers. Lastly, while Mary Baker Eddy left a legacy which upheld women's ability to participate fully in religion and social life, she did simultaneously subscribe to a belief that the genders should be treated as of separate but equal spheres. Schoepflin (2003) states that,

[...] the predominance of female "assistants," most of whom embraced Eddy's model of equal but separate spheres and rejected a defiantly feminist attitude toward gender relationships, promised women a sensitive and often empathic hearing, reminded men of their dependence on women, and reinforced for both a recognition that God is compassionate, not coercive, and cooperative, not domineering (p. 37).

Thus, we have seen the ways in which Christian Science may be viewed as a distinctly communal and feminine religion—one that is for and about women. Schoepflin (2003) explains, "Christian Science guaranteed an interpersonal connection or healing relationship that implicitly acknowledged the communal nature of God and the cooperative nature of the search to rediscover one's identity with him-her" (p. 37). While Christian Science gained many converts through its promise to restore physical and spiritual health, equally important to its desirability were the practical incentives related to social and economic security.

The Legacy of Mary Baker Eddy

Mary Baker Eddy was one of the most controversial and influential female reformers of the nineteenth century (Hicks 2004). Eddy was a reformer who challenged popular religious and scientific ideas of her day, both of which were male-dominated spheres. Not only was Mary Baker Eddy known to be a healer, public speaker, and religious reformer, but she also had ties to female social reformers during the time of the Civil War. Evidence of this was seen in an excerpt from her pamphlet *No and Yes*, which was primarily intended to answer questions related to Christian Science theology:

Let it not be heard in Boston that woman, 'last at the cross and first at the sepulcher,' has no rights which man is bound to respect. In natural law and in religion the right of woman to fill the highest measure of enlightened understanding and the highest places in government, is inalienable, and these rights are ably vindicated by the noblest of both sexes. This is woman's hour, with all its sweet amenities and its moral and religious reforms (*No and Yes*, The Magazine of The Mary Baker Eddy Library for the Betterment of Humanity).

This quote illustrates Eddy's support and advocacy for women's rights even outside the church. Eddy was revolutionary for her time, and this is witnessed by the legacy she left in Christian Science.

Both Mary Baker Eddy's legacy as a powerful woman and her discovery of a religion which completely rewrote the meaning of reality essentially establish an opportunity for women to experience less gender discrimination than is found in the dominant society, both during Eddy's time and today. As Wardwell (1965) states,

[...] the feminine emphasis seems strongest of all in Christian Science—in its founder, in its theology, in its practitioners, and in its

overt repetition of loving sentiments in interpersonal relationships. Emphasis on the gentle, more feminine virtues is certainly consistent with the denial of evil of all sorts in the world and with repression of more masculine, aggressive sorts of behavior (p. 181).

The literature shows that Christian Science simultaneously reinforces some gender stereotypes while challenging others as they pertain to women's rights and abilities. Christian Science theology is revolutionary, not only in its creation by a divinely-inspired woman, but also in the construction of femininity it puts forth. In addition, it "encouraged women's leadership in health practices, education, and religion—three areas that were problematic in the nineteenth century dichotomous ideal of societal organization" (Hicks 2004: 25). This suggests that Christian Science's understandings of health and maintenance of personal well-being are intimately tied to notions of gender.

Use of Traditional Medical Care

In some instances Christian Scientists may seek medical treatment, such as receiving surgery to set a broken bone or for obtaining vaccinations for small children (Wardwell 1965). Contrary to the popular notion that all Christian Scientists are not permitted to use medical care, there is no law forbidding its use (Gazelle, Glover, and Stricklin 2004). A small booklet answering questions on Christian Science mailed to me by a female practitioner in California responds to the question of "Is a Christian Scientist allowed to go to a doctor?" by explaining:

A Christian Scientist, like anyone else, is a free moral agent. When he joins the Church of Christ, Scientist, it's understood that he will rely on God instead of drugs for healing. He voluntarily chooses this as his way of life, and usually because he has found this kind of healing more effective than any other. But if in extreme

circumstances or under heavy family pressure he resorts to material means, he won't be treated as an outcast by the Church. The point to remember is that Christian Scientists choose spiritual means because such healing not only makes the body well but also brings the individual closer to God in his living, thinking, and acting (1974: 10).

This quote helps to explain why it is that Christian Scientists may seek medical treatment under particular circumstances, and how it is that such actions are reconciled with their religious beliefs. Though the belief in the realness of illness is incorrect, it is not punishable. Scientists appear to reject modern medicine in theory, but may acknowledge its usefulness in practice under rare circumstances. Spiritual healing is favorable to medical care in the majority of situations both because it is believed to be able to provide more complete healing, and because trusting in God throughout this process strengthens that individual's relationship to Him/Her.

Mary Baker Eddy herself suggested that it was appropriate to consult a physician in the case of bone fractures or to be present during childbirth (Gardner 1993; Schoepflin 2003):

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...In Science, no breakage nor dislocation can really occur. You say that accidents, injuries, and disease kill man, but this is not true. The life of man is Mind. The material body manifests only what mortal mind believes, whether it be a broken bone, disease, or sin (*Science and Health* 2000: p. 401-2).

In addition, Eddy advised that parents obtain vaccinations for their children, that practitioners of Christian Science report the development of contagious diseases, and approved the use of painkillers during the experience of intense and relentless pain (Schoepflin 2003).

These instances in which Christian Scientists and practitioners were permitted to obtain medical treatment may seem antithetical to their religious ideologies. The fact that Eddy allowed for the use of traditional medicine under these circumstances does not indicate how often Scientists elected to use medical care or in what situations. Additionally, the absence of outright hostility toward the medical field illustrates the level of complexity present in Christian Science ideology and practice—a complexity that warrants further study.

CHAPTER IV

VARIABLES, HYPOTHESES, AND MEASUREMENT

Research Questions

This research project is exploratory in nature. For that reason, I attempted to leave my study rather open-ended in order to allow for a wider range of possible findings, and because of a general lack of literature on the topic. These research questions are based upon past historical analyses of Christian Scientists, and especially practitioners, by Rennie Schoepflin (1986, 2003). Questions pertaining to practitioners' worldviews with respect to their practice of healing, their religious beliefs, and their beliefs about gender egalitarianism were developed using Émile Durkheim's (1912/2001) work on religion, along with Peter Berger and Thomas Luckmann's *Social Construction of Reality* (1966). These initial research questions which guided my work include:

- (1) What are Christian Science practitioners' understanding of health and the origin of illness?
- (2) What are Christian Science practitioners' understanding of gender roles pertaining to positions within the church and the Christian Science community?
- (3) How are practitioners in New England and California stratified by gender, race, and class? Particularly, are they a rather homogenous

group in terms of demographics as Schoepflin's (2003) historical analysis suggests?

(4) What do practitioners perceive as their role to the community and to the world?

Entering into this research, my hypotheses were that Christian Science practitioners' would deny the validity of illness, and therefore, use prayer to overcome this type of wrong thinking to bring the individual into closer alignment with God and the unreality of matter. Despite denying the validity of illness, I thought that practitioners would speak of health-related issues using language and practices from the medical field. I also hypothesized that women would be more likely to fill the role of the practitioner due to traditional ideals of womanhood that support the nurturing of others, and for the greater autonomy given to women in Christian Science, as suggested by Piepmeier (2001). In addition, historical literature led me to believe that Christian Science would reveal itself to be a movement for white, middle to upper-middle class women who are dissatisfied with current medical care options and the roles open to them as females within the larger society (Schoepflin 2003). Lastly, I hypothesized that practitioners would view their role as one which sought to heal others of disease while also acting as models of God's Divine Love to the rest of the community.

I developed these hypotheses predominantly as a result of Rennie Schoepflin's detailed historical analysis of Scientists and practitioners in *Christian Science on Trial* (2003). Though Schoepflin discusses the roots of Christian Science in America and the healing work of practitioners in the 19th and early 20th

centuries, there has yet to be a current study which surveys Christian Science practitioners to see the degree to which their worldview has changed over time, particularly today with our emphasis on modernization and the widespread usage of prescription drugs. These research questions and hypotheses were also informed by my work as a participant observer for about two and a half months at a local Christian Scientist church as part of a class research project.

CHAPTER V

RESEARCH PROTOCOL

Methodology

For this project I distributed questionnaires to practitioners within the New England area and to those located in California in order to make East coast—West coast comparisons. New England is historically interesting in that Mary Baker Eddy was born in New Hampshire and began her Mother Church in Boston, Massachusetts. Thus, there are strong Christian Science roots in this region which are likely to influence the type of practitioners that set up their business there. In addition, the New England region is home to some of our country's earliest English settlements. California is chosen as a comparison group for its culture of pluralism, the counter-cultural social movements which have taken place there, and its overall acceptance of divergent beliefs. It also contains the largest number of practitioners in any one state. Together, these two areas represent two very different cultures: one with a traditional past that fostered the birth and development of Christian Science in America, and one which is younger and more culturally liberal. For this reason, it might be expected that practitioners in these two locations would have very different worldviews from one another.

Recruitment of Participants

I obtained a complete directory of practitioners by state and country from the November 2006 issue of *The Christian Science Journal*. The magazine lists a total of 1,162 practitioners in the United States. The directory opens with a statement about the services offered by the practitioners listed within its pages:

The men and women who advertise in these pages are employed *full-time* in helping others through the prayer-based system explained in the book, *Science and Health with Key to the Scriptures* by Mary Baker Eddy. Each is experienced in the healing ministry of Christian Science and is available to give treatment through prayer for any life challenge.

Additional services may include office visits, in-home or care facility visits, and answers to questions about Christian Science by phone, email, or written correspondence. Those who contact a practitioner listed in this directory do not have to be Christian Scientists or attend church. The services offered by practitioners are available to the public.

Practitioners and teachers are self-employed. Fees and payment are determined by the individual practitioner and should be discussed prior to engaging their services.

Each listing includes the practitioner's name, mailing address of their office, and often an email address.

I contacted prospective participants by email or using their mailing address (if an email address was unavailable), and asked them to take part in a study of Christian Science practitioners' experiences with healing. Where possible, I distributed questionnaires electronically. In the case where respondents preferred a paper copy of the questionnaire, I sent one to their business address. In order to ensure confidentiality, I assigned numerical codes to each questionnaire, and removed all personally identifying information (name, email address or mailing address, etc.).

Sample

I began by emailing practitioners in both locations, sending a total of 104 questionnaires to California practitioners and 90 to New England practitioners. Of these, I received 11 returned questionnaires from California and 18 from New England. I then mailed questionnaires to the remaining practitioners in New England who did not list an email address ($n = 47$) and to one practitioner in California who had requested a questionnaire by mail. I received back 4 questionnaires. In sum, I distributed 242 questionnaires by mail or email, and received back 33 completed questionnaires (NE: $n = 21$; CA: $n = 12$). This questionnaire's response rate was approximately 13.6%.

A study at Michigan State University which compared the response rates of mailed versus Web-based email surveys found that email surveys had comparable response rates to those that were mailed. Kaplowitz, Hadlock, and Levine (2004) obtained a 21% response rate for surveys distributed through email only, and a 31% response rate for mail-only surveys. Compared to this study, my own response rate of 13.6% for a combined distribution of email-based and mailed questionnaires is rather low. Other research suggests that electronic mail response rates depend upon the number of questions in the survey and the number of follow-up attempts made (Sheehan 2001). Web-based surveys may be particularly problematic in our age of junk mail and spam (Kaplowitz, Hadlock, and Levine 2004, Sheehan 2001). However, my questionnaire's low response rate is not all that problematic due to the exploratory nature of this research.

Prior to obtaining this sample, I hypothesized that potential respondents would be eager to participate in this project and share their experiences within Christian Science. However, soon after beginning to contact practitioners, I found that this would not be the case. Many of those that I contacted either requested more information from me about my intentions with this research, or contacted the Mother Church in Boston to try to find out more. Many appeared to be suspicious of my motives and flat out refused to participate. I spoke with a number of the practitioners over the phone and through email in order to answer their questions and to try to dispel any of their concerns. In addition, I spoke with individuals at the Mother Church who were also interested to find out my intentions as they had been contacted by practitioners whom I had sampled. Some practitioners were very receptive to the project and eager to take part in it; others took on a negative attitude toward the questionnaire. Many sought to advise me as to its content and layout. Two practitioners sent me a letter to tell me that they would not be participating. One of them, a woman, wrote that she did not feel this study was capable of producing a better understanding of the work of the practitioner because "the questionnaire relates to human history and human history doesn't necessarily bring about spiritual understanding."

I believe that the reluctance to participate in such a project on the part of many of these practitioners was due in large part to the public perception of Christian Scientists. Not only is Christian Science often confused with Scientology by everyday people on the street, but it also tends to receive bad press due to some of the lawsuits over the medical care of sick children that have

taken place over the past fifty years (Schoepflin 2003). Further, many conservative religious groups have labeled them as being quacks or at least cultists who renounce all medicine. Additionally, a few practitioners, such as the one previously quoted, explained that they could not participate in the questionnaire because doing so would be to get too involved in the human world (as opposed to the non-material world of God). Others explained that their work was confidential and that they could not share information about those who sought their counsel or healing. All of these factors, compounded by individuals' general reluctance to participate in survey research, coalesce to explain why the response rate for my questionnaire was so low.

Despite the many negative reactions to my project among the practitioners I sampled, this topic is still a worthwhile one for sociological investigation. Even though the practitioners whom I sampled were concerned about the reasons for my interest in Christian Science and attempted to lead me in a slightly different direction for my research, this topic is still one that is sociologically interesting for the many reasons I have here presented. It is also important to remember that within sociology, religious beliefs are treated as social facts which are analyzed for the contexts in which they arise and persist (Durkheim 1912/2001), rather than simply as institutions to be judged.

Data Analysis

Questionnaire items asked practitioners about their religious background, current beliefs, understanding of women's role within Christian Science, and their perceptions of health and wellness as they pertain to their own experience and

practice. Open-ended questionnaire items were coded for themes pertaining to issues surrounding health, as well as any underlying gendered patterns that emerged. Closed-ended questions were analyzed using Stata 9 software. All data were then organized and synthesized so that a clearer picture of the role of the practitioner within Christian Science could be obtained. Please see Appendix A for a copy of the questionnaire instrument used in this study.

CHAPTER VI

FINDINGS

It is worth mentioning at the outset of this chapter that the nature of this survey is such that only limited quantitative analyses are possible. This is because the majority of survey items which are not open-ended questions are categorical (such as health rating, income, education, participation in church activities, etc.); in addition, some of the variables are actually constants (such as whether or not the practitioner is currently seeing patients) or nearly constants (commitment level to Christian Science and level of respect for Mary Baker Eddy). Preliminary analyses also indicate that some variables, such as gender, have too small a frequency in one or more categories—thus, rendering cross tabulations meaningless. Despite these caveats, analyses are conducted of univariate and bivariate relations in order to illustrate the backgrounds of the respondents making up this sample before delving into a more detailed discussion of the qualitative themes that emerged in this research.

Demographic Variables

Preliminary data analysis with Stata 9 statistical software shows that the average respondent in this sample (n = 33) is a Christian Science practitioner (82%) who is white (97%), married (70%), female (79%), over the age of 46 (94%), with a college degree or more (75%), two or fewer children (78%),

excellent health (88%) and an income of over \$51,000 (65%). Practitioners were split fairly evenly between the East (57%) and West (43%) coasts. Variables not included in the table below were constants or near constants (including race and perceived health). One interesting finding from this analysis (and not included in the table) was that practitioners most commonly had either no children or two children (30% each). Because this sample was overwhelmingly female, this pattern may reflect a desire to balance home/childcare with work as a practitioner.

Table 1. Respondent Demographics

	FREQUENCY	PERCENT
Gender		
Female	26	78.8%
Male	7	21.2%
Age		
26 to 55	10	34.5%
56 and over	19	65.5%
Education		
High school/some college	8	24.2%
College degree	14	42.4%
More than college degree	11	33.3%
Income		
≤ \$50,000	3	9.7%
\$51,000 - \$150,000	16	51.6%
> \$150,000	4	12.9%
Marital Status		
Married	23	69.7%
Widowed, divorced, or never married	10	30.3%
State/Region		
California	10	43.5%
New England	13	56.5%
Type		
Practitioner	27	81.8%
Practitioner/teacher	6	18.2%

Note: Variables not included in this table were constants, or nearly constants. Shaded rows represent the most common category for each variable.

Background, Religiosity, and Practice

Within this sample of Christian Science practitioners (n = 33), most grew up in Christian Science (80%), with the mother or both parents being Christian Scientists (81%); attended both Sunday church services (41%) and Wednesday evening testimonial meetings (81%) 3 or 4 times per month; participated in both Christian Science (88%) and non-Christian Science (79%) church activities; rated their personal commitment to Christian Science (97%) and level of respect for

Mary Baker Eddy (97%) as “very high”; have seen 20 or more patients in the past month (43%); and would never seek medical care for themselves (68%) or for a patient (84%). Variables not included in the table below were constants, or near constants (including church/testimonial meeting attendance, commitment to Christian Science, admiration for Mary Baker Eddy, whether or not the practitioner was currently seeing patients, and whether she had ever suggested medical treatment for a patient).

Though the recommendation of medical treatment for a patient is not included in this table due to the high percentage of practitioners who said they had never done this (84%), the percentage of those same practitioners who also could not foresee a case in which they, themselves might seek such advice was somewhat lower (68%). Overall, these individuals had their own ideas about the circumstances under which it is acceptable to treat material conditions, but were slow to impose their own personal beliefs onto their patients.

When these findings are compared to other research on the belief systems of Christian Scientists, we see that the practitioners in this sample are representative of the ideologies and practices of Scientists in general (Glik 1990; Schoepflin 2003). In Glik’s (1990) study of charismatic Christian groups and members of New Age metaphysical groups she found that major differences between the two involved the amount of emphasis placed on mind healing, with New Age groups stressing the mind-body connection and the use of remote prayer to bring about spiritual healing. Christian charismatic groups, on the other hand, emphasized intense, personal religious experiences such as speaking in

tongues, prophecy, and baptism (Glik 1990). Glik (1990) also found significant differences in measures of religiosity between Christian charismatic (n = 83), New Age (n = 93), and HMO patients (n = 137). HMO patients were significantly lower on measures of "Ideational Beliefs" and "Salience of Religion" (p. 164).

These findings are also similar to other research which has shown that the majority of Americans hold some variety of religious or spiritual beliefs (Maselko and Kubzansky 2006). Using the 1998 US General Social Survey to analyze relationships between gender, denominational affiliation, religion/spirituality, and mental health outcomes, this study also indicated that the religious experience is slightly different for women and men: women reported greater health and well-being as a result of weekly public religious activity (Maselko and Kubzansky 2006). For these women, both participation in public religious activities and spiritual experiences had independent effects on perceptions of well-being.

Table 2. Background and Religiosity of Participants

	FREQUENCY	PERCENT
Growing up in CS		
Yes	24	80%
No	6	20%
Religion of parents (CS)		
Neither	5	15.2%
Only mother	12	36.4%
Only father	1	3%
Both	15	45.5%
Church activity participation		
Yes	29	87.9%
No	4	12.1%
Non-CS activity participation		
Yes	26	78.8%
No	7	21.2%
Number of patients		
6 to 10	5	21.7%
11 to 15	5	21.7%
16 to 20	2	8.7%
20 or more	10	43.5%
Self medical treatment		
Yes	9	32.1%
No	19	67.9%

Note: Variables not included in this table were constants, or nearly constants. Shaded rows represent the most common category for each variable.

Chi-Square Analysis

Chi-square tests of independence were conducted for gender and location in California or New England (as independent variables) and a number of dependent variables such as whether a respondent grew up in Christian Science, whether her parents were Scientists, whether she would suggest medical care for herself or her patients, her age, marital status, and whether she was both a practitioner and teacher, or only a practitioner. Chi-square tests evaluate the null

hypothesis that row and column variables are not related, or are independent of one another, in the population. In this case, the test is conducted with the knowledge that the assumption of randomly and independently sampled cases is violated, along with the rule that expected frequencies should be at least 5. For the purpose of these analyses, some of the variables were recoded. Location, for example, was recoded so that 1 = New England and 0 = California. Age was recoded to differentiate between those 55 and under (1) and those 56 or older (2). Lastly, marital status was recoded with 1 = married and 0 = widowed, divorced, or never married.

Table 3. Chi-Square Test of Independence by Gender and Location

	Gender	Location (CA or NE)
Background/Religiosity		
Growing up in CS	2.28	2.08
Parents in CS	.39	6.32*
Self medical treatment	1.12	.00
Patient medical treatment	6.21**	2.30
Demographics		
Type	3.64**	.14
Age	1.74	5.49**
Marital status	3.86**	4.91**

*p<.10 **p<.05

Note: Variables recoded for this analysis include location, age, and marital status.

The Chi-square test of independence between these variables indicates that there is no relationship between gender and growing up as a Scientist, having parents who are Scientists, age, and indicating circumstances in which one might seek medical treatment. Despite the fact that there is no relationship between gender and willingness to obtain medical care for oneself, there is a

relation between gender and willingness to suggest medical care for one's patient at the $\alpha = .05$ level ($p = .045$). Women were significantly less likely to recommend medicine to one of their patients. The relation between gender and status as either a Christian Science practitioner or as both a practitioner and teacher also approaches significance ($p = .057$), with men showing a greater tendency to be both a practitioner and a teacher. Finally, there is a significant relationship between a respondent's gender and their marital status ($p = .049$). All of the men in this sample ($n = 7$) were married, while there was a slightly more even distribution of women between either being married ($n = 16$), or being widowed, divorced, or never married ($n = 10$). Other research showed that the proportion of unmarried, divorced, or widowed women in spiritual healing groups was higher than in a population of medical patients (Glik 1990).

While there was no significant relationship between location and growing up in CS, self or patient medical treatment, or type, this analysis revealed that both age and marital status were significantly related to a practitioner's location in either New England or California. At the $\alpha = .05$ level, practitioners in California are more likely to be 56 or over ($p = .019$). Practitioners in California were also significantly more likely to be married ($p = .027$). Those in New England showed more even distribution among the categories of married, widowed, divorced, and never married.

Because the sample size is so small, I also used a $\alpha = .10$ significance level to reduce the likelihood of a type II error. When these relationships between gender, location, and various dependent variables are evaluated at the $\alpha = .10$

level, the relation between location and having Christian Scientist parents becomes significant ($p = .097$). Practitioners in New England were more likely to have a mother who was a student of Christian Science while growing up ($n = 6$) or grew up with both parents as Scientists ($n = 7$). Practitioners in California showed a more even distribution in the categories of “Neither”, “Only Mother”, “Only Father”, and “Both” parents as Scientists. Despite these findings, it should be remembered that these analyses all violate the assumptions of the Chi-square test and have a problem with low cell counts. Their significance must be considered in light of this.

In summary, quantitative analyses of both univariate and bivariate relations indicated that: the majority of practitioners in this sample ($n = 33$) were older white women who are married, hold college degrees, have higher than average incomes, and work as practitioners in New England; these women typically grew up in Christian Science with both parents being Scientists, are involved in both their churches and their communities, are currently seeing 20 or more patients, and would not recommend medical treatment to their patients, nor would they seek it for themselves.

When comparing the demographics of these practitioners to those of the American public, we see that their average income (\$51,000 to \$150,000) is at or above the median income for the states in these areas for 2005 (Census Bureau 2006). The practitioners in this sample also have higher levels of education (college degree or higher) than the majority of the American public (Census Bureau 2006). These individuals had much less racial or gender diversity, though

similar marital statuses and numbers of children to Americans in general. Comparisons between religious background and present religiosity for Christian Science practitioners and Americans overall are difficult to make here since the questionnaire instrument used asked questions about religious participation that would only make sense for Scientists. No general indicators of practitioners' religiosity were used in this study.

Women in this sample were less likely than men to recommend medical care to patients, more likely to be only a practitioner rather than both a teacher and practitioner, and slightly less likely than the men in this sample to be married. These findings suggest that perhaps the women in this sample are more devoted to Christian Science than their male counterparts, if the recommendation of medical treatment may be used as a type of religious commitment. These women are also economically independent, making higher-than-average incomes and being less likely than male practitioners to be married. The tendency for men to be both teachers and practitioners at a greater rate than women perhaps suggests something about how these practitioners view gendered roles within Christian Science. In general these findings raise many questions about the gendered nature of participation in Christian Science and healing practice, some of which will be addressed in the following sections of this paper.

The practitioners in this sample differed little by locale, though those in California were more likely to be older and married, and New England practitioners were more likely to have one or more parents who were Christian Scientists while growing up. This last finding is not particularly surprising, since it

might be expected that Christian Science membership would be higher in the New England region, as the place of its birth. It is interesting, however, that California practitioners in this sample were typically older and married. One might think that within the state's culture of liberalism and acceptance of diversity that practitioners would be younger and unmarried (two groups also known for their liberalism). Differences by location in New England or California will be examined further in the thematic analysis section which follows.

Thematic Analyses

Many patterns emerged in the context of the open-ended questions included in my survey instrument. The majority of these pertained to the tension between things of this world and things of the spiritual world within the context of the practitioner's work, but these patterns also revealed that many practitioners came to Christian Science after experiencing dissatisfaction with traditional medical care. The survey responses also illustrated a discourse of gender egalitarianism, with both female and male practitioners explaining that the sexes are equal and complimentary. Overall, these patterns revealed a dominant discourse that sought to transcend the body and materialism, while simultaneously conforming to expectations of work and family life. The major themes which emerged in this analysis follow.

Altruism versus Self Interest: Occupational Dilemmas of the CSP

Many of the practitioners cited billing patients as their least favorite aspect of their work. Relatedly, many also discussed the desire to help others as a

motivating factor for becoming a practitioner. An older female in the sample had the following to say about her motivations to enter this profession:

I worked for a time in the administrative department of a local hospital and seriously considered going to school to become a nurse. I really wanted to help others. But this did not seem to be a very practical goal since my husband was working full time and also studying for an engineering degree at night.

This statement reveals a tension between an altruistic desire to help others and the very practical need to support a family. The woman quoted above was driven to seek a profession in which she could make a difference in the lives of others, yet she was looking for a career that would be more flexible than one as a nurse. Both of these needs were met when she became a Christian Science practitioner; not only could she nurture others and provide added income to that of her husband, but she was also able to make her own hours. Such tensions between altruism and self-interest were common in the responses of these practitioners.

This woman's statement also reveals the effects of gender socialization on her relationship to her husband and in her choice of an occupation. Her desire was to find a job where she could help other people, such as one in the medical field. This is consistent with patterns of gender socialization which emphasize altruism and nurturance as both feminine character traits and aspects of desirable jobs. The woman then realizes that a career in the medical field is not a practical choice since her husband is working and going to school full time. This is also consistent with gender socialization, which teaches that wives should put

their own needs (occupationally, educationally, etc.) below those of their husbands.

Talcott Parsons (1949/1954) addressed the role of institutionalized rationality in modern professions and the tension that is created in occupations that have an altruistic nature, but must rationalize this with the need to charge a fee, such as in the case of the Christian Science practitioner. Parsons uses the doctor-patient relationship as an example in this case, but the practitioner-patient relationship also suffices. In this way, Parsons would categorize the practitioner-patient relationship as one which is functionally specific, allowing for highly scripted exchanges between the two individuals pertaining to the topic of spiritual healing. Within this context, the practitioner is charged to treat all patients equally, irrespective of who they are. Throughout all of her interactions, the practitioner must constantly balance the altruistic nature of her profession with the self-interested need to charge a fee for her services.

The tensions between altruism and egoism found in the work of the practitioner are also quite common in the secular medical field in general, as Parsons (1949/1954) and others have revealed:

The problems of the physician—patient relationship are also characteristic of the Christian Science practitioner—patient relationship (charitable healing v. self interest): "...if the physician charges a payment for his services, then it is difficult to reconcile the medical fee with the concept of charitable virtue," "the principle aim of medicine was not financial gain but service to the community in restoration of health (Turner, p. 90-1).

This helps to explain the ambivalence many of these practitioners felt over charging a fee to their patients. Despite feeling a great deal of personal

satisfaction and a deep sense of purpose through helping others, these women still recognized the need for self-preservation. Even though this is a very realistic need, the majority of women in this sample expressed continued dissatisfaction with this aspect of their work. Some felt the need to reaffirm that they have chosen to be a practitioner for reasons other than monetary gain. When asked about her combined income, one woman responded by stating that “prayer, not money is the motivating factor.” Another woman responded to the question about her least favorite aspect of the practice by stating that,

One would like to think that prayer should be offered free of charge—and generalized prayer is free and should be; but priests, ministers, rabbis are remunerated and/or given a living in connection with their activity. So, I have to remind myself—and the patient—that this is my profession and ministry—and worthy of payment.

While some practitioners express guilt at charging their patients for services they feel that ideally should be free, others recognize that this is not only their calling, but also their occupation. For this reason they believe that they should receive compensation, just as persons with similar roles in other faiths receive compensation for their services. Overall, these statements reveal that in the work of the Christian Science practitioner, these women have the task of negotiating material needs in a religious context that denies the very existence of body and matter.

Discourse of Gender Egalitarianism

When asked as to the role of women in Christian Science, many, if not all practitioners responded that the sexes are equal, and particularly that women

have the same types of roles and responsibilities open to them in Christian Science as do men. One married man who is both a practitioner and a teacher of Christian Science responded that the roles of women are “limitless”. Many other practitioners, both female and male, mirrored this response, saying that women are equal to or no different from men. Another married male practitioner had this to say about gender roles:

A Christian Scientist sees the roles of manhood and womanhood more from a mental basis than just a physical or personal one. Balance is the key to harmony in life. Hence the need for balance in our world and in our individual lives involves embracing the elements of balance. Womanhood symbolizes spiritual sensitivity— perception, intuition, nurturing. As a result it balances the sense of courage, strength, and endeavor that make up our masculine nature. Each of us embodies this union of the masculine and feminine qualities which brings completeness to our lives. This balance needs expression in a collective sense, also. In an organizational sense, men and women have equal status in participation in church, not just because of the need for equality but for the demand in God’s creation for balance and completeness.

An older married woman expressed that while women have equal access to positions within Christian Science, men seem to be more prevalent within positions at the Mother Church in Boston, Massachusetts:

It is interesting to note that women are very active and outnumber men by quite a margin. This is especially true in the branch churches. But it seems to me that The Mother Church has a higher percentage of men in key positions and this may be because Mrs. Eddy seemed to think that this was important from the standpoint of the world’s perception of business and religious protocol. That said, women and men fill the rolls of all the elected and appointive offices in TMC [The Mother Church] and the branches today.

Despite believing that women and men are equal or complementary, some respondents (such as the one quoted above) felt that it was acceptable or even

stipulated by Mary Baker Eddy that men assume certain responsibilities to the exclusion of women. Another woman went so far as to say that:

Christian Science was discovered and established by a woman. In the past, it seemed that many church congregations elected men to serve as First Readers and women to serve as Second Readers. But I do not think that this is the case any more. It has been my experience that women, for the most part, play an equal role with men within the religious organization. I can think of only one position in which Mary Baker Eddy said that she preferred men, and that is as Committees on Publication. And even here, she stipulates that if a suitable man isn't available, a suitable woman should be elected. (See *Church Manual*, Mary Baker Eddy, page 100).

The statements made about gender roles by these practitioners express an overall ideology of gender egalitarianism. Some practitioners explain gender differences in terms of a "separate but equal" discourse, where women and men perform different, yet complementary roles. But when talking about specific positions within the Church, both past and present, practitioners cite instances where men have been more prevalent despite their small numbers. Interestingly, these cases of gendered participation are shared by women rather than men.

Other research has shown that the traditional view of family life held by many mainstream religious groups in the 1950s is still alive and well today (Edgell and Docka 2007). These groups hold to an "Ozzie and Harriet" view of gender roles, with men as primary breadwinners and women as stay at home wives and mothers. When compared to these other religious groups, Christian Science practitioners appear to subscribe to a more liberal gender ideology that allows for the equal participation of women and men in all facets of the religious community (Edgell and Docka 2007). Even though the practitioners subscribe to

an ideal of gender equality, does this carry into the everyday roles of women and men in the church?

Women's Leadership Roles in Christian Science

When asked what activities they participate in outside of church services and their practice, many women described their work in a variety of leadership roles within the CS community, including serving as a First or Second Reader at their branch church, serving on the Board of Directors, working as a Christian Science Chaplain, working in CS reading rooms, attending lectures or participating in outside CS associations, and serving the community in other ways like organizing summer camp activities for children. One woman states:

I am presently the First Reader in my Christian Science church, so I conduct both the Sunday services and Wednesday evening meetings. So, for three years, this is my primary church activity outside of my practice. However, I also attend Christian Science lectures and my annual Association meeting in New York City. I am also involved with a summer camp and a school for Christian Scientists.

Many of the women, such as this one, are quite active in both their own church and in other Christian Science activities in their area. Earlier, this same woman indicated that there do appear to be areas of participation where men tend to cluster. She reveals here that she plays a fundamental role in the running of the church in which she is a member and First Reader, while also staying active in the community at large. Despite some inconsistencies in their perceptions of gender roles, statements such as this one show that the practitioners in this sample are not only committed to their patients, but also to the rest of their Christian Science community. This commitment manifests itself in the form of

tending to the needs of others in some instances, while taking the form of leadership roles in other contexts. Another woman discussed her commitment to her position even in the face of opposition from men, "As a C.S. Chaplain, I had to stand firm for my right to continue serving the male jail population when a fundamentalist group took over the running of the County jail ministry program. And ultimately, through lots of love and prayer, it did work out." Despite some ambivalence about the role of women in Christian Science and the problem of transferring ideology into practice, for the most part, these female practitioners assert their right to engage in meaningful participation in their churches and communities.

Reasons for Entering the Field

Many practitioners allude to the shortcomings of modern medicine as a primary reason for their initial interest in Christian Science. Some cite their own health problems as motivating factors, while others cite the healings of family or friends as reasons why they continue to utilize only Christian Science as a healing system. One woman even explicitly stated that the promise of physical and spiritual health was her reason for becoming involved with Christian Science. Some women discussed physical or mental health problems they experienced prior to their entrance into Christian Science: "In the meantime, I married, had three children and found myself with a myriad of physical problems, as well as major depression." This woman, an elderly practitioner who is married with four children, goes on to discuss the many ways in which Christian Science has continuously produced miraculous healings for her and the rest of her family:

Soon our 2 year old son developed a very severe case of chickenpox; so severe that I could only carry him around on a pillow. And that night I reached out in prayer to God to please heal this child. I thought, "If Jesus was here, he would heal him." But Jesus was not there and the next day the Doctor had him hospitalized. He did recover, but the incident still left me with more questions than answers.

This sparked her interest in Christian Science, at which time she began to read through *Science and Health*. Unlike other religions that had left her feeling unsatisfied and confused, Science made sense to her. As a result of her discovery of Christian Science, she describes more healings that took place soon after:

This was a springboard for incredible spiritual growth that translated into four major healings for our family in the next six weeks:

- 1) The overnight healing of my husband's sprained ankle.
- 2) Protection for our toddler son, who walked into the street right in front of a dump truck.
- 3) With the help of a C.S. Practitioner, the instantaneous healing of the hard measles for our five-year-old daughter.
- 4) My healing of an ovarian cyst, which had very recently been medically diagnosed. This last healing was so complete that it was completely gone from my thought. It was years later when I remembered that I had never had another twinge or discomfort from that day on.

In discussing how she felt led to become a practitioner, this woman went on to describe a healing of what she thought was a broken bone. She describes her commitment to Science as deep and meaningful, one that she would not willingly give up to return to traditional medical care. She states that Science changed her life, lifted her depression, and has met virtually all of the physical challenges experienced by her family.

Practitioners' discussion of the ways in which they feel that the medical community has let them down and the subsequent affirmation of their own health

and well-being in Christian Science adds another layer to the tensions between body and mind replete in the lives of these individuals. Many explained how they first became interested in Christian Science when they found no relief from illness through the medical community. Others discussed their belief that American society today is overmedicated. Overall, the practitioners in my sample indicated that they rely heavily on Christian Science both in their daily lives and when they feel ill. It is this faith that has led them to indicate high levels of self-perceived health and well-being. The work of the practitioner entails rising above material existence, despite the fact that these practitioners continuously cite the health-realizing properties of Science and their dissatisfaction with modern medicine as the reason for their practice.

Gratitude for Christian Science

Because of the healings they experience and witness, practitioners express gratitude for what Christian Science has done for their lives and for the lives of those around them. This theme manifested itself in response to a number of different questions on the survey, ranging from how they decided to become Christian Science practitioners to their level of commitment to the faith. When one of the female practitioners discusses what led her into this profession, she explains, "Anyway, my gratitude was so great that it translated into applying for Journal listing in the hope of being able to help others in a similar manner." For this woman, her gratitude developed after witnessing the many healings of her friends and family through Christian Science. This became a desire to continue

bringing these blessings to others, even those outside her personal social networks.

A female practitioner in California expressed similar sentiments, describing how Christian Science has practically improved her day-to-day life in her community as a student, wife, parent, and piano teacher. Another woman responded to this question by saying, "I owed my life to the understanding of this law of God (that is operating at all times, under all circumstances, for everyone, everywhere) and my deepest, most humble, prayer was to be able to share this with my fellow man." This statement mirrors that of the woman quoted earlier, both of which show a deep gratitude for the benefits of Christian Science; the woman quoted above even goes so far as to say that she owes her life to it. For many practitioners, as was the case for those referred to here, it was their appreciation for the healing benefits of Christian Science that led them to become Scientists and to translate their gratitude into helping others find the same promises of health.

Use of Traditional Medical Care

While 70% of practitioners in the sample stated that they had never used medical care, nor could they foresee any circumstances in which they would, others discussed circumstances in which they might seek or had sought medical care in the past. Most of these circumstances involved either having a bone set, or having a physician attend a pregnancy. One woman expressed this, saying, "If absolutely necessary I would have broken bones set. But I will say that on several occasions I have had healings of broken bones without having them set."

While she admits that there might be a case where she would seek medical care, she asserts that this is not something that she would typically do, and that Christian Science has already performed such healings for her. Another practitioner explained how:

It is required by law in most states that a physician or licensed midwife be engaged when a woman is pregnant. A doctor attended me in the birth of my two children – both in my home. [...] Mary Baker Eddy makes a provision for broken bones to be set by a surgeon if there is not a quick healing in Christian Science. (See *Science and Health*, page 401.) I did have my son's collarbone set when it was broken; I have not had such an experience myself.

While the first woman explained her willingness to use medical treatment by saying that this would only be a last resort if prayer and study did not help—this second woman legitimates her reliance on medicine by referencing the law and the precedent set forth by Mary Baker Eddy. These statements show that even though Christian Science does not dictate whether or not members are allowed to use medicine (Wardwell 1965; Gazelle, Glover, and Stricklin 2004), many Scientists, and even practitioners, seek to justify its use. This may be because Scientists so often find themselves under attack for not only their renouncing of medicine, but also for their reliance upon it under some circumstances.

Christian Scientists often find themselves ostracized in modern society from many different groups of people. Though American culture has seen a revival of religious and spiritual healing within the past thirty years (Schoepflin 2003), most individuals remain ambivalent about the refusal of many Scientists to use medical care under any circumstances. For this reason, and because Christian Science has received public visibility in court cases where Scientist

parents resist medical treatment for their children, many appear to be defensive about their religious beliefs. This is particularly the case when dealing with the circumstances under which a Christian Scientist would or would not seek medical treatment.

East—West Coast Comparisons

Practitioners were sampled from California and the New England region in order to discover if there were any differences by region, or whether practitioners on each coast held more similarities than differences. California represents a more modern culture of liberalism and diversity, while New England has a very traditional past as the location for many early English settlements. These states were also selected since California holds the largest number of practitioners for any one state ($n = 252$); the state with the second highest number of practitioners is Massachusetts ($n = 97$). Boston is also the site of the Mother Church. Practitioners were sampled from all over New England ($n = 145$) to foster comparisons between the two areas. Also, Mary Baker Eddy was born and grew up in New Hampshire, which would make this area particularly interesting to sample as the birthplace of Christian Science.

In total, I received 33 completed questionnaires, 12 of which were from practitioners in California, and 21 of which came from practitioners in New England. When examining the data by region, the only significant differences to emerge in the course of quantitative analysis had to do with the respondents' age and marital status, though having Christian Scientist parents was significantly different by location at the $\alpha = .10$ level ($p = .097$). Bivariate analysis showed that

the relationship between state and age, and state and marital status was significant at the $\alpha = .05$ level ($p = .02$; $p = .03$), with older practitioners (56 and over) more likely to be located in California, and 'younger' practitioners (up to age 55) more likely to be in New England. In addition, practitioners in California were more likely to be married and were more evenly distributed in terms of growing up with parents who were Scientists. The finding that more New England practitioners had a Christian Scientist mother while growing up, or had two parents who were Scientists, might be explained by the fact that this area was the birthplace of Christian Science; hence, one might expect that these religious beliefs were passed on from generation to generation more so than in California, where the Christian Science tradition is still young.

These results may be questionable, however, due to the low cell counts. Other than this, practitioners indicated similar responses on family background, church attendance, commitment to Science, and reliance on medicine irrespective of location. Thematic analyses also revealed no significant differences by East or West coast. The tensions present in the work of the practitioner held true for those in New England just as well as they did for those in California. Location does not seem to be related to a practitioner's worldview (at least when comparing California to New England). Perhaps a more detailed regional analysis would yield different results.

CHAPTER VII

DISCUSSION

The preceding analysis confirms the characterization by much of the historical literature, including the work of Schoepflin (2003, 1986), of the typical Christian Scientist as a middle-aged to older adult white female, who is married and highly educated. It also shows that many Christian Science practitioners in this sample came to the religion after experiencing dissatisfaction with traditional medical care; this, too, reflects the historical literature on the individuals who are typically attracted to Christian Science (Schoepflin 2003). Overall, basic statistical analyses supported the existing literature by revealing that this sample was made up of middle to upper-middle class white women who were unsatisfied by the promises of modern medicine, and instead rely on spiritual healing through Christian Science to reaffirm their innate health and to provide purpose in their daily lives.

Thematic analyses reveal the presence of “this worldly”/“other worldly” dilemmas within the lives and work of these practitioners. In their everyday worlds, practitioners must find a compromise between their spiritual charge to selflessly help others and their own need for self-preservation by charging a fee for their healing services; between their discourse of gender egalitarianism in respect to church and community positions and translating this discourse into a gender distribution of labor in everyday life; and between a faith that promotes

illness as unreal, but allows for its adherents' use of traditional medical care under specific circumstances. Schoepflin (2003) also addressed some of these themes such as the occupational dilemmas of the practitioner related to remuneration and the use of medical care under special circumstances, but the discourse of gender equality is something that other literature has not touched upon substantially. My own analyses have contributed to the existing literature by revealing that the worldview of the Christian Science practitioner is a complicated one, replete with tension between a "this worldly" and an "other worldly" orientation.

Underlying the variety of tensions within the work of the practitioner is one that is dominant—the tension between body and mind (or what Scientists call "Divine Mind"). The needs of the body may be seen as a "this worldly" orientation, while mind represents an "other worldly" viewpoint. In Christian Science these two orientations are in constant conflict; religious doctrine dictates that matter and body do not exist—that only spiritual mind exists—yet in their everyday lives Scientists are confronted with the very real needs of their material bodies, which may even require the use of medicine during childbirth or when a bone is broken. Christian Science theology stresses the transcendence of material being in daily life. While rising above the needs of the flesh, members rely on prayer and meditation in order to realign themselves with God's Divine Mind.

The responses of the practitioners in my sample indicate that these Scientists must meet their material needs through charging a fee for their spiritual services while justifying this behavior in such a way as to not contradict their

personal belief system which espouses a disbelief in the existence of matter. Many practitioners expressed ambivalence over requiring remuneration for their work, but justified its need by citing doctrines which allow other spiritual leaders such as priests or pastors to receive an income despite the similarly altruistic nature of their mission. Many of those in my sample also adamantly refused that there might be any circumstances in which they would seek medical care; those who answered that they might use medicine explained that this would be used in addition to prayer, and only after a complete reliance on spiritual meditation had not returned a speedy healing. Both the citing of religious doctrines which support the need to charge their patients and the refusal by many to rely on medicine under any circumstances represent two important ways in which practitioners navigate between this worldly and other worldly concerns in order to keep their spiritual belief systems intact.

Though modest in its goals, this research project has sought to provide a better understanding of the world of the Christian Science practitioner through examination of their religious backgrounds, current religious beliefs and worldviews, and their complicated role within the community. While revealing important insights into their beliefs about the nature of health, illness, and gender roles, this study certainly has some limitations which affect the generalizability of its results. These limitations include the low response rate and the nature of some of the questionnaire items which rendered the responses as constants and not entirely useful for analysis (for example, every single practitioner indicated a very high level of respect for Christian Science's founder, Mary Baker Eddy).

Both limitations may be explained by the relative dearth of sociological literature on the topic of Christian Science healing and therefore, the exploratory nature of my research project. Despite these shortcomings, my analysis has made an important contribution through providing even a brief glimpse into the worldview of Christian Science practitioners in California and New England. My findings on practitioners' beliefs about the nature of health and illness and the tension between a this worldly and other worldly orientation in their lives and work has shown that this topic is a worthwhile one which is in need of further sociological focus. This is primarily because of the implications such a topic has for different bodies of literature, including the sociology of religion, sociology of the body, studies of gender and socialization, and theories of mental health.

I begin this chapter by explaining the contribution of my research on the worldview of the Christian Science practitioner to these various bodies of sociological literature by showing how knowledge about Christian Science spiritual healing furthers existing sociological knowledge on religion and gender roles, in addition to extending theories of the body and health. I end the chapter and this study by discussing possible avenues for further research on the topic of spiritual healing through Christian Science and on the worldview of the practitioner.

Studies of Religion/Spirituality

Very little scholarly research has been conducted on the topic of Christian Scientists, much less on the work and worldview of the practitioner. Of those studies that have been conducted, few are sociological. Some come from a

psychological background, while others provide a historical analysis of Christian Science from the time of its birth until the present. Little to no research examines Christian Scientists in today's cultural climate. For that reason, this study contributes significantly to sociological studies of religion and spirituality by extending work that has only narrowly researched the impacts of religious beliefs on health (McCullough and Smith 2003). While it is an important finding that religious belief contributes overall to more positive health outcomes, it is additionally worthwhile to examine the religious beliefs of a particular group to understand the meaning that these beliefs have for them throughout the course of their everyday lives.

This study extends the finding of McCullough and Smith (2003) that religion contributes to overall well-being by showing that for Christian Science practitioners their beliefs and spiritual healing practices provide them with a sense of purpose, greater well-being, and higher health ratings (nearly 100% of those sampled indicated "excellent" health; all practitioners perceived themselves to be in at least "good" health).

It also extends the work of Wardwell (1965) and Schoepflin (1986) by providing a more up-to-date account of their demographics and beliefs. My findings confirm that Christian Science theology has changed little since Wardwell's (1965) study of Christian Science healing, despite the increasing emphasis placed upon medication by modern society. Many of the techniques used by practitioners to heal that Wardwell (1965) cites in his article were confirmed by my questionnaire, such as the use of meditation on the Bible and

the supplemental textbook, *Science and Health*. Wardwell (1965) states at the end of his article that scientific studies of Christian Science have dealt predominantly with how the movement has grown over the years, or the social backgrounds of its members, with little attention given to the meaning that its spiritual healing has for practitioners and patients (p. 181). Though his study is slightly dated, my own research has sought to take a small step in this direction by analyzing how practitioners' religious ideologies surrounding illness relate to the social and personality characteristics of these practitioners and the patients that they treat.

My research project also confirms the findings of Poloma's (1991) study which compared the healing ideologies and practices of Christian Science with mainline Christian groups. Particularly, Poloma (1991) found that Christian Scientists reported higher levels of education and income, though a similarly high level of female membership. My study confirmed these demographic aspects of Christian Science adherents, in addition to key aspects of their beliefs regarding spiritual healing: that healing is available to all and operates within the confines of proven laws; and that the use of doctors and modern medicine is permitted, despite being seen as vastly inferior to spiritual healing. Though Poloma (1991) charges that Christian Science's "metaphysical philosophy [is] better suited to the 19th century than the 21st," my analysis of the worldview of the practitioner illustrates that this belief system provides a meaningful and coherent way for members of Christian Science to make sense of the world in which they live.

Overall, this research project both confirms the findings of past studies of Christian Science in the sociology of religion, while additionally extending these findings to provide an in-depth view into the world of the practitioner. It confirms the characterization of Christian Scientists by Wardwell (1965), Schoepflin (1986), and Poloma (1991) as a movement of middle to upper-middle white women with higher than average levels of education and income. It fills in some theoretical gaps in the literature pertaining to the meaning that spiritual healing has for the practitioners who exercise it (Wardwell 1965) by showing that the individuals who undertake this as both a calling and as an occupation derive a deep sense of purpose from helping others to achieve spiritual health. In addition, this work counters Poloma's (1991) assertion that Christian Science ideology is too outdated for the 21st century by illustrating the ways in which practitioners reconcile their religious beliefs with their everyday material realities in order to make sense of their world and retain the validity of their belief system.

Theories of the Body

Qualitative analysis of practitioners' responses reveals much about their perceptions of body, disease, and evil—in essence, of matter itself. On the one hand, Christian Science theology allows individuals to transcend the needs of the body by recognizing that all which exists is Divine Mind. On the other hand, the lived experiences of the practitioner suggest that they must simultaneously deal with the necessities of daily living while attempting to transcend these needs. Both aspects of this “problem of the body” will be addressed and integrated with a discussion of the sociology of the body.

Denial of body and matter is a fundamental tenet of Christian Science theology. It explains for its believers the origins of notions such as sin, evil, and death. For the women of Christian Science, the denial of a material body and of disease is particularly important, and was especially so at the time of Mary Baker Eddy. Through this radical renunciation of an inherently diseased female body, Christian Scientist women were able to regain a sense of autonomy in a patriarchal culture. Today, many female Scientists also describe this renewed sense of being and control over their own bodies, with good health as an important promise that drew them to Christian Science. In response to the question, "What, in your opinion, is the value of Christian Science in American society today?" one woman answered:

The greatest value is that it presents man as a spiritual idea/being – with practical results. It gives people an option. You don't have to buy into all the diseases that the pharmaceutical companies peddle every day in the media. You can take control of your body and your life and live a life without fear. This is huge!

Not only did this aspect of Christian Science draw women to it in large numbers at its birth, but it continues to attract many women even in our modern age of technologies and wonder drugs. Through Christian Science women are able to regain control over the health and well-being of themselves and their families. For women who are also practitioners, this means that they may gain the satisfaction of extending the benefits of Christian Science's spiritual healing to friends and others who may need it as well.

This return of autonomy to women extends theories of the body by illuminating one instance in which women use religious ideology to rise above the

bodily confines placed upon them in our patriarchal culture. Regarding human embodiment and disease, Turner (1996) states, "In everyday expression, the notion of 'having an illness' suggests an exterior state of affairs over which the victim has little control, because the malady is 'natural'" (p. 39). Christian Science challenges this assumption and returns control over the female body and her well-being to the woman by denying the existence of an external reality, including disease and illness. This aspect of Christian Science ideology is particularly appealing in our patriarchal culture that has for so long denied women a sense of autonomy from men. Within Science, women can exercise responsibility for their own well-being through practice of Christian Science healing, rather than rely on the male-dominated sphere of medicine to bring about health.

While Christian Science theology is revolutionary in its denial of substance and matter, this does not always translate cleanly into the practical reality of everyday life. This was observed when the practitioners discussed aspects of their profession, as well as their personal beliefs about religion and medicine. The lives of these individuals, which are supposed to be oriented towards remaining unencumbered by matter, are replete with cases in which they must address bodily needs that fly in the face of their religious beliefs. Examples of this include the tension between their altruistic desire to help others, and what some of them view as a selfish or material need for remuneration for their services; and their denial of the existence of body or matter, yet cases in which they have sought (or would seek) medical care to address a problem pertaining to the body.

Turner (1996) discusses how the fact that we have bodies puts very real demands on us, such that “Our everyday life is dominated by the details of our corporeal existence, involving us in a constant labour of eating, washing, grooming, dressing, and sleeping” (p. 37). This helps to explain practitioners’ ambivalence over material concerns, especially so in the context of a religious worldview that denies bodily existence. Practitioners hold to an ideology that denies the existence of evil, disease, and death—in short, their religious ideology denies the existence of matter itself. But these practitioners find contradictions to one of their core religious beliefs in the course of their everyday lives. Their everyday lived experiences require that they take care of material needs such as sleeping, eating, or generating income to pay for food and housing. It is in this context that Christian Science practitioners must negotiate their religious beliefs with their everyday experiences in order to exist and to make sense of the world in which they live.

Practitioners reconciled the tension between bodily needs and religious doctrine which stipulates that body does not exist by drawing comparisons between themselves and other religious leaders who charge a fee for their spiritual service to others. Practitioners in my sample also cited their founder, Mary Baker Eddy, who advised practitioners to charge their patients a similar fee to what medical doctors of the day were charging. Eddy also encouraged Christian Scientists to seek medical care in cases where there was a broken bone or in a case that involved a child in which spiritual healing was slow to come about.

My research extends the literature on the sociology of the body by providing a case study in which a group of people deal with the demands of the body under very unique circumstances—that is within the context of a religious ideology that believes disease, evil, body, and matter to be unreal. While providing some answers about how Christian Science practitioners negotiate between this worldly and other worldly concerns, my study also raises new questions related to the sociology of the body. One such question is related to how Scientists and practitioners might explain the daily needs of their material bodies such as the need for sleep or food within the context of their religious beliefs. The answers to this question and others related to problems of the body might be best answered through rigorous study of Christian Science doctrine and documents or a study of Scientists specifically aimed at answering just such a question.

Gender Roles and Socialization

Few studies have analyzed the intersection between gender and religiosity in the Christian Science faith tradition, though some have provided a historical analysis of the movement in terms of gendered participation (Piepmeier 2001; Schoepflin 1986; Schoepflin 2003; Hicks 2004), and others have examined the health-related effects of general religious belief by gender (McCullough and Smith 2003; Maselko and Kubzansky 2006). This study furthers knowledge not only on the Christian Science belief system and practice of spiritual healing, but also provides an in-depth look at the way that practitioners conceptualize gender roles in the church and the community.

Piepmeier (2001) argues in her article on medical science and Mary Baker Eddy that Christian Science promotes the health and independence of women—both during the time of Eddy and also today. She argues that “Science and Health established a new ideology of womanhood through its negotiations of discourses that affected women’s lives,” (Piepmeier 2001: 301). My findings extend Piepmeier’s (2001) conclusions by showing the specific ways in which Christian Science is a religion for and about women in the manner that it extends to them various rights and privileges that in other social spheres are assumed to only belong to men.

In addition, my research has shown how men who are part of this movement also contribute to the discourse of gender egalitarianism in their work as practitioners. They do so by indicating a belief that women are equal to men in both religious and secular areas of life. Though some men spoke of femininity and masculinity as different and complimentary rather than involving similar traits and dispositions, they all believed that both aspects were particularly important in the characteristics of a Divine Being, as well as equally necessary to ensure the smooth functioning of religious and secular life.

Hicks’ (2004) article on Christian Science makes similar arguments to that of Piepmeier (2001): namely that Christian Science “encouraged women’s leadership in health practices, education, and religion—three areas that were problematic in the nineteenth-century dichotomous ideal of societal organization and thus highly contested on many fronts” (p. 25). My own study contributes to this literature in much the same way that it contributes to Piepmeier’s (2001)

discussion of gender ideologies within Christian Science. For both, it shows how individual Christian Science practitioners conceptualize gender roles by including both the female and the male perspective. This study also contributes to theories of gender socialization by providing one example where such socialization processes become visible, namely in female practitioners' desire to help others through the exercise of spiritual healing. This desire reflects a process of gendered socialization which emphasizes that girls be preoccupied with nurturing and caring for others, even sometimes at the expense of their own well-being. For the female practitioners, gender socialization is apparent not only in their altruistic desire to find an occupation where they can help other people, but also in the ambivalence they express over charging their patients for services that are spiritually-driven and work that is believed by society to be "naturally feminine".

Sociology and Mental Health

Many sociological studies have explored the relationship between religious ideology and mental health. Glik's (1990) survey analysis of psychosocial distress differences between charismatic Christian groups, New Age healing groups, and a comparison group of medical patients found partial evidence to support the hypothesis that degree of religiosity is an independent predictor of positive mental health. The relationship between religiosity and mental health outcome varied, however, by the type of healing group. While the mental health of the Christian Science practitioners that I sampled was not particularly of interest, it was interesting to note that all of those who participated indicated at least good overall health; most indicated excellent health.

Additionally, this study contributes to literature on mental health by showing how their healing work provides coherence and meaning to practitioners' lives, which results in a greater sense of personal well-being.

Though the mental health of the practitioners I sampled or the patients they treat was not the object of analysis, my research did contribute to theories of mental health by illustrating the way that one religious group conceptualizes health and well-being. Americans in general conceptualize health as primarily physical health, with some emphasis also placed on mental health. For many of them, the way that health-related problems are solved is through a visit to the doctor or the use of a particular medicine. Christian Science practitioners' conceptualization of health is radically different from that of most other social groups in that they believe disease to be unreal. For Scientists, every individual's spiritual being is naturally healthy and whole. When a person believes she is ill, this problem is resolved by affirmation of her health through meditation on religious texts and prayer. Scientists believe that traditional medicine cannot adequately treat disease because it treats illness as a reality.

Overall, my research on Christian Science practitioners extends the literature on the sociology of mental health by illuminating both how practitioners conceptualize disease and health, and how radically different these ideas are from those held by the majority of Americans, whether they are religious or not. This thesis has also revealed that all of the practitioners in my sample believed themselves to be in good or excellent health; the question of whether or not Christian Science produces healthy individuals, or whether already healthy

individuals are drawn to Christian Science for some other reason, remains to be answered.

Taken together, my study offers important contributions to sociological theories of religion, the body, gender socialization, and mental health. While the literature on these topics has often examined the relationship between religion and gender socialization, or religion and mental health, virtually no literature examines these relationships through examining Christian Science practitioners specifically. This research project is a significant contribution in its in-depth analysis of the worldview of the Christian Science practitioner, illuminating the manner in which they conceptualize illness, gender roles within the church, and their own role as practitioners to their communities and to the secular world.

Directions for Future Research

While this work has shed some light on the complex worldview of the Christian Science practitioner, future research efforts should continue to investigate the motivations and reasons for the continued existence of this religious faith today. My research has revealed some interesting tensions between a this worldly and other worldly orientation, between altruism and self-interest in the motivation of practitioners' work, and between a discourse of gender equality and how this discourse informs the gender division of labor in church organization and in practitioners' choice of occupation. Each of these tensions is symptomatic of a larger problem: the task of negotiating the demands of daily living within a faith that strives to transcend corporeal existence. This

represents the problem of a preoccupation with body versus an emphasis on Divine Mind (or God).

A particularly interesting direction for future research would be to examine the home life of Scientists to see how married couples deal with traditional problems related to the balance of work and caregiving. Such research would reveal more about how Scientists deal with the inconsistencies present in their everyday lives, while also illuminating the extent to which a discourse of gender egalitarianism with respect to church participation carries over into the realm of the home.

Other research efforts might compare Christian Scientists to other Christian groups or to New Age healers in terms of their beliefs about gender equality or the nature of healings. To further address the topic of healings, specifically when spiritual healing is used over medical care, it may be useful to conduct a content analysis of issues of the *Christian Science Sentinel*, where readers write in to explain healings that they have personally experienced. Each of these research topics must aim to explore the many ways in which Christian Scientists and practitioners seek control over the material being through a complete denial of bodily existence. Additionally, it would be worthwhile for future studies to strive to explain the continued existence of Christian Science with its refusal to rely on medical care in a cultural context that favors the use of medicine to treat virtually every type of ill imaginable.

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APPENDICES

APPENDIX A

QUESTIONNAIRE INSTRUMENT

Questionnaire for Christian Science Practitioners

This questionnaire will take approximately 15 to 20 minutes to complete. I am particularly interested in your views on Christian Science and experiences as a Christian Science practitioner. Your participation is completely voluntary. Please do not include your name or any other identifying information on the questionnaire. Your name will not be linked to any of the answers that you provide. In place of your name, a numerical code will be assigned to your questionnaire to aid in the analysis of your responses. When you have finished the questionnaire, please return it to me in the stamped, self-addressed envelope provided, or as an email attachment to me at: slw24@cisunix.unh.edu. Your completion of this questionnaire indicates your willingness to participate in the research project.

Please mark the number that corresponds to your answer, or write/type in your response where appropriate.

Section A: Personal History of Involvement in Christian Science

1) Did you grow up as a Christian Scientist?

1. No
2. Yes

1a) If no, when did you become a Christian Scientist?

1b) What circumstances led you to become a Christian Scientist if you did not grow up as one?

2) Were/are your parents Christian Scientists?

1. Neither
2. Only Mother
3. Only Father
4. Both

3) When did you become a Christian Science practitioner?

4) How did you decide to become (or what led you to become) a practitioner?

Section B: Current Involvement with Christian Science

1) How often do you attend Christian Science services over the course of an average month?

1. Never
2. 1 – 2 times
3. 3 – 4 times
4. 5 – 6 times
5. 7 – 8 times
6. More than 8 times

2) How often do you attend Christian Science testimonial meetings over the course of an average month?

1. Never
2. 1 – 2 times
3. 3 – 4 times
4. 5 – 6 times
5. 7 – 8 times
6. More than 8 times

3) Do you regularly participate in Christian Science activities outside of church services (excluding your work as a practitioner)?

1. No
2. Yes

3a) If yes, what are the activities you participate in?

4) Do you ever attend other (non Christian Science) religious or spiritual activities?

1. No
2. Yes

4a) If yes, what services or activities do you attend?

Section C: Commitment to Christian Science

1) How would you rate your personal commitment to Christian Science?

1. Low 2. Moderate 3. High 4. Very high

2) How would you explain your commitment to Christian Science to a non Christian Scientist?

3) How would you rate your level of respect or admiration for Mary Baker Eddy?

1. Low 2. Moderate 3. High 4. Very high

4) How would you describe the role of women within Christian Science?

5) Are you currently seeing any patients?

1. No
2. Yes

5a) If yes, approximately how many are you currently seeing?

6) Approximately how many patients have you seen over the past month?

1. 1-5
2. 6-10
3. 11-15
4. 16-20
5. 20 or more

7) Can you tell me a little about what being a practitioner entails?

8) What aspects of being a practitioner do you enjoy or find to be particularly rewarding?

9) What aspects of being a practitioner are your least favorite?

10) How would you describe your role as a practitioner within the Christian Science community?

11) Have you ever recommended medical treatment for one of your patients?

1. Never
2. Rarely
3. Occasionally
4. Sometimes
5. Often

11a) If yes, under what circumstances did you recommend medical treatment?

12) Are there any circumstances in which you would seek medical treatment for yourself?

1. No
2. Yes

12a) If yes, under what circumstances?

13) Do you ever find it difficult to reconcile your belief in Christian Science with the pressure in American society to use medicine for physical and mental ailments?

14) What, in your opinion, is the value of Christian Science in American society today?

Section D: Background Information

1) What is your gender?

1. Male 2. Female

2) What race do you consider yourself?

1. White 2. Black 3. Other:
-

3) Within which state do you practice (if you practice in multiple states, include each)?

4) Are you:

1. A practitioner
2. Both a teacher and practitioner
3. Other: _____

5) How would you rate your overall personal health?

1. Poor 2. Fair 3. Good 4. Excellent

6) Are you currently married, widowed, divorced, separated, or have you never been married?

1. Married
2. Widowed
3. Divorced
4. Separated
5. Never married

7) What is your age in years?

1. Under 25
2. 26 to 45
3. 46 to 55
4. 56 to 65
5. 66 and over

8) What is the highest level of education you have completed?

1. Less than high school
2. High school
3. Some college
4. College degree
5. More than a college degree

9) How many children do you have?

0. None
1. One
2. Two
3. Three
4. Four
5. Five or more

10) In which of these groups did your total family income, from all sources, fall last year before taxes?

1. Less than \$30,000
2. \$30,000 - \$50,000
3. \$51,000 - \$100,000
4. \$101,000 - \$150,000
5. More than \$150,000
98. Don't know
99. Refuse

Thank you very much for taking the time to fill out this questionnaire! Please return your completed questionnaire in the self-addressed stamped envelope provided, or return it to me as an email attachment to slw24@cisunix.unh.edu.

APPENDIX B

IRB APPROVAL LETTER

University of New Hampshire

Research Conduct and Compliance Services, Office of Sponsored Research
Service Building, 51 College Road, Durham, NH 03824-3585
Fax: 603-862-3564

05-Dec-2006

Gibb, Sarah
Sociology, Horton SSC
70 Fifth Street, Apt. #6
Dover, NH 03820

IRB #: 3847

Study: Gender and Health Ideologies among Christian Science Practitioners

Approval Date: 05-Dec-2006

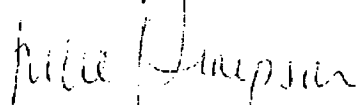
The Institutional Review Board for the Protection of Human Subjects In Research (IRB) has reviewed and approved the protocol for your study as Expedited as described in Title 45, Code of Federal Regulations (CFR), Part 46, Subsection 110.

Approval is granted to conduct your study as described in your protocol for one year from the approval date above. At the end of the approval period, you will be asked to submit a report with regard to the involvement of human subjects in this study. If your study is still active, you may request an extension of IRB approval.

Researchers who conduct studies involving human subjects have responsibilities as outlined in the attached document, *Responsibilities of Directors of Research Studies Involving Human Subjects*. (This document is also available at <http://www.unh.edu/osr/compliance/irb.html>.) Please read this document carefully before commencing your work involving human subjects.

If you have questions or concerns about your study or this approval, please feel free to contact me at 603-862-2003 or Julie.simpson@unh.edu. Please refer to the IRB # above in all correspondence related to this study. The IRB wishes you success with your research.

For the IRB,



Julie F. Simpson
Manager

cc: File
Dillon, Michele